



Iowa Retirement Investors' Club (RIC)
 403b Plans
 Look forward to retirement!

Core Provider

403b Salary Reduction Form

Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

Employer Name _____

403b Salary Reduction

Designate the deduction amount to send to your provider.

	Pretax	Post-tax Roth (if available in your plan)	Effective date
Horace Mann	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> First available check
MassMutual	\$ _____ /check	\$ _____ /check	<input type="checkbox"/> Future check date to begin _____
VALIC	\$ _____ /check	\$ _____ /check	
Voya	\$ _____ /check	\$ _____ /check	

Employer Contributions (if applicable)

Designate the provider to receive employer contributions (if applicable in your plan)

Horace Mann MassMutual VALIC Voya

Participant Signature

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a 403b At-A-Glance and Plan Document. I have established a 403b account with one of the RIC providers. 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. 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 _____
Participant Signature Date

Form Submission

New Accounts:	Provider account forms: Forward applications to the provider
	403b Salary Reduction Form: Forward this form to your payroll office
Changes to Existing Accounts:	Forward this form to your payroll office

Agent Use Only (Not required for existing accounts or online provider enrollment if available)

I am authorized to open accounts for this employee and verify that he/she has established a 403b account with the active provider shown below.

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

Payroll Office

Date Received: _____ Paycheck Effective Date: _____ Name: _____



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access the 403b At-A-Glance (under *Providers & Investments*) and plan options specific to your employer's 403b plan, (under *Your Plan Details*).