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

Central Iowa Water Works RIC Account Form

| | Name | | Social Security # | | | | |
|-------------------|---|-------------------------------|--------------------|------------------|---|---|--|
| Personal | Last | First | | MI | _ | Existing accounts need last 4 digits only | |
| Information A | ddress | | | City | State | Zip | |
| В | Birth Date | Phone (work) | Pł | ione (home) | Phone (cell) | | |
| Account Status | New account (Must open 457/401 accounts with RI | | RIC provider) | Change to existi | ng account (This form replaces last com | pleted 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). | | | | | | |
| F | Provider | Voya | | | | | |
| | Per Daycheck | Pretax \$ | - | | | | |
| 457 Payroll | amount & axation | Roth \$ Stop deductions | - | | | | |
| E | 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 n | 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. | | | | | | |
|) | X | | | | | | |
| Form | Participant Signatu | | | | Date | | |
| Submission R | RIC Account For | m: Forward to your payroll of | fice (shown below) | Provider acco | unt forms: Forward to the provide | ir | |

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

| Payroll Office Date Received: | RIC Use Only Date Pended: |
|----------------------------------|------------------------------|
| Paycheck Effective Date: | Entered: |
| Name: | Checked: |