



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

**Henry County Health Center  
 RIC Account Form**

**HENRY COUNTY  
 HEALTH CENTER**  
 CARE YOU TRUST. COMPASSION YOU DESERVE.

|                             |  |
|-----------------------------|--|
| <b>Personal Information</b> | Name _____ Social Security # _____<br><small>Last First MI</small> |
|                             | Address _____ City _____ State _____ Zip _____                     |
|                             | Birth Date _____ Telephone (daytime) _____ Telephone (home) _____  |

|                              |   |   |                              |                              |                 |                 |                 |   |
|------------------------------|---|---|------------------------------|------------------------------|-----------------|-----------------|-----------------|---|
| <b>457 Payroll Deduction</b> | <b>Designate the deduction amount to send to your provider.</b> <i>The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.</i>    | <b>Effective date.</b> <i>Deduction changes will take affect the month after your request is received. You may elect a future date or specify a single check below.</i> |                              |                              |                 |                 |                 |   |
|                              | <table border="0"> <tr> <td></td> <td><b>Pretax</b> _____</td> <td><b>Roth (post-tax)</b> _____</td> </tr> <tr> <td><b>Empower*</b></td> <td>\$ _____ /check</td> <td>\$ _____ /check</td> </tr> </table> |   | <b>Pretax</b> _____          | <b>Roth (post-tax)</b> _____ | <b>Empower*</b> | \$ _____ /check | \$ _____ /check | <b>Future effective date</b> (if desired)<br><input type="checkbox"/> Begin as of _____ (check date)<br><input type="checkbox"/> 1 check only _____ (check date)<br><input type="checkbox"/> Final check _____ (check date) |
|                              |   | <b>Pretax</b> _____   | <b>Roth (post-tax)</b> _____ |                              |                 |                 |                 |   |
| <b>Empower*</b>              | \$ _____ /check   | \$ _____ /check   |                              |                              |                 |                 |                 |   |

|                              |   |                              |
|------------------------------|---|------------------------------|
| <b>Participant Signature</b> | I understand and agree to the terms and conditions of the Retirement Investors' Club (RIC). I have access to an RIC Plan Summary. I understand that withdrawals may only be made upon termination of employment, unless I apply and am approved for unforeseeable emergency, qualified cash out payment, or eligible service credit purchase. |                              |
|                              | X _____<br><small>Participant Signature</small>   | _____<br><small>Date</small> |

|                        |                                      |   |
|------------------------|--------------------------------------|---|
| <b>Form Submission</b> | <b>New Accounts:</b>                 | <b>Provider account forms:</b> Forward to the provider  |
|                        |                                      | <b>RIC Account form:</b> Forward to your payroll office |
|                        | <b>Changes to Existing Accounts:</b> | Forward this form to your payroll office (shown below)  |

**Agent Use Only** (Not required for existing accounts)

I am authorized by Empower\* to open accounts for this employee, who has established 457/401a accounts with the provider.

|                                 |                                |                                   |                     |
|---------------------------------|--------------------------------|-----------------------------------|---------------------|
| _____                           | _____                          | _____                             | _____               |
| <small>Print Agent Name</small> | <small>Agent Signature</small> | <small>Agent Phone Number</small> | <small>Date</small> |

|                       |                      |                                |             |
|-----------------------|----------------------|--------------------------------|-------------|
| <b>Payroll Office</b> | Date Received: _____ | Paycheck Effective Date: _____ | Name: _____ |
|-----------------------|----------------------|--------------------------------|-------------|

|                     |                    |                |                |
|---------------------|--------------------|----------------|----------------|
| <b>RIC Use Only</b> | Date Pended: _____ | Entered: _____ | Checked: _____ |
|---------------------|--------------------|----------------|----------------|

\* Empower – formerly MassMutual Retirement