



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

**Cass County  
 Memorial Hospital  
 RIC Account Form**



**CASS COUNTY**  
 HEALTH SYSTEM

**Personal Information**

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

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

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
(Work) (Mobile) (Home)

**457 Payroll Deduction Election**

*Changes are effective with the 1<sup>st</sup> paycheck of the month after receipt of this form. 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/457/IRS\\_limits](https://das.iowa.gov/457/IRS_limits)).*

Empower*	Deduction amount
<input type="checkbox"/> Pretax % _____ / check	<input type="checkbox"/> Roth % _____ / check
<input type="checkbox"/> Stop deductions	

**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 (Required for new accounts and transfer requests) Date

**Form Submission**

Submit all forms to CCMH Human Resources 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 active provider shown below.

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

Received by RIC	CCMH Human Resources Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____

Visit the RIC website at <https://das.iowa.gov/RIC> 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.

\* Empower – formerly MassMutual Retirement

