

Personal Information	Name	ne Social Security #				
	Last				g 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 existing account (This form replaces last completed deduction request					
	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 https://das.iowa.gov/RIC/PSE/contributions).					
	Provider	Voya				
	Per	Pretax \$				
	paycheck amount &	Roth \$				
457 Payroll Deduction Election	taxation	Stop deductions				
	Frequency	All checks (26 annually)				
	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)					
		🗌 Final o	heck			
Provider Transfers	For transfers between providers, complete and submit the Transfers Between RIC Providers Form.					
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 (RI as disclosed in the <u>Plan Document</u> . I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributio 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 <u>in-service distribution</u> .					
	X Participant Signa	ture		Date		
Form Submission	RIC Account Fo	rm: Forward to your payroll offi	ce (shown below) Provid	der account forms: Forward to the pro	vider	
Agent Lise On	Not required	hut preferred) I am authorized to a	pon PIC accounts for this omnlow	voo Luorify 457/4012 accounts have been	a ostablishod	

Agent Use Only (Not required, but preferred) I am authorized to open RIC accounts for this employee. I verify 457/401a accounts have been established.

Print Agent Name	Agent Signature	Agent Phone Number	Date
Visit the RIC website at h	https://das.jowa.gov/RIC/PSE for full program details	; select Your Plan Details from the left menu to access the	RIC At-A-Glance and

Visit the RIC website at https://das.iowa.gov/RIC/PSE for full program details; select Your Plan Details from the left menu to access the RIC At-A-Glance and plan options specific to your employer's 457/401a plans.

Payroll Office Date Received:	<u>RIC Use Only</u> Date Pended:
Paycheck Effective Date:	Entered:
Name:	Checked: