Iowa
**Retirement Investors' Club (RIC)**
*Look forward to retirement!*

# Page County 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) _____

## 457 Payroll Deduction Election

*Changes affect the 1st 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**

**Voya**

**Pretax** $_____ / check **Roth** $_____ / check

☐ Stop deductions

**Alternative effective date** (if desired)

☐ Begin as of _____
☐ 1 check only _____
☐ Final check _____

## 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 Documents. 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 or electronic enrollment if available)*
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

| 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 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.

**Page County**
**112 E. Main Street ▪ Clarinda, IA 51632 ▪ (712) 542-3219 ▪ Fax (712) 542-5019**