



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

Look forward to retirement!

**Jones County
RIC Account Form**

Personal Information	Name _____ Social Security # _____ <small>Last First MI Existing accounts need last 4 digits only</small>
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Phone (work) _____ Phone (home) _____ Phone (cell) _____

Account Status	<input type="checkbox"/> New account (Must open 457/401 accounts with RIC provider)	<input type="checkbox"/> Change to existing account (This form replaces last completed deduction request)
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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	Voya
Per paycheck amount & taxation	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____
	<input type="checkbox"/> Stop deductions	<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 _____
 1 check only _____
 Final check _____

401a Match Election	<p>Eligible employees may choose to send match contributions to the RIC provider receiving their 457 contributions. Would you like to direct match contributions to your RIC provider?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Please note: If 457 contributions are made to more than one RIC provider, choose only one to receive your match contributions.</i></p> <p><input type="checkbox"/> Empower <input type="checkbox"/> Voya</p>
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Provider Transfers	For transfers between providers, complete and submit the Transfers Between RIC Providers Form .
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Participant Signature	<p>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.</p> <p>X _____ Participant Signature Date</p>
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Form Submission	<p>RIC Account Form: Forward to your payroll office (shown below) Provider account forms: Forward to the provider</p>
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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
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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	RIC Use Only
Date Received: _____	Date Pended: _____
Paycheck Effective Date: _____	Entered: _____
Name: _____	Checked: _____