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

Lisbon CSD
RIC Account Form

Personal Information

Name _____ Social Security # _____
Last First MI Existing accounts need last 4 digits only

Address _____ City _____ State _____ Zip _____

Birth Date _____ Phone (home/cell) _____ Date of Hire _____

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
Per paycheck amount & taxation	Pretax $_____ Pretax %_____ Roth $_____ Roth %_____ ☐ Stop deductions	Pretax $_____ Pretax %_____ Roth $_____ Roth %_____ ☐ Stop deductions	Pretax $_____ Pretax %_____ Roth $_____ Roth %_____ ☐ Stop deductions	Pretax $_____ Pretax %_____ Roth $_____ Roth %_____ ☐ Stop deductions
Frequency	Monthly (12 checks annually)			

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 _____ ☐ Final check _____

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.

Payroll Office
Date Received: _____
Paycheck Effective Date: _____
Name: _____

RIC Use Only
Date Pended: _____
Entered: _____
Checked: _____