



**Iowa Retirement Investors' Club
(RIC) 457/401a Plans**

Look *forward* to retirement!

Washington County Hospital & Clinics RIC Account Form

Personal Information

Name _____ Social Security # _____
Last First MI 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 request)

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 | Empower |
|---|--|
| Per paycheck amount & taxation | Pretax \$ _____ |
| | Roth \$ _____ |
| | <input type="checkbox"/> 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) 1 check only _____
 Final check _____

Participant Signature

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X _____
Participant Signature Date

Form Submission

RIC Account Form: Forward to your payroll office (shown below) | **Provider account forms:** Forward to the provider

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 <https://das.iowa.gov/RIC/PSE> 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: _____

Paycheck Effective Date: _____

Name: _____

RIC Use Only

Date Pended: _____

Entered: _____

Checked: _____