Look forward to retirement!

Iowa Department of Administrative Services

Retirement Investors' Club (RIC)

403b Salary Reduction Form

Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____

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

Employer Name _____ Employer Phone _____

Salary Reduction

Designate your pretax salary reduction

Hartford Life	$_____/Check
ING	$_____/Check
Security Benefit	$_____/Check
TIAA-CREF	$_____/Check
VALIC	$_____/Check

Designate your post-tax (Roth-if available) deduction

Hartford Life	$_____/Check
ING	$_____/Check
Security Benefit	$_____/Check
TIAA-CREF	$_____/Check
VALIC	$_____/Check

Effective Date

☐ First Available Paycheck ☐ _____
Paycheck effective date

Employer Contributions
(if applicable)

☐ Hartford Life ☐ ING ☐ Security Benefit ☐ TIAA-CREF ☐ VALIC

Employee Signature

I authorize my employer to reduce my salary as requested, if applicable. I understand and agree to the terms and conditions of the Retirement Investors' Club (RIC). I have access to a Program Summary, a Provider Summary, and a Plan Document. I have contacted my selected provider and have opened an account. I understand that withdrawals may only be made upon termination of covered employment or if I am eligible for one of the 403b approved in-service withdrawals stipulated by my employer's plan. I understand that the maximum amount of salary reduction may not exceed the federal limits required by Internal Revenue Code section 403(b).

_____ _____
Signature Date

Advisor Information
(not required for existing accounts or online provider enrollment)

I certify that I am authorized by this provider to open accounts for RIC participants. The participant has completed the provider's paperwork to open an account.

_____ _____
Print Advisor's Name Advisor's Signature

_____ _____
Phone Number Date

Instructions

Please give this form to the person responsible for your payroll. For access to the Program Summary, a Provider Summary, and the Plan Document, go to http://ric.iowa.gov/403b/forms.html.