



Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

Email Address _____ Employer Name _____

Contribution Election
(per paycheck)

Horace Mann, MassMutual, VALIC, and Voya - Access to a list of available fund options, total fees comparison, current fixed rates, self-directed brokerage options, and information for advisors is available on the RIC website at <https://das.iowa.gov/RIC/403b/providers>.

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

AXA Equitable, EFS Advisors, and Security Benefit - Product fees, conditions, and advisor services information is available directly from the provider upon request (see provider contact information on the RIC website at <https://das.iowa.gov/RIC/403b/providers>).

	Pretax	Roth (post-tax)	ER \$*		Pretax	Roth (post-tax)	ER \$*
AXA Equitable	\$ _____	\$ _____	<input type="checkbox"/> Yes	Security Benefit	\$ _____	\$ _____	<input type="checkbox"/> Yes
EFS Advisors	\$ _____	\$ _____	<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*).