



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

Greater Regional Medical Center
RIC Account Form



Personal Information

Name _____ Social Security # _____

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)	
Empower*	\$ _____ /check	\$ _____ /check	Effective date. <i>Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.</i> Future effective date (if desired) <input type="checkbox"/> Begin as of _____ (check date) <input type="checkbox"/> 1 check only _____ (check date) <input type="checkbox"/> Final check _____ (check date)
Voya	\$ _____ /check	\$ _____ /check	

Provider Changes

Designate the amount of existing assets to transfer. *You must have established an account with the receiving provider to complete a transfer.*

Please transfer:	From:	To:	Stop contributions to:	Redirect contributions to:
<input type="checkbox"/> 100%	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*
<input type="checkbox"/> \$ _____	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya

Designate the redirection of future contributions. *You must have established an account with the receiving provider.*

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.

*Empower - Formerly MassMutual

