

## **403b Salary Reduction Form**

	NameSocial Security #										
Personal Information	Last			First MI							
	Address					City		Sta	te	Zip	
	Birth DateTelep			phone (daytime)			Tel	Telephone (home)			
	Email Address_					Employer	Name				
Salary Reduction Election	AIG, Horace Mann, MassMutual, and Voya - Access to provider websites and contact information, a list of available investment options, total and individual fund fees, current fixed rates, historical fund performance, and self-directed brokerage options are available on the RIC website.  Pretax Roth (post-tax) ER \$*  Pretax Roth (post-tax) ER \$*										
		Pretax		Koth (post-tax)		EK 3.	_	Pretax		Roth (post-tax)	EK 3.
	AIG (formerly VALIC)	\$	_/check :	\$	_/check	Yes	MassMutual	\$	/check	\$	/check Yes
	Horace Mann	\$	_/check :	\$	_/check	Yes	Voya	\$	/check	\$	/check Yes
	information is	•	RIC websi ider upon	te. Investment o	• •	-	enefit, and TCG Admini fixed rates, historical f				
		rictax		Notif (post-tax)		LNJ		FIELAX		Rotti (post-tax)	LNŞ
	EFS Advisors	\$	_ /check	\$	_ /check	Yes	National Life Group	\$	/check	\$	/check Yes
	Equitable	\$	_/check	\$	_/check	Yes	Security Benefit	\$	/check	\$	/check Yes
	GWN Securities	\$	_/check	\$	_/check	Yes	TCG Administrators	\$	/check	\$	/check Yes
Participant Signature	I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. I have access and agree to the terms and conditions of the lowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established a 403b account in one of the RIC provider's currently offered products. I understand that RIC does not give investment advice and investment returns are not guaranteed by the State of Iowa. 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 elections. 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										
			cc.					Date			
Submit Form	Submit this for	m to your payroll	оттісе.								
•	or new accounts of currently offere	•	idvisor) <b>:</b>	I am authorized	to opei	n accounts	s for this employee. The	employee has est	ablish	ed a 403b account	in one of the
Print Agent Name				Agent Signature			Agent Phone Number			Date	
Payroll Office	Date Received:		P	aycheck Effectiv	e Date:		Nar	me:			

\*Employer money - If your employer contributes to your 403b, indicate which provider is to receive the employer contributions.



Visit the RIC website at <a href="https://das.iowa.gov/RIC/403b">https://das.iowa.gov/RIC/403b</a> to access additional program information and your employer's RIC plan elections (under *Your Plan Details*).