RIC Use Only: Provider Plan No._____

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

Story 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).

	AIG	Empower*	Horace Mann	Voya
Deduction amount	Pretax $_____/check Roth $_____/check ☐ Stop deductions	Pretax $_____/check Roth $_____/check ☐ Stop deductions	Pretax $_____/check Roth $_____/check ☐ Stop deductions	Pretax $_____/check Roth $_____/check ☐ Stop deductions

Deduction frequency (select one)
☐ 12 checks/year ☐ 1st check or ☐ 2nd check
☐ 24 checks/year
☐ 26 checks/year (all checks)

Alternative effective date (if desired)
☐ Begin as of _____
☐ 1 check only _____
☐ Final check _____

Provider Transfer Request

Account must be established with receiving provider.

Transfer: ☐ All accounts ☐ Account #_____

From:	To:
☐ AIG	☐ AIG
☐ Horace Mann	☐ Horace Mann
☐ Empower*	☐ Empower*
☐ Voya	☐ Voya
☐ _____	

Make check payable to: _____

FBO: Participant, Plan #:_____

Mail to: _____

RIC administrator signature: X _____ Date

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 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: _____ Paycheck Effective Date:_____ Name: _____	Date Pended: _____ Entered: _____ 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.

* Empower – formerly MassMutual Retirement

Story County
900 6th Street ▪ Nevada, IA 50201 ▪ (515) 382-7219 ▪ Fax (515) 382-7221
Iowa Retirement Investors' Club (RIC) ▪ 866-460-4692 (toll free) ▪ https://das.iowa.gov/RIC

CFN 552-0317-Story_Cnty
Rev 03/15/21

Department of Administrative Services
Empowering People Collaboration Customer Service