

Personal Information	Name		Social Security #				
	Last		First MI		Existing accounts ne	Existing accounts need last 4 digits only	
	Address			City	State	Zip	
	Birth Date Phone (work		.)	Phone (home)	Phone (cell)		
Account Status	New account (Must open 457/401 accounts with RIC provider) Change to existing account (This form replaces last completed deduction						
457 Payroll Deduction Election	The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see https://das.iowa.gov/RIC/PSE/contributions).						
	Provider	Voya					
	Per	Pretax \$					
	paycheck amount &	Roth \$					
	taxation	Stop deductions					
	Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated.						
			Begin as of				
	Future effective date (if desired)						
			Final check				
Participant Signature	as disclosed in made in the ca	the Plan Document. I ha lendar year must not ex	ve established 457 and 4 ceed the federal limits as	01a accounts with a RIC pr	nd conditions of the lowa Retireme ovider. I understand that the total evenue Code section 457. I underst bution.	of all 457 contributions	
	Х						
	Participant Signa	ture			Date		
Form Submission	RIC Account Fo	rm: Forward to your	payroll office (shown belo	ow) Provider acco	unt forms: Forward to the provid	ler	

Agent Use Only (Not required, but preferred) I am authorized to open RIC accounts for this employee. I verify 457/401a accounts have been established.

Print Agent Name	Agent Signature	Agent Phone Number	Date

Visit the RIC website at <u>https://das.iowa.gov/RIC/PSE</u> for full program details; select Your Plan Details from the left menu to access the RIC At-A-Glance and plan options specific to your employer's 457/401a plans.

Payroll Office Date Received:	<u>RIC Use Only</u> Date Pended:
Paycheck Effective Date:	Entered:
Name:	Checked: