



**Look
forward to
retirement!**

Iowa Department of Administrative Services
Retirement Investors' Club (RIC)

457/401a Account Form

Personal Information

Employee ID# is only required if submitting form electronically.

Enter last 4 digits of SSN if submitting electronically.

Name _____ Social Security # _____
Last First MI Electronic submission requires last 4 digits only

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

Address _____ City _____ State _____

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

457 Payroll Deduction

Designate the deduction amount to send to your provider	Designate which paycheck(s)
Hartford \$ _____/Month	<input type="checkbox"/> 1st paycheck of each month
ING \$ _____/Month	<input type="checkbox"/> 2nd paycheck of each month
Security Benefit \$ _____/Month	<input type="checkbox"/> 1st & 2nd paycheck (equally divided) each month
TIAA-CREF \$ _____/Month	<input type="checkbox"/> Final paycheck _____ <small>paycheck date</small>
VALIC \$ _____/Month	<input type="checkbox"/> 1 paycheck only _____ <small>paycheck date</small>
_____ \$ _____/Month	

Inactive Provider Exception*

Transfers Only

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"/> Hartford	<input type="checkbox"/> Hartford	<input type="checkbox"/> Hartford	<input type="checkbox"/> Hartford
<input type="checkbox"/> Annual penalty-free	<input type="checkbox"/> ING	<input type="checkbox"/> ING	<input type="checkbox"/> ING	<input type="checkbox"/> ING
<input type="checkbox"/> \$ _____	<input type="checkbox"/> Security Benefit	<input type="checkbox"/> Security Benefit	<input type="checkbox"/> Security Benefit	<input type="checkbox"/> Security Benefit
	<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"/> _____		<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 Comparison. I understand that withdrawals may only be made upon termination of State employment, unless I apply and am approved for an unforeseeable emergency, a qualified cashout payment, or eligible service credit purchase.

X _____
Signature Date

*Inactive Provider Exceptions refer to inactive provider products approved to receive future contributions (no additional approvals after 2006)

Agent Use Only

Not required for existing accounts or online provider enrollment.

Designate which provider is opening a new account: Hartford ING Security Benefit TIAA-CREF VALIC

I _____ certify that I am authorized by this provider to open accounts for State of Iowa employees.
Print Agent Name

The participant has completed the provider's paperwork to establish a 457 employee contribution account and/or a 401(a) employer match account.

_____ Agent Signature _____ Agent Phone Number _____ Date

Personnel Assistant Use Only

Date Recvd: _____ Paycheck Effective Date: _____ Name: _____ Phone: _____

RIC Use Only

Date Pended: _____ Entered: _____ Checked: _____



Active Providers

The following active providers are able to open new accounts and receive contributions. All products are penalty and restriction free.



800-424-2825
ext. 47627
www.retire.hartfordlife.com/iowa/



800-555-1970
515-698-7973
www.ingretirementplans.com/custom/iowa



800-888-2461
ext. 2403
www.securitybenefit.com/iowa



888-877-1446
<http://enroll.tiaacref.org/iowa/>



800-945-6763
515-267-1099
www.aigretirement.com/iowa

2010 Contribution Limits

Regular Limit	50+ Catch-Up Limit	3-Year Catch-Up Limit
100% of compensation up to: \$ 16,500	For participants age 50 or older, 100% of compensation up to: \$22,000	The total of the regular limit + missed contributions up to: \$ 33,000

Processing Timeline

If your request is received by the 15th of a 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.

Fax/Mailing Instructions

	Central Payroll & DOT	Community Based Corrections
New Account	This form & the provider's applications must be sent to the provider.	This form & the provider's applications must be sent to the provider.
Changes to existing account	Forward this form (by mail or fax) to your Personnel Assistant or the RIC office at the address or fax number shown below.	Forward this form (by mail or fax) to the personnel office for your district.

Electronic Submission

To submit this form electronically, complete the form and email it to: Terri.Marshall@iowa.gov. You must include your name, the last four digits of your social security number, and your employee ID#. For most employees, your employee ID# is a five digit number found in payroll. If you do not know your employee ID#, contact your personnel assistant or a RIC staff member. You are not required to sign the form. **You may NOT submit this form electronically if you are opening a new account.**