



Personal Information

Name _____ Social Security # _____
Last First MI Existing accounts use last 4 digits only

Birth Date _____ Agency/Dept _____ Employee ID # _____
Required for electronic submission only

Address _____ City _____ State _____ Zip _____

Phone (work) _____ Phone (home) _____ Phone (mobile) _____

457 Payroll Deduction
Changes affect the 1st available check of the month following receipt of this form unless a later date is otherwise indicated.

Designate the deduction amount to send to your provider. 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>).

	<u>Pretax</u>	<u>Roth (post-tax)</u>	<u>Deduction frequency</u>
Horace Mann	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> 12 checks/yr - <input type="checkbox"/> 1 st or <input type="checkbox"/> 2 nd check
MassMutual	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> 24 checks/yr
TIAA-CREF	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> 26 checks/yr (all checks)
VALIC	\$ _____/Check	\$ _____/Check	Alternative effective date (if desired)
Voya*	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Begin as of _____(check date)
Inactive Prov Exception	\$ _____/Check		<input type="checkbox"/> 1 check only _____(check date)
			<input type="checkbox"/> Final check _____(check date)

Provider Changes
You must have established an account with the receiving provider to complete a transfer.

Please transfer:	From:	To:	Stop contributions to:	Redirect contributions to:
<input type="checkbox"/> 100%	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann	<input type="checkbox"/> Horace Mann
<input type="checkbox"/> \$ _____	<input type="checkbox"/> MassMutual	<input type="checkbox"/> MassMutual	<input type="checkbox"/> MassMutual	<input type="checkbox"/> MassMutual
	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> TIAA-CREF
	<input type="checkbox"/> VALIC	<input type="checkbox"/> VALIC	<input type="checkbox"/> VALIC	<input type="checkbox"/> VALIC
	<input type="checkbox"/> Voya*	<input type="checkbox"/> Voya*	<input type="checkbox"/> Voya*	<input type="checkbox"/> Voya*
	<input type="checkbox"/> Security Benefit			
	<input type="checkbox"/> _____			

Participant 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 Summary. I understand that withdrawals may only be made upon termination of state employment, unless I apply and am approved for an unforeseeable emergency withdrawal, a qualified cashout payment, or eligible service credit purchase.

X _____
Participant Signature Date

Form Submission

Electronic submission FOR EXISTING ACCOUNTS ONLY. Include your name, the last four digits of your SS#, and employee ID# (signature not required). If you do not know your employee ID#, contact your personnel assistant or RIC. You may submit 2 ways.

- Click on the Submit button
- Scan/email this form to: terri.marshall@iowa.gov

Fax to: 515-281-5102
Mail to: DAS-HRE, Attn: RIC
 1305 E. Walnut
 Des Moines, IA 50319

Agent Use Only (Not required for existing accounts or online provider enrollment)
 I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the active provider shown below.

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

Received by RIC	Payroll Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____

*Formerly ING
 CFN 552-0317
 Revised 02/16/15

