

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

403b Salary Reduction Election

Corebridge, Empower, Horace Mann and Voya - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the [RIC website](#).

Provider	Corebridge	Empower	Horace Mann	Voya
Per check amount	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes
	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions

American Fidelity, Equitable, National Life Group, and Security Benefit - Access to provider websites and contact information is available on the [RIC website](#). Investment options, fund fees, fixed rates, and historical fund performance are available directly from the provider upon request.

Provider	American Fidelity	Equitable	National Life Group	Security Benefit
Per check amount	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes	ER \$* <input type="checkbox"/> Yes
	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions

Participant Signature

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. 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 a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution as defined by my employer's plan elections. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.


X _____ Date _____
Participant Signature

Form Submission

Submit this form to your payroll office.

Agent Use Only (Not required, but preferred) I am authorized to open a RIC account for this employee. I verify a 403b account has been established in one of the RIC provider's currently offered products.

Print Agent Name Agent Signature Agent Phone Number Date

 Visit the RIC website at <https://das.iowa.gov/ric/education-related-employees-ere> for full program details; select [Employer Plan Details](#) to access plan options specific to your employer's 403b plan.

*Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.

Payroll Office

Date Received: _____

Paycheck Effective Date: _____

Name: _____