



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

**South Central Iowa Solid Waste Agency  
 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** \_\_\_\_\_

**Empower\*** \$ \_\_\_\_\_ /check

**Effective date.** *Deduction changes will take affect the month after your request is received. You may elect a future date or specify a single check below.*

**Future effective date** (if desired)

Begin as of \_\_\_\_\_ (check date)

1 check only \_\_\_\_\_ (check date)

Final check \_\_\_\_\_ (check date)

**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.

**X** \_\_\_\_\_

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 \_\_\_\_\_

**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.

\* Empower – formerly MassMutual Retirement

