



**Retirement Investors' Club (RIC)  
403b Plan**  
Look *forward* to retirement!

# 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**

(Check with your employer on deduction frequency)

**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>.

