



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

**Calhoun County**  
**RIC Account Form**

<b>Personal Information</b>	Name _____ Social Security # _____ <small>Last First MI Existing accounts need last 4 digits only</small>		
	Address _____ City _____ State _____ Zip _____		
	Birth Date _____ Phone (work) _____ Phone (home) _____ Phone (cell) _____		
<b>Account Status</b>	<input type="checkbox"/> <b>New account</b> (Must open 457/401 accounts with RIC provider) <input type="checkbox"/> <b>Change to existing account</b> (This form replaces last completed deduction request)		
<b>457 Payroll Deduction Election</b>	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 <a href="https://das.iowa.gov/RIC/PSE/contributions">https://das.iowa.gov/RIC/PSE/contributions</a> ).		
	<b>Provider</b>	<b>Corebridge Financial</b>	<b>Voya</b>
	<b>Per paycheck amount &amp; taxation</b>	Pretax \$ _____	Pretax \$ _____
		Roth \$ _____	Roth \$ _____
		<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions
<b>Frequency</b>	2 X /month (24 annually)		
<b>Effective date:</b> Changes are effective for the next available paycheck unless a future effective date is indicated.  <input type="checkbox"/> Begin as of _____ Future effective date (if desired) <input type="checkbox"/> 1 check only _____ <input type="checkbox"/> Final check _____			
<b>Participant Signature</b>	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 <a href="#">Plan Document</a> . 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 <a href="#">in-service distribution</a> .  <b>X</b> _____ Participant Signature Date		
<b>Form Submission</b>	<b>RIC Account Form:</b> Forward to your payroll office (shown below)   <b>Provider account forms:</b> 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
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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> Date Received: _____  Paycheck Effective Date: _____  Name: _____	<b>RIC Use Only</b> Date Pended: _____  Entered: _____  Checked: _____
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