

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

RIC 457/401a Plans Transfer Between RIC Providers

Look forward to retirement!

Important Notice	To ensure future payroll deductions are sent to the receiving provider shown below, be sure to: • State of lowa employees: Update your payroll deduction election in Workday. • Non-State public employees: Complete and submit your plan's RIC Account Form.					
Personal Information	Last Name		First Name		M.I.	Social Security #
Transfer Request		All accounts Singl	e Account #			Social Security #
	From: -	Name of Current RIC Provide	r			
	To existing account with:	Jame of Receiving RIC Provid	er		_	
Receiving RIC Provider Form Requirement	☐ I have obtained and completed the provider-specific incoming transfer form(s) required by the receiving RIC Provider. I understand that failure to do so, prior to funds being received by the provider, may result in processing delays. Please contact the receiving RIC provider if assistance is needed to obtain or complete this requirement.					
disclosed in the	Plan Documents. I ha nination of employme		11a accounts with the recei			ement Investors' Club (RIC) as nd that withdrawals may only be
Advisor Use: 1	Fhe employee has estab	lished 457/401a accounts wi	th:Receiving Provider Name			
Print Agent Name		Agent Phone Number	Agent Signa	ture		Date
Form Submission	Email: ric@iowa.gov	<u>Fax:</u> 515-281-510	D2 <u>Mail:</u> DAS-HRE •	Attn: RIC • 1305 E Wal	nut • De	es Moines, IA 50319
Office Use Only	Make check payable to:	FBO:Participant Name		Plan #:		
	Mail to:					
	RIC administrator signature:			Date:		

