

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

City of Elkhart RIC Account Form

Personal Information	Name		Social Security # MI Existing accounts need last 4 digits only			
	Address		City	StateZip		
	Birth Date	Phone (work)	Phone (home)	Phone (cell)		
Account Status	☐ New accoun	t (Must open 457/401 accounts with RIC	C provider) Change to	ge 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	
		Pretax \$	Pretax \$	Pretax \$	Pretax \$	
	Per paycheck amount & taxation	Pretax %	Pretax %	Pretax %	Pretax %	
		Roth \$	Roth \$	Roth \$	Roth \$	
		Roth %	Roth %	Roth %	Roth %	
		Stop deductions	Stop deductions	Stop deductions	Stop deductions	
	Frequency	Bi-weekly (26 annually)			I	
	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 check					
Provider Transfers	For transfers between providers, complete and submit the <u>Transfers Between RIC Providers Form</u> .					
Participant Signature	I authorize my employer to process these requests. I have access and agree to the terms and conditions of the lowa Retirement Investors' Club (RIC) 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 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 <u>in-service distribution</u> .					
_	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.						
Payroll Office			RIC Use Only			
Date Received:	ve Date:		Date Pended: Entered:			
•			Entered: Checked:			
Name: Checked:						