



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

# Van Buren County RIC Account Form



<b>Personal Information</b>	Last name _____ First name _____ M.I. _____		Social Security # _____ <small>Existing accounts use last 4 digits only</small>	
	Address _____		City _____	State _____ Zip _____
	Birth date _____	Agency/Dept _____	Phone (work) _____	Phone (mobile or home) _____

<b>Account Status</b>	<input type="checkbox"/> <b>New account</b> (Must open 457/401 accounts with RIC provider)	<input type="checkbox"/> <b>Existing account change</b> (This form replaces last completed deduction request)
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*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/SOI/contributions>).*

<b>457 Payroll Deduction Election</b>	<b>TOTAL PER CHECK deduction amount</b>	<b>Voya</b> Pretax \$ _____/check Roth \$ _____/check <input type="checkbox"/> Stop deductions	
	<b>Deduction frequency (select one)</b>	<input type="checkbox"/> 12 checks/year <input type="radio"/> 1 <sup>st</sup> check or <input type="radio"/> 2 <sup>nd</sup> check <input type="checkbox"/> 24 checks/year <input type="checkbox"/> 26 checks/year (all checks)	<b>Effective date:</b> <i>Changes affect the 1<sup>st</sup> available check of the month following receipt of this form unless a later date is indicated here. Stop requests are immediate.</i> <input type="checkbox"/> Begin as of _____ (MM/DD/YYYY) <input type="checkbox"/> 1 check only _____ (MM/DD/YYYY) <input type="checkbox"/> Final check _____ (MM/DD/YYYY)

**Authorization** - 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 (Required for new accounts) \_\_\_\_\_ Date \_\_\_\_\_

**Advisor Use:** (Not required, but preferred)

Print Advisor Name _____	Advisor Signature _____	Advisor Phone Number _____	Date _____
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<b>Form Submission</b>	<b>New Accounts -</b>	<b>Provider account forms:</b> Forward to the provider <b>RIC Account Form:</b> Forward to your payroll office and fax a copy to RIC at (515) 281-5102
	<b>Existing account changes -</b>	<b>RIC Account Form:</b> Forward to your payroll office and fax a copy to RIC at (515) 281-5102

<b>Office Use Only</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.