



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

**Indian Hills Community College**  
**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)	Effective date. Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.
AIG	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Begin as of _____ (check date)
Empower*	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> 1 check only _____ (check date)
Horace Mann	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Final check _____ (check date)
Voya	\$ _____ /check	\$ _____ /check	

**Future effective date** (if desired)

**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"/> AIG	<input type="checkbox"/> AIG	<input type="checkbox"/> AIG	<input type="checkbox"/> AIG
<input type="checkbox"/> \$ _____	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*	<input type="checkbox"/> Empower*
	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann
	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya	<input type="checkbox"/> Voya
	<input type="checkbox"/> _____			

**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.

\_\_\_\_\_  
 Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form Submission**

<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 or online provider enrollment, if available)

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 _____
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**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.