



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

Decatur County Hospital RIC Account Form



Personal Information	Name _____ Social Security # _____ <small>Last First MI Existing accounts need last 4 digits only</small>
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Phone (work) _____ Phone (mobile) _____

457 Payroll Deduction Election	Deduction amount to send to Empower* <i>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).</i>	Pretax \$ _____ / check or _____% Roth \$ _____ / check or _____%	<input type="checkbox"/> Stop deductions
	<i>Effective date: Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated. The amount per check should be based on 26 pay periods per year.</i>		
	Alternative effective date (if desired) <input type="checkbox"/> Begin as of _____ Date _____ <input type="checkbox"/> 1 check only _____ Date _____ <input type="checkbox"/> Final check _____ 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 _____ <small>Participant Signature Date</small>

Form Submission	New accounts: Provider account forms: Forward to the provider RIC Account Form: Forward to your Human Resources office (shown below)
	Existing account changes: RIC Account Form: Forward to your Human Resources 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 _____ Provider Name _____ Date _____

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

* Empower – formerly MassMutual Retirement

