



Personal Information

 Last name First name M.I. Social Security # _____
 Last 4 digits only

Transfer Request

Transfer: All accounts Single Account # _____

From: AIG Empower* Horace Mann Voya Other _____
 Inactive Provider Name

To existing account with: AIG Empower* Horace Mann Voya

Please note: To ensure a timely transfer, contact your receiving provider to ask if additional paperwork is required.

Authorization

I authorize my employer to process this request. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Documents. I have established 457 and 401a accounts with the receiving RIC provider. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X _____
 Participant Signature Date

Advisor Use: The employee has established 457/401a accounts with: _____
 Receiving Provider Name

 Print Agent Name Agent Phone Number Agent Signature Date

Form Submission | **Email:** ric@iowa.gov | **Fax:** 515-281-5102 | **Mail:** DAS-HRE ▪ Attn: RIC ▪ 1305 E Walnut ▪ Des Moines, IA 50319

Office Use Only

Make check payable to: _____ FBO: Participant, Plan #: _____

Mail to: _____

RIC administrator signature: _____ Date: _____

*Empower – formerly MassMutual Retirement

