Iowa
Retirement Investors' Club (RIC)
Look forward to retirement!

Coon Rapids Municipal Utilities
RIC Account Form

CRMU LOCALINK ONE COMPANY ONE SOLUTION

Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State_____ Zip_____

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

457 Payroll Deduction

Designate the deduction amount to send to your provider. *The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.*

	Pretax	Roth (post-tax)
Voya	$ _____ /check	$ _____ /check

Effective date. *Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.*

☐ Begin as of _____ (check date)
☐ 1 check only _____ (check date)
☐ Final check _____ (check date)

Participant Signature

I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts 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. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.

X_____
Participant Signature Date

Form Submission

New Accounts:	**Provider account forms:**	Forward to the provider
	RIC Account Form:	Forward to your payroll office
Changes to Existing Accounts:	Forward this form to your payroll office (shown below)	

Agent Use Only *(Not required for existing accounts)*

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

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

Payroll Office

Date Received: _____ Paycheck Effective Date:_____ Name: _____

RIC Use Only

Date Pended: _____ Entered: _____ Checked: _____

Visit the RIC website at https://das.iowa.gov/RIC to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.