



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

Lee County
RIC Account Form

Personal Information	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) _____
Account Status	<input type="checkbox"/> New account (Must open 457/401 accounts with RIC provider) <input type="checkbox"/> 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 (Formerly AIG)	Empower	Horace Mann	Voya
	Per paycheck amount & taxation	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
Frequency	All checks (26 annually)				
Effective date: Changes are effective for the next available paycheck unless a future effective date is indicated. <div style="text-align: right;"><input type="checkbox"/> Begin as of _____</div> <div style="text-align: right;">Future effective date (if desired) <input type="checkbox"/> 1 check only _____</div> <div style="text-align: right;"><input type="checkbox"/> Final check _____</div>					
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 _____ <small>Participant Signature Date</small>				
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
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Visit the RIC website at <https://das.iowa.gov/RIC/PSE> for full program details; select *Your Employer Plan Details* to access the *RIC At-A-Glance* and plan options specific to your employer's 457/401a plans.

Payroll Office Date Received: _____ Paycheck Effective Date: _____ Name: _____	RIC Use Only Date Pending: _____ Entered: _____ Checked: _____
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