



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

**Fort Dodge CSD**  
**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 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	AIG	Empower*	Horace Mann	Voya
<b>Deduction amount &amp; taxation</b> (per paycheck)	Pretax \$ _____/check	Pretax \$ _____/check	Pretax \$ _____/check	Pretax \$ _____/check
	Roth \$ _____/check	Roth \$ _____/check	Roth \$ _____/check	Roth \$ _____/check
	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions

**Effective date:** Changes affect the 1<sup>st</sup> 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

**Provider Transfer Request**

*Account must be established with receiving provider.*

**Transfer:**  100%  Amount \$ \_\_\_\_\_

**From:**  AIG  Empower\*  Horace Mann  Voya

**To:**  AIG  Empower\*  Horace Mann  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 the employer's payroll office and fax copy to RIC at (515) 281-5102

**Existing account changes:** *RIC Account Form:* Forward to the employer's payroll office and fax copy to RIC at (515) 281-5102

**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.