



**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI 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 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 <https://das.iowa.gov/RIC/PSE/contributions>).

Provider	Corebridge Financial	Empower	Horace Mann	Voya
<b>Per paycheck amount &amp; taxation</b>	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions
<b>Frequency</b>	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly			

**Effective date:** Changes are effective for the next available paycheck unless a future effective date is indicated.

Future effective date (if desired)  Begin as of \_\_\_\_\_

**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 (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** \_\_\_\_\_  
Participant Signature Date

**Form Submission**

**RIC Account Form:** Forward to your payroll office (shown below) | **Provider account forms:** Forward to the provider

**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.

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