

# 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](http://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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SSN or Tax ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### 3. INVESTMENT ELECTIONS

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

____% ALLSPRING CORE PLUS BD FUND R6 (STYJX)	____% CARILLON EAGLE MID CAP GROWTH (HRAUX)
____% DFA INFLATION PROTECTED SEC I (DIPSX)	____% DFA LARGE CP INTERNATIONAL I (DFALX)
____% DFA REAL ESTATE SECURITIES I (DFREX)	____% DFA US TARGETED VALUE I (DFFVX)
____% DFA US VECTOR EQUITY I (DFVEX)	____% FIDELITY TOT MKT IDX INST PREM (FSKAX)
____% FIXED ACCOUNT (FB125) <sup>1</sup>	____% MFS MASS INV GTH STK R6 (MIGNX)
____% SCHWAB PCRA (SPCRA)	____% VANGUARD DEV MKT IND FUND INST (VTMNX)
____% VANGUARD EQUITY INC ADM (VEIRX)	____% VANGUARD EXPLORER ADM (VEXRX)
____% VANGUARD FED MONEY MARKET INV (VMFXX)	____% VANGUARD HIGH YIELD CORP ADML (VWEAX)
____% VANGUARD INST IDX (VINIX)	____% VANGUARD INTRM-TRM BND IDX ADM (VBILX)
____% VANGUARD MIDCAP INDEX INS (VMCIX)	____% VANGUARD SMALL CAP INSTL (VSCIX)
____% VANGUARD TARGET RET 2070 (VSVNX)	____% VANGUARD TARGET RETIRE 2065 (VLXVX)
____% VANGUARD TGT RTMT 2015 (VTXVX)	____% VANGUARD TGT RTMT 2020 (VTWNX)
____% VANGUARD TGT RTMT 2025 (VTTVX)	____% VANGUARD TGT RTMT 2030 (VTHRX)
____% VANGUARD TGT RTMT 2035 (VTTHX)	____% VANGUARD TGT RTMT 2040 (VFORX)
____% VANGUARD TGT RTMT 2045 (VTIVX)	____% VANGUARD TGT RTMT 2050 (VFIFX)
____% VANGUARD TGT RTMT 2055 (VFFVX)	____% VANGUARD TGT RTMT 2060 (VTTSX)
____% VANGUARD TGT RTMT INC (VTINX)	____% VANGUARD WELLINGTON ADM (VWENX)
	100% Total

<sup>1</sup> Policy Form GFUA-398 or GFUA-12, a group fixed unallocated annuity, issued by The Variable Annuity Life Insurance Company, Houston, Texas.

### 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.

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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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