

ITQ ATTACHMENT 10: PROVIDER APPLICATION



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

403b Optional Provider Application

Provider/ Product	Company name / TIN #	Company name	TIN #
	Company address		
	Product name		
	Type of product / SERFF Filing #	Type of product	SERFF Filing #
Plan contact information for Plan Sponsor	Contact name/email	Contact name	Contact email
	Phone/Fax	Plan contact phone	Plan contact fax
	Address		
	Plan sponsor website		
Processing Center information for Plan Sponsor	Phone/Fax	Processing center phone	Processing center fax
	Mail letters of instruction to		
	Make checks payable to		
	Mail money to (custodian)		
Account Access for Participants	Phone/Fax		
	Participant website		
Provider Disclosure/ Signature	<p>I am authorized by the provider named above to bind the provider legally. Our firm has entered into agreements with Common Remitter and planwithease. Insurance products and forms offered in the RIC 403b Plan are filed with and approved by the Iowa Insurance Division. Variable investment products offered in the RIC 403b Plan are registered with the SEC.</p>		
	Print Name	_____ <small>Name of authorized representative</small> <small>Title</small>	
	Signature	X _____ <small>Signature of authorized representative</small>	_____ <small>Date</small>