



**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone (daytime) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Email Address \_\_\_\_\_ Employer Name \_\_\_\_\_

**Salary Reduction Election**

**Horace Mann, MassMutual, VALIC, and Voya** - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the RIC website.

	Pretax	Roth (post-tax)	ER \$*		Pretax	Roth (post-tax)	ER \$*
<b>Horace Mann</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	<b>VALIC</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
<b>MassMutual</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	<b>Voya</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

**AXA Equitable, EFS Advisors, GWN Securities, National Life Group, Security Benefit, and TCG Administrators** - Access to provider websites and contact information is available on the RIC website. Investment options, fund fees, fixed rates, historical fund performance, and product restrictions (if any) are available directly from the provider upon request.

	Pretax	Roth (post-tax)	ER \$*		Pretax	Roth (post-tax)	ER \$*
<b>AXA Equitable</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	<b>National Life Group</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
<b>EFS Advisors</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	<b>Security Benefit</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
<b>GWN Securities</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	<b>TCG Administrators</b>	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

**Participant Signature**

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. 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 a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution as defined by my employer's plan elections. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.

**X** \_\_\_\_\_  
Participant Signature Date

**Submit Form**

Submit this form to your payroll office.

**Agent Use Only** (Not required for existing accounts or online provider enrollment if available) I am authorized to open accounts for this employee and verify that he/she has established a 403b account in one of the RIC provider's currently offered products.

Print Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**Payroll Office**

Date Received: \_\_\_\_\_ Paycheck Effective Date: \_\_\_\_\_ Name: \_\_\_\_\_

\*Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access additional program information and your employer's RIC plan elections (under *Your Plan Details*).