



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

**Iowa Association of AEAs**  
**RIC Account Form**



**Iowa's Area Education Agencies**

**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 \$ _____	Pretax \$ _____	Pretax \$ _____	Pretax \$ _____
	Roth \$ _____	Roth \$ _____	Roth \$ _____	Roth \$ _____
	<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.

Future 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 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 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: _____	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.