



**Iowa Retirement Investors' Club (RIC)**  
 403b Plans  
 Look forward to retirement!

# Core Provider

## 403b Salary Reduction Form

**Personal Information**

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

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

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

Employer Name \_\_\_\_\_

**403b Salary Reduction**

**Designate the deduction amount to send to your provider.**

	Pretax	Post-tax Roth (if available in your plan)	Effective date
Horace Mann	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> First available check
MassMutual	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Future check date to begin _____
VALIC	\$ _____ /check	\$ _____ /check	
Voya	\$ _____ /check	\$ _____ /check	

**Employer Contributions (if applicable)**

**Designate the provider to receive employer contributions (if applicable in your plan)**

Horace Mann       MassMutual       VALIC       Voya

**Participant Signature**

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a 403b At-A-Glance and Plan Document. I have established a 403b account with one of the RIC providers. 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. 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

**Form Submission**

<b>New Accounts:</b>	<b>Provider account forms:</b> Forward applications to the provider
	<b>403b Salary Reduction Form:</b> Forward this form to your payroll office
<b>Changes to Existing Accounts:</b>	Forward 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 with the active provider shown below.

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

**Payroll Office**

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



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access the 403b At-A-Glance (under *Providers & Investments*) and plan options specific to your employer's 403b plan, (under *Your Plan Details*).