



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

Waverly Health Center
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

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>).

Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated. The amount per check should be based on 26 pay periods per year.

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

Deduction amount	Empower*	Voya
	Pretax \$ _____ / check or _____%	Pretax \$ _____ / check or _____%
Roth \$ _____ / check or _____%	Roth \$ _____ / check or _____%	
<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	

Provider Transfer Request

Account must be established with receiving provider.

Transfer: 100% Amount _____

From: Empower* Voya

To: Empower* 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 Human Resources office (shown below)

Existing account changes: RIC Account Form: Forward to your Human Resources office (shown below)

Agent Use Only (Not required, but preferred)

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	Human Resources 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.

* Empower – formerly MassMutual Retirement

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