



Personal Information

Name _____ Social Security # _____
Last First MI Existing accounts need last 4 digits only
 Address _____ City _____ State _____ Zip _____
 Birth Date _____ Phone (daytime) _____ Phone (home) _____

457 Payroll Deduction Election

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

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	Horace Mann
Deduction amount & taxation (per paycheck)	Pretax \$ _____ / check Roth \$ _____ / check <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

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, 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: _____ Paycheck Effective Date: _____ Name: _____	Date Pended: _____ Entered: _____ 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.

