Retirement Investors' Club (RIC)

Iowa Department of Administrative Services

RIC Account Form

1. Account Activity *(Choose all that apply & **sign section 6**)*

☐ **Enroll for the first time** (sections 2, 3, 5, & 6) *A new account may only be established by completing the required provider applications. This form is not valid for opening a new account without an agent signature*

☐ **Open an additional provider account** (sections 2, 3, 5, & 6) *A new account may only be established by completing the required provider applications. This form is not valid for opening a new account without an agent signature.*

☐ **Change 457* payroll deduction** information (sections 2, 3, & 6)

☐ **Transfer assets to another provider** (sections 2, 4, & 6) *You must have an established account with the receiving provider.*

☐ **Redirect future contributions to another provider** (sections 2, 3, 4, & 6) *You must have an established account with the receiving provider.*

2. Name & Social Security

Name _____ Social Security # _____
Last First MI

3. 457 Payroll Deduction Change

Deduct a total of $_____ per **MONTH** (not per paycheck)

Deduct this total monthly amount from my ☐ 1st paycheck ☐ 2nd paycheck ☐ 1st & 2nd paycheck (equally divided)

If contributing to more than one provider, designate how much of the total monthly amount each provider should receive. If contributing to more than one active provider, designate which one is to receive match contributions by circling "Match". (only one may receive the match)

Circle only one

_____ $_____ per month Match
Provider Name

_____ $_____ per month Match
Provider Name

4. Asset Transfer / Redirect Future Contributions to a Different Provider

An account must be opened with a representative of the receiving provider before transfer/redirection may be made.

Transfer 100% of my ☐ 457* ☐ 401(a)** account(s) from _____ to my existing account
Provider Name

at ☐ AIG VALIC ☐ Hartford ☐ ING ☐ Nationwide ☐ Other _____
Provider Name

Transfer the annual penalty-free amount of my 457* account from _____ to my existing
Provider Name

account at ☐ AIG VALIC ☐ Hartford ☐ ING ☐ Nationwide ☐ Other _____
Provider Name

Redirect my future ☐ 457* ☐ 401(a)** contributions from _____ to my existing account
Provider Name

at ☐ AIG VALIC ☐ Hartford ☐ ING ☐ Nationwide

PERSONNEL ASSISTANT USE ONLY

Date Received: _____ Pay Check Effective Date: _____

Name: _____ Phone: _____

RIC USE ONLY

Date Pended: _____

Entered: _____ Checked: _____

* 457 account – account designed to receive employee contributions from payroll deduction
** 401(a) account – account designed to receive employer match contributions

Employee must sign section 6

Over

5. Agent's Signature (new accounts only)

I certify that I am authorized by ☐ AIG VALIC ☐ Hartford ☐ ING Financial Advisers ☐ Nationwide to open new accounts for State of Iowa Employees. The participant has completed all of the provider's required paperwork for establishing a ☐ 457 employee contribution account and/or a ☐ 401(a) employer match account. (Employee signature is required in section 6 of this form.)

_____
Agent Signature Date

_____ (_____) _____
Name (please print) Telephone

6. Employee's Signature

I understand and agree to the terms and conditions of the Retirement Investors' Club (RIC). I have access to a Plan Summary and an Investment Provider Comparison. I understand that withdrawals may only be made upon termination of State employment, unless I apply and am approved for a hardship withdrawal, a qualified cashout payment, or eligible service credit purchase.

X _____
Participant Signature Date

(Maiden name if recently changed) _____ Date of Birth _____

Address _____ Department _____

City _____ State _____ Zip _____

Telephone (work) (_____)_____ (home) (_____)_____

Mailing Instructions

If your request is received by the 15th of the month, the change will affect the 1st paycheck of the following month. If your request is received after the 15th of the month, the 2nd paycheck of the following month will be affected.

Account activity	*Central Payroll Employees*	*DOT Employees*	*Community Based Corrections Employees*
Establishing a new account *(first-time or additional)*	Give a **copy of this form** (signed by the agent) & the provider's applications to your provider. Send the **original of this form** to your Personnel Assistant or the RIC office at the address shown below	Give a **copy of this form** (signed by the agent) & the provider's applications to your provider. Send the **original of this form** to: DOT, Office of Employee Services, 800 Lincoln Way, Ames, IA 50010	Give a **copy of this form** (signed by the agent) & the provider's applications to your provider. Send the **original of this form** to the personnel office for your district
Making changes to existing account(s)	Forward this **original** form to your Personnel Assistant or the RIC office at the address shown below	Forward this **original** form to: DOT, Office of Employee Services, 800 Lincoln Way, Ames, IA 50010	Forward this **original** form to the personnel office for your district

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