



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

State Employee RIC Account Form

Personal Information	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) _____

Account Status	<input type="checkbox"/> New account (Must open 457/401 accounts with RIC provider)	<input type="checkbox"/> Change to existing account (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>).

TOTAL PER CHECK deduction amount	AIG	Empower *	Horace Mann	Voya
Pretax \$ _____/check	Pretax \$ _____/check	Pretax \$ _____/check	Pretax \$ _____/check	Pretax \$ _____/check
Roth \$ _____/check	Roth \$ _____/check	Roth \$ _____/check	Roth \$ _____/check	Roth \$ _____/check
<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions	<input type="checkbox"/> Stop deductions

Deduction frequency (select one) <input type="checkbox"/> 12 checks/year <input type="radio"/> 1 st check or <input type="radio"/> 2 nd check <input type="checkbox"/> 24 checks/year <input type="checkbox"/> 26 checks/year (all checks)	Effective date: <i>Changes affect the 1st 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)
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Transfers Between RIC Providers	Transfer: <input type="checkbox"/> All accounts <input type="checkbox"/> Acc't # _____	From: <input type="checkbox"/> AIG <input type="checkbox"/> Empower* <input type="checkbox"/> Horace Mann <input type="checkbox"/> Voya <input type="checkbox"/> _____ To (existing account): <input type="checkbox"/> AIG <input type="checkbox"/> Empower* <input type="checkbox"/> Horace Mann <input type="checkbox"/> Voya
Make check payable to: _____ FBO: Participant, Plan #: _____ Mail to: _____ RIC administrator signature: _____ Date: _____		

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.	Today's date _____
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New account (or Transfer Between RIC Providers) X _____ <small>Participant Signature (Required for new accounts and RIC provider transfers)</small>	Existing account _____ OR X _____ <small>Employee ID# acts as signature Participant Signature</small>
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Advisor Use (For new accounts opened with an advisor): I am authorized to open accounts for this employee. The employee has established 457/401a accounts with

RIC Provider _____ Print Agent Name _____ Agent Signature _____ Agent Phone Number _____

Form Submission
Email: christi.patterson@iowa.gov | **Fax:** Christi Patterson at 515-281-5102 | **Mail:** DAS-HRE, Attn: RIC ▪ 1305 E Walnut ▪ Des Moines, IA 50319

Office Use Only	Payroll Office Date Received: _____ Paycheck Effective Date: _____ Name: _____	RIC Use Only Date Pended: _____ Entered: _____ Checked: _____
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*Formerly MassMutual Retirement

