Iowa Retirement Investors' Club (RIC)

403b Salary Reduction Form

Look forward to retirement!

	NameSocial Security#									
Personal Information	Last		First			MI				
	Address			Cit	у		State	Zip		
	Birth Date	Telep	hone (daytime)			Tel	ephone (home)			
	Email Address			En	nployer N	ame				
	Corebridge (formerly AIG), Empower, Horace Mann and Voya - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the RIC website.									
		Pretax	Roth (post-tax)		ER \$*		Pretax	Roth (post-tax)	ER \$*	
Salary Reduction Election	Corebridge (formerly AIG)	\$/check	\$	_/check	Yes	Horace Mann	\$/checl	k \$/che	ck 🗌 Yes	
	Empower	\$/check	\$	/check	🗌 Yes	Voya	\$/chec	k \$/che	eck 🗌 Yes	
		ity, Equitable, National ment options, fund fees, Pretax	• • • •	istorical j	-	ormance are available	,		ER \$*	
	American Fidelity	\$/check	\$ <u>NA</u>	/check			\$/chec	k \$/che		
	Equitable	\$/check	\$	_ /check	🗌 Yes	Security Benefit	\$/check	k \$/che	ck 🗌 Yes	
Participant Signature	I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. 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 a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution as defined by my employer's plan elections. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.									
	x						Date			
Submit Form	Submit this form to your payroll office.									
	or new accounts of scurrently offered	opened with an advisor) : I products.	I am authorized t	o open a	iccounts j	for this employee. The	employee has establis	hed a 403b account in o	ne of the	

Print Agent Name		Agent Signature	Agent Phone Number	Date
Payroll Office	Date Received:	Paycheck Effective Date:	Name:	

* Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.



Visit the RIC website at <u>https://das.iowa.gov/RIC/403b</u> to access additional program information and your employer's RIC plan elections (under *Your Plan Details*).