



## Retirement Investors' Club (RIC)

457/401a Plans

## County of Floyd RIC Account Form

<b>Personal Information</b>	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) _____			
<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)					
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>457 Payroll Deduction Election</b>	<b>Provider</b>	Corebridge Financial				
	<b>Per paycheck amount &amp; taxation</b>	Pretax \$ _____				
		Pretax % _____				
		Roth \$ _____				
		Roth % _____				
<input type="checkbox"/> Stop deductions						
<b>Frequency</b>	All checks (26 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> .					
	 _____      Date _____ Participant Signature _____					
<b>Form Submission</b>	RIC Account Form: Forward to your payroll office (shown below)             Provider account forms: Forward to the provider					
<b>Agent Use Only</b> (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 <a href="https://das.iowa.gov/RIC/PSE">https://das.iowa.gov/RIC/PSE</a> for full program details; select <i>Your Employer Plan Details</i> to access the <i>RIC At-A-Glance</i> 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: _____				

### County of Floyd