## Iowa Retirement Investors' Club (RIC) 457/401a Plans Look forward to retirement!

## Des Moines Area Metropolitan Planning Organization (DMAMPO)

## **RIC Account Form**

	Name Casial Security #							
Personal Information	Name		First MI		Social Security #	Existing accounts need last 4 digits only		
	Address			City		State	Zip	
	Birth Date	Phone (work	)	Phone (home)		Phone (cell)		
Account Status	New account (Must open 457/401 accounts with RIC provider)			☐ Change to e	☐ Change to existing account (This form replaces last completed deduction request)			
457 Payroll Deduction Election	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 <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).							
	Provider	Corebridge Financial						
	Per paycheck amount & taxation	Pretax \$						
	Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated.							
			Begin as of					
	Future effective date (if desired)		1 check only					
			Final check					
Participant Signature	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.							
	Participant Signature				Date			
Form Submission	RIC Account Form: Forward to your payroll office (shown below)   Provider account forms: Forward to the provider						ler	
Agent Use On	<b>y</b> (Not required,	but preferred) I am auth	orized to open RIC accoun	ts for this employee.	I verify 457/401a a	ccounts have been e	stablished.	
Print Agent Name		Agent	Signature		Agent Phone Num	ber	Date	
		t <u>https://das.iowa.gov/R</u> yer's 457/401a plans.	<u>IC/PSE</u> for full program de	tails; select <i>Your Plar</i>	n Details to access th	ne RIC At-A-Glance a	nd plan options	
Payroll Office Date Received:				RIC Use Only Date Pended:				
Paycheck Effecti	ve Date:			Entered:				
Name:				Checked:				