



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

Pocahontas Community Hospital
RIC Account Form



Personal Information	Name _____ Social Security # _____
	Address _____ City _____ State _____ Zip _____
	Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

457 Payroll Deduction	<p>Designate the deduction amount to send to your provider. <i>The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.</i></p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Pretax</td> <td style="text-align: center;">Roth (post-tax)</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Pretax	Roth (post-tax)		_____	_____	<p>Effective date. <i>Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.</i></p> <p>Future effective date (if desired)</p> <p><input type="checkbox"/> Begin as of _____ (check date)</p> <p><input type="checkbox"/> 1 check only _____ (check date)</p> <p><input type="checkbox"/> Final check _____ (check date)</p>
		Pretax	Roth (post-tax)					
	_____	_____						
<p>Empower* \$ _____ /check \$ _____ /check</p>								

Participant Signature	<p>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.</p>	
	<p>X _____</p> <p>Participant Signature</p>	<p>_____</p> <p>Date</p>

Form Submission	<p>New Accounts: _____</p>	<p>Provider account forms: Forward to the provider</p> <p>RIC Account Form: Forward to your payroll office</p>
	<p>Changes to Existing Accounts: _____</p>	<p>Forward this form to your payroll office (shown below)</p>

Agent Use Only (Not required for existing accounts)

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: _____
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RIC Use Only	Date Pended: _____	Entered: _____	Checked: _____
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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.

* Empower – formerly MassMutual Retirement

