Reset



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

403b Salary Reduction Form

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

Corebridge *(formerly 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 $*
Corebridge (formerly AIG)	$_____ /check	$_____ /check	☐ Yes	**Horace Mann**	$_____ /check	$_____ /check	☐ Yes
Empower	$_____ /check	$_____ /check	☐ Yes	**Voya**	$_____ /check	$_____ /check	☐ Yes

American Fidelity, Equitable, National Life Group, and Security Benefit *– Access to provider websites and contact information is available on the RIC website. Investment options, fund fees, fixed rates, and historical fund performance are available directly from the provider upon request.*

	Pretax	Roth (post-tax)	ER $*		Pretax	Roth (post-tax)	ER $*
American Fidelity	$_____ /check	$ NA /check	☐ Yes	**National Life Group**	$_____ /check	$_____ /check	☐ Yes
Equitable	$_____ /check	$_____ /check	☐ Yes	**Security Benefit**	$_____ /check	$_____ /check	☐ 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 _____
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.

Print



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*).