



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

**Lakes Regional Healthcare**  
**RIC Account Form**



**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI Existing accounts use last 4 digits only

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_

**457 Payroll Deduction Election**

*Changes affect the 1<sup>st</sup> available check of the month following receipt of this form unless a later date is indicated. Stop requests are immediate.*

*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>).*

	Deduction amount		
<b>MassMutual</b>	<b>Pretax</b> \$ _____ or _____ %	<b>Roth</b> \$ _____ or _____ %	<input type="checkbox"/> Stop deductions

**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 (shown below)

**Existing account changes:** *RIC Account Form:* Forward to your payroll office (shown below)

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

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



Visit the RIC website at <https://das.iowa.gov/RIC> and click on the Public Employees portal to access the RIC At-A-Glance (from Your Plan Details), IRS maximum contribution limits, and other plan options specific to your employer's 457/401a plans.

**Lakes Regional Healthcare**  
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