



**Des Moines Area Community College
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 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	MassMutual	VALIC	Voya
Deduction amount (per paycheck)	\$ _____ /check <input type="checkbox"/> Stop deductions	\$ _____ /check <input type="checkbox"/> Stop deductions	\$ _____ /check <input type="checkbox"/> Stop deductions	\$ _____ /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.

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

Provider Transfer Request

Account must be established with receiving provider.

Transfer: 100% Amount \$ _____

From: Horace Mann MassMutual VALIC Voya

To: Horace Mann MassMutual VALIC 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 your payroll office and fax a copy to RIC at (515) 281-5102

Existing account changes: *RIC Account Form:* Forward to your payroll office and fax a copy to RIC at (515) 281-5102

Agent Use Only (Not require, 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.

Des Moines Area Community College
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