



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

ADM Community Schools
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 (work) _____ Phone (home) _____ Phone (cell) _____

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 | AIG | Empower* | Horace Mann | Voya |
|--|--|--|--|--|
| Deduction amount & taxation (per paycheck) | Pretax \$ _____/check | Pretax \$ _____/check | Pretax \$ _____/check | Pretax \$ _____/check |
| | Roth \$ _____/check | Roth \$ _____/check | Roth \$ _____/check | Roth \$ _____/check |
| | <input type="checkbox"/> Stop deductions | <input type="checkbox"/> Stop deductions | <input type="checkbox"/> Stop deductions | <input type="checkbox"/> Stop deductions |

Effective date: Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated.

Alternative effective date (if desired) Begin as of _____ 1 check only _____ Final check _____
Date Date Date

Provider Transfer Request
Account must be established with receiving provider.

Transfer: 100% Amount \$ _____

From: AIG Empower* Horace Mann Voya

To: AIG Empower* Horace Mann 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 the human services department (shown below)

Existing account changes: *RIC Account Form:* Forward to the human services department (shown below)

Agent Use Only (Not required, but preferred)

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 _____ | 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/PSE> for full program details; select *Your Plan Details* from the left menu to access the *RIC At-A-Glance* and plan options specific to your employer's 457/401a plans.