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

Inactive Provider Beneficiary Form

Do not use this form to request beneficiary changes to accounts with Corebridge, Empower, Horace Mann and Voya.

Complete this form to request beneficiary changes to accounts held with any provider not listed above.

Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Beneficiary Designation

P/C*	Name	SS#	% Share	Relationship

* P = Primary / C=Contingent
Attach additional sheet if needed.

Applicable Accounts

Apply this designation to the following accounts:

_____

_____

Participant Signature

X _____ _____
Signature Date

Submit Form

Mail to: DAS-HRE
Attention: RIC
1305 E. Walnut
Des Moines, IA 50319

Fax: 515-281-5102

Scan/email: ric@das.iowa.gov

Reset Form Print Form