



Personal Information

Name _____ Social Security # _____
Last First MI

Address _____ City _____ State _____ Zip _____

Birth Date _____ Phone (work) _____ Phone (home) _____

Employer Name _____

Salary Reduction
Check with your employer for deferral frequency.

Designate the salary deferral amount to send to your provider.

<u>Pretax</u>	<u>Post-tax Roth (If available in your plan)</u>	<u>Effective Date</u>
Horace Mann \$ _____/Check	Horace Mann \$ _____/Check	<input type="checkbox"/> First available check
MassMutual \$ _____/Check	MassMutual \$ _____/Check	<input type="checkbox"/> Alternate future date to
TIAA-CREF \$ _____/Check	TIAA-CREF \$ _____/Check	begin _____
VALIC \$ _____/Check	VALIC \$ _____/Check	
Voya* \$ _____/Check	Voya* \$ _____/Check	

Employer Contributions (if applicable)

Horace Mann MassMutual TIAA-CREF VALIC Voya*

Participant Signature

I authorize my employer to direct my contributions as elected and make salary deductions (if requested). I understand and agree to the terms and conditions of the Retirement Investors' Club (RIC). I have access to a Program Summary, a 403b At-A-Glance, 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 qualification for an in-service distribution as defined by my employer's plan. I understand that my salary-deferred 403b contributions may not exceed the federal limits required by Internal Revenue Code section 403(b).

X _____
Participant Signature Date

Form Submission

Please give this form to the person responsible for your payroll. For access to a Program Summary, 403b At-A-Glance (provider summary), and the Plan Document, go to <https://das.iowa.gov/RIC/403b/documents>.

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

I am authorized by _____ (active provider) to open accounts for this employee, who has established a 403b account with the provider.

_____ Print Agent Name Agent Signature Agent Phone Number Date

Payroll Office

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

*Formerly ING

