



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

# City of Grimes RIC Account Form



<b>Personal Information</b>	Last name _____ First name _____ M.I. _____		Social Security # _____ <small>Existing accounts use last 4 digits only</small>	
	Address _____		City _____	State _____ Zip _____
	Birth date _____	Phone (work) _____	Phone (mobile or home) _____	

<b>Account Status</b>	<input type="checkbox"/> <b>New account</b> (Must open 457/401 accounts with a RIC provider)	<input type="checkbox"/> <b>Existing account change</b> (This form replaces last completed deduction request)
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*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/SOI/contributions>). Deductions are taken from all paychecks per year.*

TOTAL PER CHECK deduction amount	AIG	Empower*	Horace Mann	Voya
	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:** \_\_\_\_\_ *Deduction requests must be submitted by the end of each quarter to be effective for the following quarter.*

<b>Transfers Between RIC Providers</b>	<b>Transfer:</b> <input type="checkbox"/> All accounts <input type="checkbox"/> Acc't # _____	<b>From:</b> <input type="checkbox"/> AIG <input type="checkbox"/> Empower* <input type="checkbox"/> Horace Mann <input type="checkbox"/> Voya <b>To (existing account):</b> <input type="checkbox"/> AIG <input type="checkbox"/> Empower* <input type="checkbox"/> Horace Mann <input type="checkbox"/> Voya
	Make check payable to: _____ FBO: Participant, Plan #: _____ Mail to: _____	
	RIC administrator signature: _____ Date: _____	

**Authorization** - 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 RIC provider transfers) \_\_\_\_\_  
Date

**Advisor Use:** (Not required, but preferred)

Print Advisor Name _____	Advisor Signature _____	Advisor Phone Number _____	Date _____
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<b>Form Submission</b>	<b>New Accounts:</b> <i>Provider account forms:</i> Forward to the provider <i>RIC Account Form:</i> Forward to your payroll office and fax a copy to RIC at (515) 281-5102
	<b>Existing account changes:</b> <i>RIC Account Form:</i> Forward to your payroll office and fax a copy to RIC at (515) 281-5102

<b>Office Use Only</b>	<b>Payroll Office</b>	<b>RIC Use Only</b>
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____

\* Empower – formerly MassMutual Retirement

