



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

Iowa City Community School District
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) _____

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
Deduction amount & taxation	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 1st 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 require, 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.

- Empower - Formerly MassMutual Retirement

Iowa City Community School District
 1725 North Dodge Street ■ Iowa City, IA 52245 ■ (319) 688-1000 ■ Fax (319) 688-1009

