



Iowa Retirement Investors' Club (RIC)
457/401a Plans
 Look forward to retirement!

West Des Moines Community Schools
RIC Account Form



Personal Information

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

Address _____ City _____ State _____ Zip _____

Birth Date _____ Phone (work) _____ Phone (home) _____

457 Payroll Deduction Election

Changes affect the 1st available check of the month following receipt of this form unless a later date is indicated. Stop requests are immediate.

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>).

	Horace Mann	MassMutual	VALIC	Voya
Deduction amount (per check)	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
Alternative effective date (if desired)	<input type="checkbox"/> Future date of _____			
	<input type="checkbox"/> Final check _____			

Provider Transfer Request

Account must be established with receiving provider.

Transfer: All accounts Account # _____

From: Horace Mann MassMutual VALIC Voya

To: Horace Mann MassMutual VALIC Voya

Make check payable to: _____
 FBO: Participant, Plan #: _____

Mail to: _____

RIC administrator signature: X _____ Date _____

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

New accounts: *Provider account forms:* Forward to the provider
RIC Account Form: Forward to your payroll office (shown below)

Existing account changes: *RIC Account Form:* Forward to your payroll office (shown below)

Agent Use Only (Not required for existing accounts or electronic enrollment if available)

I am authorized to open accounts for this employee and verify that the participant has established 457/401a accounts with the provider shown below.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Provider Name _____ Date _____

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



Visit the RIC website at <https://das.iowa.gov/RIC> and click on the Public Employees portal to access the RIC At-A-Glance (from Your Plan Details), IRS maximum contribution limits, and other plan options specific to your employer's 457/401a plans.

West Des Moines Community Schools
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