



Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

Email Address _____ Employer Name _____

Salary Reduction Election

***AIG, Empower*, Horace Mann, and Voya** - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the RIC website.*

Pretax	Roth (post-tax)	ER \$*	Pretax	Roth (post-tax)	ER \$*
AIG \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	Horace Mann \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
Empower* \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	Voya \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

***EFS Advisors, Equitable, GWN Securities, National Life Group, Security Benefit, and TCG Administrators** – Access to provider websites and contact information is available on the RIC website. Investment options, fund fees, fixed rates, historical fund performance, and product restrictions (if any) are available directly from the provider upon request.*

Pretax	Roth (post-tax)	ER \$*	Pretax	Roth (post-tax)	ER \$*
EFS Advisors \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	National Life Group \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
Equitable \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	Security Benefit \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes
GWN Securities \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes	TCG Administrators \$ _____ /check	\$ _____ /check	<input type="checkbox"/> Yes

Participant Signature

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. 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 a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution as defined by my employer's plan elections. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.

X _____
Participant Signature Date

Submit Form Submit this form to your payroll office.

Agent Use (For new accounts opened with an advisor): I am authorized to open accounts for this employee. The employee has established a 403b account in one of the RIC provider's currently offered products.

Print Agent Name _____ Agent Signature _____ Agent Phone Number _____ Date _____

Payroll Office

Date Received: _____ Paycheck Effective Date: _____ Name: _____

*Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access additional program information and your employer's RIC plan elections (under *Your Plan Details*).