



**Look  
forward to  
retirement!**

**Retirement Investors' Club (RIC)  
403b Plan**

**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  
 Horace Mann \$ \_\_\_\_\_ /Check  
 ING \$ \_\_\_\_\_ /Check  
 Security Benefit \$ \_\_\_\_\_ /Check  
 TIAA-CREF \$ \_\_\_\_\_ /Check  
 VALIC \$ \_\_\_\_\_ /Check

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

Hartford Life \$ \_\_\_\_\_ /Check  
 Horace Mann \$ \_\_\_\_\_ /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  Horace Mann  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>.

**Retirement Investors' Club**

866-460-4692(toll free)/ <http://ric.iowa.gov/403b/>

