



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

**Xenia Rural Water District
 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 | |
| AIG | \$ _____ /check | |
| Empower* | \$ _____ /check | |
| Horace Mann | \$ _____ /check | |
| Voya | \$ _____ /check | |

Effective date. *Deduction changes will take effect 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)

Provider Changes

Designate the amount of existing assets to transfer. *You must have established an account with the receiving provider to complete a transfer.*

| | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| Please transfer: | From: | To: |
| <input type="checkbox"/> 100% | <input type="checkbox"/> AIG | <input type="checkbox"/> AIG |
| <input type="checkbox"/> \$ _____ | <input type="checkbox"/> Empower* | <input type="checkbox"/> Empower* |
| | <input type="checkbox"/> Horace Mann | <input type="checkbox"/> Horace Mann |
| | <input type="checkbox"/> Voya | <input type="checkbox"/> Voya |
| | <input type="checkbox"/> _____ | |

Designate the redirection of future contributions. *You must have established an account with the receiving provider.*

| | |
|--------------------------------------|--------------------------------------|
| Stop contributions to: | Redirect contributions to: |
| <input type="checkbox"/> AIG | <input type="checkbox"/> AIG |
| <input type="checkbox"/> Empower* | <input type="checkbox"/> Empower* |
| <input type="checkbox"/> Horace Mann | <input type="checkbox"/> Horace Mann |
| <input type="checkbox"/> Voya | <input type="checkbox"/> Voya |

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


| | |
|--------------------------------------|---|
| New Accounts: | Provider account forms: Forward to the provider |
| | RIC Account Form: Forward to your payroll office |
| Changes to Existing Accounts: | 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