

Iowa Retirement Investors' Club (RIC) 457 Employee Contribution Plan

Mutual Fund 457(b) Deferred Compensation Enrollment Form



Group ID# 02228001 CS: D CS: M

This Enrollment Form should be used for initial enrollment and contribution allocation only. Future investment election changes may be made by calling 1-800-448-2542 or by going online at corebridgefinancial.com/retire. Investment election changes via paper forms will not be accepted.

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Mr. Mrs. Ms. Dr. Rev.

Gender: Male Female Marital Status: Married Not Married Date of Birth: _____

Residence Address*: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____

Mailing Address* (if different from residence): _____

City: _____ State: _____ ZIP: _____

*All accounts will be updated with these addresses.

2. INVESTOR PROFILE

Have you previously purchased mutual funds or other securities? No Yes If yes, number of years: _____

Investment Objective (check one): Safety of Principal Long-Term Growth Income

Risk Profile: Higher Risk Aggressive Moderately Aggressive Moderate Moderately Conservative Conservative Cautious

Financial Situation:

Annual Household Income Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Net Worth(excluding value of primary residence) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Life Insurance (face amount) Under \$50,000 \$50,000 - \$100,000 Over \$100,000 list amount: \$ _____

Tax Bracket: _____% Dependents: Number: _____ Age(s): _____

Client Occupation: _____ Annual Salary: \$ _____ Date of Hire: _____

Is the Client employed by or registered with an FINRA member firm? Yes No

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3. INVESTMENT ELECTIONS

Indicate investment elections below for all future contributions to the Plan. Use whole increments of 1% (no fractions) to total 100%.

- | | |
|--|---|
| <input type="checkbox"/> % ALLSPRING CORE PLUS BD FUND R6 (STYJX) | <input type="checkbox"/> % CARILLON EAGLE MID CAP GROWTH (HRAUX) |
| <input type="checkbox"/> % DFA INFLATION PROTECTED SEC I (DIPSX)
<small>Policy Form GFA 398 of GFA 412, a group fixed unallocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.</small> | <input type="checkbox"/> % DFA LARGE CAP INTERNATIONAL (DFAIX) |
| <input type="checkbox"/> % DFA REAL ESTATE SECURITIES I (DFREX) | <input type="checkbox"/> % DFA US TARGETED VALUE I (DFFVX) |
| <input type="checkbox"/> % DFA US VECTOR EQUITY I (DFVEX) | <input type="checkbox"/> % FIDELITY TOT MKT IDX INST PREM (FSKAX) |
| <input type="checkbox"/> % FIXED ACCOUNT (FB125) ¹ | <input type="checkbox"/> % MFS MASS INV GTH STK R6 (MIGNX) |
| <input type="checkbox"/> % SCHWAB PCRA (SPCRA) | <input type="checkbox"/> % VANGUARD DEV MKT IND FUND INST (VTMNX) |
| <input type="checkbox"/> % VANGUARD EQUITY INC ADM (VEIRX) | <input type="checkbox"/> % VANGUARD EXPLORER ADM (VEXRX) |
| <input type="checkbox"/> % VANGUARD FED MONEY MARKET INV (VMFXX) | <input type="checkbox"/> % VANGUARD HIGH YIELD CORP ADML (VWEAX) |
| <input type="checkbox"/> % VANGUARD INST IDX (VINIX) | <input type="checkbox"/> % VANGUARD INTRM-TRM BND IDX ADM (VBILX) |
| <input type="checkbox"/> % VANGUARD MIDCAP INDEX INS (VMCIX) | <input type="checkbox"/> % VANGUARD SMALL CAP INSTL (VSCIX) |
| <input type="checkbox"/> % VANGUARD TARGET RET 2070 (VSVNX) | <input type="checkbox"/> % VANGUARD TARGET RETIRE 2065 (VLXVX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT 2015 (VTXVX) | <input type="checkbox"/> % VANGUARD TGT RTMT 2020 (VTWNX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT 2025 (VTTVX) | <input type="checkbox"/> % VANGUARD TGT RTMT 2030 (VTHRX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT 2035 (VTTHX) | <input type="checkbox"/> % VANGUARD TGT RTMT 2040 (VFORX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT 2045 (VTIVX) | <input type="checkbox"/> % VANGUARD TGT RTMT 2050 (VFIFX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT 2055 (VFFVX) | <input type="checkbox"/> % VANGUARD TGT RTMT 2060 (VTTSX) |
| <input type="checkbox"/> % VANGUARD TGT RTMT INC (VTINX) | <input type="checkbox"/> % VANGUARD WELLINGTON ADM (VWENX) |
| | 100% Total |

4. DOCUMENT DELIVERY CHOICES

E-mail Address: _____

By providing my e-mail address above, I elect to enroll in Personal Deliver-e®, an electronic document delivery service

Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. An e-mail notification will be sent to you when regulatory disclosures, transaction confirmations and account statements are available for viewing and/or printing online. You may customize your selections by accessing your online account.

I elect to continue receiving account information and related materials in a printed format.

VALIC Retirement Services Company is a wholly owned subsidiary of Corebridge Financial, Inc.

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5. DISTRIBUTION DATE (Private Not-for-Profit Employers Only)

Date to begin payment of Plan benefits: _____

Note: The date selected must meet the following criteria:

- No earlier than the 61st day after separation from service, and
- Before April 1st of the year after the calendar year in which you separate from service or attain age 70½, whichever is later.

Changes to the distribution date can be made up to 60 days after separation from service. Your distribution date will then be final, unless the Plan allows you to later choose a one-time deferral of such date.

6. CLIENT SIGNATURE

I understand that transfers from the Fixed Account may be restricted. I understand that mutual fund investment return and principal value will fluctuate so that when redeemed any shares in my Plan account may be worth more or less than their original cost. I affirm that the information on this form is accurate and complete, to the best of my knowledge.

Client Signature

Date

Signed At: City/State

Upon completion of this form, a Deferred Compensation Agreement and Beneficiary Designation Form must be submitted with document to VALIC Retirement Services Company.

Please fax this form and any documentation to 1-877-202-0187 or mail to the address below for processing:

Retirement Services Center
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery:

Retirement Services Center
1050 N. Western St.
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time

For Home Office Use Only

Financial Representative Name (Print)

Financial Representative Signature

Date

Agent#: _____ Region Code: _____

Principal Approval

Date

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