I O WA.	Retirement Inv 457/401a Plans	estors' Club (RIC)	Transfer Bet	weer	n RIC Providers	
Important Notice	 To ensure future payroll deductions are sent to the receiving provider shown below, be sure to: State of Iowa 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: All acc	ounts Single Account #				
Transfer Request	From:	ame of Current RIC Provider				
	To existing					

	account with: Name of Receiving RIC Provider
Receiving RIC Provider Form	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.
Requirement	Please contact the receiving RIC provider if assistance is needed to obtain or complete this requirement.

Authorization

I authorize my employer to process this request. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Documents. I have established 457 and 401a accounts with the receiving RIC provider. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

Participant Signature			Date			
Advisor Use:	The employee has establi	shed 457/401a accounts with:				
Receiving Provider Name						
			X			
Print Agent Name	2	Agent Phone Number	Agent Signature	Date		
Form Submission	Email: ric@iowa.gov	<u>Fax:</u> 515-281-5102	Mail: DAS-HRE • Attn: RIC • 1305	E Walnut • Des Moines, IA 50319		

Office Use Only	Make check payable to:	Name of Receiving Custodian FBO: Participant Name	 Plan #:	
	Mail to:			
	RIC administrator signature:			Date: