



# VANTAGEPOINT PAYROLL DEDUCTION IRA ACCOUNT APPLICATION INSTRUCTIONS



Carefully read the instructions before completing the attached application. You may find it helpful to detach the application and refer back to these instructions while completing the application. Please print legibly in blue or black ink.

If you need any assistance in completing this application, please call Investor Services at 800-669-7400.

Please mail the completed application to: **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010.**

**To ensure that your payroll deduction contributions begin, you must also complete the attached *Vantagepoint Payroll Deduction IRA Authorization Form* and promptly return it to your employer.**

## CLASSIFICATION OF IRAS

**Traditional IRAs** are funded with annual contributions of up to a specified dollar limit each year (see chart below). A separate Traditional IRA may also be established for a non-wage earning spouse, and funded with an additional amount of up to the specified dollar limit each year. Contributions may be made on either a **deductible** or **nondeductible** basis (see IRA Publication 590 for more information). All earnings on Traditional IRA assets are tax-deferred until the time of withdrawal.

You may also open a Vantagepoint IRA to accept assets from another Traditional IRA or other eligible retirement plan (457(b), 401 defined contribution, 401 defined benefit, 403(a) or 403(b)). The following types of retirement plan distributions cannot be moved to a Traditional IRA:

**Payments Spread Over Long Periods of Time:** You cannot move a payment if it is part of a series of equal (or almost equal) payments made at least once a year and lasting for your lifetime (or your life expectancy), your lifetime and your beneficiary's lifetime (or life expectancies), or a period of 10 years or more.

**Required Minimum Payments:** Beginning in the year you reach age 70½ (or retire, if later), a certain portion of your payment from your retirement plan cannot be moved because it is a required minimum payment that must be paid to you. However, once you have received the required minimum payment for a particular year, you may move the remainder of your retirement plan account to a Traditional IRA. (You will be required to continue receiving the required minimum payment from your IRA.)

**Emergency or Hardship Withdrawals:** Emergency (from a 457(b) plan) or hardship (from a 401 or 403(b) plan) withdrawals cannot be moved to a Traditional IRA.

*Note: If you are a 401 plan participant born prior to 1936, you may want to consider establishing a separate Traditional IRA ("Conduit IRA") for your retirement plan assets. You should speak with a tax or financial adviser to see if this would enable you to take advantage of special income tax rules when you take a distribution from your account. If you wish to open a "Conduit IRA," please write "Conduit" in Section 1 for the IRA type.*

**Roth IRAs** are funded with annual nondeductible (after-tax) contributions of up to the specified dollar limit (see chart below). A separate Roth IRA may also be established for a non-wage earning spouse and funded with an additional annual nondeductible contribution of up to the specified dollar limit. Earnings on Roth IRA accounts may be distributed tax-free, provided they are not withdrawn until after the contributions have been in the account for five years from the date of your first Roth IRA contribution or conversion and certain other requirements are met (see IRS Publication 590 for more information). You may also open a Vantagepoint Roth IRA to accept assets from another Roth IRA.

**Roth Conversion IRAs** hold assets that were formerly held in a Traditional, SEP or SIMPLE IRA. A Roth Conversion IRA may also hold assets formerly held in 457(b), 401 defined contribution, 401 defined benefit, 403(a) or 403(b) plans if certain requirements are met. Traditional IRA assets converted to Roth Conversion IRA assets are taxable (to the extent the converted assets have not already been taxed) while future earnings are not taxable if held in the account for five years from the date of your first Roth IRA contribution or conversion and certain other requirements are met (see IRS Publication 590 for more information). A penalty may apply if the assets are withdrawn within five years of the year of the conversion. If you wish to establish a Roth Conversion IRA you should not use this package. Instead, please call Investor Services at 800-669-7400 and request the *Vantagepoint Roth Conversion IRA Packet*.

### Dollar Limits for Traditional and Roth IRA Contributions

- If you are age 50 or older, you may make additional annual catch-up contributions to your IRA each year.
- Note: Your aggregate contributions to both a Traditional and a Roth IRA cannot exceed the specified dollar limit in any given year.

YEAR	CONTRIBUTION LIMIT	CATCH-UP LIMIT (Age 50 and Older)
2015	\$5,500	\$6,500

*The limit will be indexed to reflect inflation thereafter in \$500 increments.*

**SECTION 1: PERSONAL INFORMATION**

All the information in this section is required in order to establish your Vantagepoint IRA. Please indicate your employer's name in the space provided.

To ensure that your payroll deduction contributions begin, you must also complete the attached *Vantagepoint Payroll Deduction IRA Authorization Form* and promptly return it to your employer.

*Please Note: Federal Law allows the use of a P.O. Box only in conjunction with a street address.*

**SECTION 2: CONTRIBUTION INVESTMENT ALLOCATION**

You may either elect **Option #1** to select your own investments or **Option #2 "Managed Accounts"** and have ICMA-RC manage your account for you for an ongoing asset-based fee. Please read the enclosed *ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement* for additional information.

**OPTION #1** — Your contributions can be invested in one or more funds available to your IRA. Use whole percentages for your allocations (e.g., 50 percent, not 33⅓ percent). Do not use fixed dollar amounts. Please read the appropriate prospectus for full descriptions of the funds. If no allocation instructions are provided, the percentages do not total 100 percent, or the allocation is invalid, assets will be allocated to the Dreyfus Cash Management Fund until additional instructions are received from you. Investment in a money market fund is neither insured nor guaranteed by the U.S. government. There is no assurance that a money market fund will be able to maintain a stable net asset value of \$1.00 per share. Please read the prospectus carefully prior to investing any money.

**OPTION #2** — Please ensure all requested Managed Accounts information is provided in Section 2. If information is missing your assets may be allocated to the Dreyfus Cash Management Fund until your Managed Accounts enrollment can be completed.

**For Your Desired Retirement Age:** Enter the year in which you would like to retire. If no age is provided, age 65 will be used.

**For Your Annual Desired Retirement Income:** Enter the total annual dollar amount you wish to receive from all of your retirement income sources. If no dollar amount is provided, the Annual Desired Retirement Income will initially be calculated as 100% of your after-tax salary.

**For Your Contributions:** Please indicate your annual contribution to your IRA either as a percentage of your current salary or as a dollar amount and indicate whether it is a Traditional or Roth contribution.

**For Social Security Retirement Benefits:** Please indicate whether you expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

**For Number of Dependents:** You may include up to 10 dependents and your spouse (if your spouse's financial information is included) that you currently claim as an exemption on your tax return.

**For Your Pension:** Please indicate whether you expect to receive Pension payments. If you select "No" or do not select either box, we will not include Pension information. If you select "Yes" please provide an annual Pension Benefit Amount estimate by selecting one of the two below options:

**Option A** — Enter the annual benefit amount you expect to receive in retirement in today's dollars, **OR**

**Option B** — Enter the percentage of your salary you expect to receive in retirement.

In addition, Select "Yes" to "Is your pension subject to a cost of living adjustment (COLA)?", if your annual pension benefit will increase after retirement.

If you wish to further personalize your Managed Accounts enrollment, please complete and return the attached page, *Supplemental Managed Accounts Information*. This information can also be provided at any time after your initial enrollment. Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

*Please Note: The allocation instructions you provide in Option #1 will affect contributions only. To specify the allocation for any rollover contributions from an IRA or other eligible retirement plan, please contact ICMA-RC for the appropriate transfer form that will provide instructions on establishing a rollover allocation. In the absence of rollover allocation instructions, incoming rollover IRA assets will be invested in the Dreyfus Cash Management Fund until additional instructions are received from you.*

### SECTION 3: BENEFICIARY DESIGNATION

Your primary beneficiary(ies) designation tells us who should receive your Vantagepoint IRA balance if you should die before full disbursement of your IRA. Your contingent beneficiary(ies) designation tells us who should receive your Vantagepoint IRA balance if all your primary beneficiary(ies) die before you should die and before full disbursement of your IRA. For example, a married Vantagepoint IRA holder with children might name his/her spouse as the primary beneficiary and the children as contingent beneficiaries. Payment to beneficiaries will be made according to the rules of succession. For example, if you name your brother 50% primary beneficiary and your brother dies before you then your brother's percentage is discarded when distributing your account; 100% of your account will be paid to the other named primary beneficiary(ies). If all of your primary beneficiaries predecease you, your account will be paid to your contingent beneficiary(ies). If none of your named primary or contingent beneficiaries are living or you do not name a beneficiary, the proceeds will be paid to your surviving spouse or, in the absence of a surviving spouse, to your estate. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) you must name your spouse as 100% primary beneficiary unless your spouse waives this right by signing this form. If a Social Security Number is not provided and/or we cannot locate the named beneficiary, the Vantagepoint IRA balance will be paid to your surviving spouse if he/she can be located, or if no surviving spouse can be located, to your estate.

Use whole percentages (e.g., 50 percent, not 33⅓ percent) to designate your beneficiaries. If whole percentages are not given, any fractions will be applied to the first listed beneficiary in the applicable category (e.g., primary or contingent).

### SECTION 4: CUSTOMER INFORMATION VERIFICATION

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW VANTAGEPOINT IRA** — To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you? When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you.

If you currently have an existing account with ICMA-RC (401, 457, IRA, RHS) no further verification is needed. Simply check the "Existing Account" box in Section 4.

If you do not currently have an existing account with ICMA-RC, then we are required to verify your identity through documents that you provide us. **PLEASE EITHER SUBMIT A COPY OF ONE OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION OR SEND TO US WITHIN 30 DAYS:**

- An unexpired Driver's License
- An unexpired Passport
- Any unexpired government-issued identification evidencing nationality or residence and bearing a photograph

**PLEASE SEND THESE DOCUMENTS TO:** By Mail: **Vantagepoint Transfers Agents, LLC, P.O. Box 17010, Baltimore, MD 21297-1010**

By fax: **202-962-4601 (Attn: Special Products Team)**

**FAILURE TO PROVIDE THESE DOCUMENTS AS REQUIRED BY FEDERAL LAW WILL RESULT IN YOUR ACCOUNT BEING CLOSED WITH ALL INVESTMENTS BEING REDEEMED UPON THE TIME OF CLOSURE AND THE PROCEEDS MAILED TO YOU. ICMA-RC WILL NOT BE RESPONSIBLE FOR ANY TAX CONSEQUENCES RESULTING FROM YOUR FAILURE TO COMPLY WITH THIS REQUEST. PLEASE SEE ICMA-RC'S PRIVACY POLICY AS IT PERTAINS TO THE PATRIOT ACT. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT AN INVESTOR SERVICES REPRESENTATIVE AT 800-669-7400.**

**SECTION 5: INVESTOR SIGNATURE**

Once you have completed this form, please sign and return it along with any initial contribution or rollover check and any applicable *Vantagepoint IRA Rollover Form* or *Vantagepoint IRA Direct Transfer Form* in the enclosed envelope, or mail in your own envelope to Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010. Please keep a copy of the completed application and other forms for your files.

If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must name your spouse as 100% primary beneficiary unless your spouse waives this right by signing this form.

By signing this application you acknowledge the following:

- A. I am a member of one of the eligible categories for Vantagepoint IRA participation listed below:
  1. Participants in plans administered by ICMA Retirement Corporation, regardless of current employment status
  2. Employees of ICMA Retirement Corporation clients
  3. Employees of International City/County Management Association
  4. Employees, officers, directors and trustees of the ICMA Retirement Corporation and affiliated organizations
  5. Spouses, domestic partners, children, parents, and brothers and sisters of eligible depositors above (1, 2, 3, 4)
  6. Employees of state and local governmental entities that are not clients of ICMA Retirement Corporation
  7. Members of state and local public-sector unions
- B. I have received and read the *Vantagepoint Traditional IRA* or *Vantagepoint Roth IRA Custodial Account Agreement* and *Disclosure Statement* and agree to be bound by the terms of the applicable Custodial Agreement of which the application is a part.
- C. I hereby adopt the Vantagepoint IRA as indicated in Section 1 of this application, appointing Wilmington Trust Retirement and Institutional Services Company, as Custodian, and ICMA-RC to perform the administrative services.
- D. If I elected to add the Automatic Investment Program feature to a Vantagepoint IRA, I hereby authorize and request ICMA-RC, upon receiving instructions from me, to secure payment of amounts to be invested by me by initiating entries to my account at the bank ("Bank") named in Section 5, and to credit, as requested, the proceeds to the Vantagepoint IRA I am adopting in Section 1, without responsibility for the appropriateness thereof or the existence of any further authorization relating thereto. I authorize and request "Bank" to accept any such debit entries initiated by ICMA-RC. I hereby ratify any telephone instructions given pursuant to this authorization and agree that neither the Custodian, ICMA-RC, nor their affiliates will be liable for any losses resulting from unauthorized transactions if they follow reasonable procedures designed to verify the identity of the caller.
- E. By electing Option #2 "Managed Accounts" in Section 2, you hereby verify that by signing this Account Application you have read and understand: 1) The ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement, dated March 2013 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees and 2) Part 2A of ICMA-RC's Form ADV for Guided Pathways® and Retirement Readiness Reports Advisory Services. By electing Option #2 "Managed Accounts" in Section 2, you also certify that you agree to all the terms and conditions set forth on the enclosed Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign this Account Application.
- F. ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone I agree that neither the Custodian nor ICMA-RC nor their affiliates, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.
- G. I hereby agree to indemnify the Custodian and ICMA-RC (their agents, affiliates, successors and employees) from any liability with respect to distributions from my Vantagepoint IRA.
- H. As required by law and under penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided for myself is correct.
- I. I waive the right to revoke this IRA and certify that I received, read and agree to the *Vantagepoint Traditional IRA* or *Vantagepoint Roth IRA Custodial Account Agreement* and *Disclosure Statement* at least seven days prior to signing this application.



# VANTAGEPOINT PAYROLL DEDUCTION IRA ACCOUNT APPLICATION

PAY

## 1 PERSONAL INFORMATION (ALL INFORMATION MUST BE COMPLETED)

Name (Last, First and Middle Initial)	Mailing Address (Use of P.O. Box also requires Street Address)		
Social Security Number: _____ - _____ - _____	City	State	Zip
Work Phone Number: ( _____ ) _____ - _____	Home Phone Number: ( _____ ) _____ - _____		
Date of Birth: (MM/DD/YYYY) ____/____/____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Employer Name: _____	Email Address: _____		

**THE TYPE OF IRA I AM ESTABLISHING IS A:**

Vantagepoint Traditional IRA **ICMA-RC use only: 7 0 1** **OR**  Vantagepoint Roth IRA **ICMA-RC use only: 7 0 5**

## 2 CONTRIBUTION INVESTMENT ALLOCATION

**Option #1** — Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. A list of funds and codes can be found on the Investment Options Sheet. Read Section 2 of the form instructions for information on how assets will be invested in the absence of accurate and complete instructions. **Note: Please use whole percentages only.**

ALLOCATION			
CODE	PERCENT	CODE	PERCENT
<b>TOTAL = 100%</b>			

**DO NOT COMPLETE THIS SECTION IF YOU ELECTED OPTION 1.**

**Option #2 — Managed Accounts:** By electing this option, you agree to have your account professionally managed by ICMA-RC for an ongoing fee. If you elect this option, do not complete Option #1.

Annual Salary: \$ \_\_\_\_\_ Desired Retirement Age: \_\_\_\_\_ Annual Desired Retirement Income (after-tax) \$ \_\_\_\_\_ (100% of current after-tax salary is recommended)

Your Annual Contribution to this **Traditional IRA:** \_\_\_\_\_ % or \$ \_\_\_\_\_ **OR** Your Annual Contribution to this **Roth IRA:** \_\_\_\_\_ % or \$ \_\_\_\_\_

Will you receive Social Security Retirement Benefits?  Yes  No Number of Dependents \_\_\_\_\_

Will you receive Pension payments?  Yes  No. If you select "Yes", please complete A, B and C below:

(A) Age at which Pension Begins: \_\_\_\_\_

(B) Annual Pension Benefit Amount (choose only one) Option A: \$ \_\_\_\_\_ (In today's dollars) you expect to receive in retirement **OR**

Option B: \_\_\_\_\_ % of your salary you expect to receive in retirement

(C) Is your Pension subject to a cost of living adjustment (COLA) in retirement?  Yes  No

## 3 BENEFICIARY DESIGNATION

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my Vantagepoint IRA upon my death. I have attached a separate sheet listing any contingent beneficiary(ies). If there is no primary beneficiary living at the time of my death, the balance is to be distributed the contingent beneficiary(ies) I have designated on the attached sheet. Payment to beneficiaries will be made according to the rules described in the attached instructions. If you need more space, please attach a separate piece of paper. If you live in a **community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI)**, you must name your spouse as 100% primary beneficiary unless your spouse waives this right by signing this form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security Number \_\_\_\_\_ IRA Number **7** \_\_\_\_\_

**PRIMARY BENEFICIARY(IES)**

First Name, M.I., Last Name <i>(If trust, please give name, address, and trustee's name.)</i>	Share <i>(whole percentages)</i>	Social Security or Employer Identification Number <i>(for nonindividual beneficiaries)</i>	Date of Birth/Date of Trust	Beneficiary is:		
				Spouse	Other	Trust
1. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL = 100%						

**CONTINGENT BENEFICIARY(IES)**

First Name, M.I., Last Name <i>(If trust, please give name, address, and trustee's name.)</i>	Share <i>(whole percentages)</i>	Social Security or Employer Identification Number <i>(for nonindividual beneficiaries)</i>	Date of Birth/Date of Trust	Beneficiary is:		
				Spouse	Other	Trust
1. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____ %	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL = 100%						

**4 CUSTOMER INFORMATION VERIFICATION**

Please read the attached instructions for Section 4 prior to completing this Section. Please select only one:

- I have an existing account with ICMA-RC.
- I have attached a copy of the required identification document.
- I will submit the required identification document to ICMA-RC within 30 days.
- ICMA-RC Representative (must complete each line):  
 Type of ID: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Retirement Plans Specialist Name: \_\_\_\_\_  
 Rep Code: \_\_\_\_\_

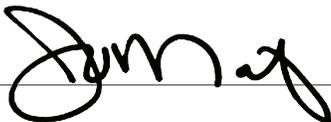
Failure to provide this information as required by federal law will result in your account being closed with all investments being redeemed at the time of closure and the proceeds mailed to you. ICMA-RC will not be responsible for any tax consequences resulting from your failure to comply with this request. Please see ICMA-RC's Privacy Policy as it pertains to the Patriot Act. If you have any questions or concerns, please contact an Investor Services Representative at 800-669-7400.

**5 INVESTOR SIGNATURE**

I acknowledge that I have read and agreed to the disclosure in Section 5 of the instructions.

Your Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if resident of a community property state)*

Authorized Signature for the Custodian  \_\_\_\_\_ Title **Vice President**



# IRA AUTHORIZATION FORM INSTRUCTIONS

Use this form to authorize your employer to deduct money directly from your paycheck to be invested in a Vantagepoint Payroll Deduction IRA or to change the amount of your existing payroll deduction. Please print legibly in blue or black ink.

Once you have completed this form, please submit it directly to your employer and keep a copy for your files. In addition, if you are establishing a new Vantagepoint Payroll Deduction IRA account, please also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope, or mail to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**. Please keep a copy of the completed application for your files.

## SECTION 1: PERSONAL INFORMATION

Please complete the entire section.

Please indicate if this is a new payroll deduction or a change to your current deduction.

## SECTION 2: AMOUNT OF PAYROLL DEDUCTION

- **Traditional IRAs** are funded with annual contributions of up to a specified dollar limit each year (see chart below). A separate Traditional IRA may also be established for a non-wage earning spouse, and funded with an additional amount of up to the specified dollar limit each year. Contributions may be made on either a **deductible** or **nondeductible** basis (see IRA Publication 590 for more information). All earnings on Traditional IRA assets are tax-deferred until the time of withdrawal. Use this form to open your Vantagepoint Traditional IRA.
- **Roth IRAs** are funded with annual non-deductible (after-tax) contributions of up to a specified dollar limit (see chart below). Earnings on Roth IRA assets may be distributed tax-free, provided they are not withdrawn until after the contributions have been in the account for five years from the date of your first Roth IRA contribution or conversion and certain other requirements are met.
  - If you are age 50 or older, you may make additional annual catch-up contributions to your IRA each year.
  - Note: Your aggregate contributions to both a Traditional and a Roth IRA cannot exceed the specified dollar limit in any given year.

YEAR	CONTRIBUTION LIMIT	CATCH-UP LIMIT (Age 50 and Older)
2015	\$5,500	\$6,500

*The limit will be indexed to reflect inflation thereafter in \$500 increments.*

For a more complete description of IRAs and your eligibility to participate in them, please read the Vantagepoint IRA brochure. The *IRA Custodial Account Agreement* and *Disclosure Statement* also contain important information.

Please check with your employer to determine the frequency and timing of payroll deduction contributions.

Payroll deduction contributions are applied towards the tax year of the applicable pay period. Prior year contributions may be made up until your tax return date (normally April 15) of the following calendar year. To make a contribution for the prior year or to contribute additional funds for the current year outside of the payroll deduction process, please send a check (made payable to Vantagepoint Transfer Agents) and accompanying contribution coupon or instructional letter to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**.

You may not establish a Vantagepoint Payroll Deduction IRA for your spouse. However, if you would like to make spousal IRA contributions, please contact our Investor Services staff at 800-669-7400 and request our *Vantagepoint Traditional and Roth IRA Enrollment Package*.

## SECTION 3: SIGNATURE

Once you have completed this form, please sign and submit it directly to your employer. Please keep a copy of the form for your files. In addition, if you are establishing a new Vantagepoint Payroll Deduction IRA account, you must also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope, or mail in your own envelope to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**. Please keep a copy of the completed application for your files.



# VANTAGEPOINT PAYROLL DEDUCTION IRA AUTHORIZATION FORM

PAY

- Read the attached instructions before completing this form. Please print legibly in blue or black ink.
- Once you have completed this form, please submit it directly to your employer and keep a copy for your files. In addition, if you are establishing a new Vantagepoint Payroll Deduction IRA account, you must also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope, or mail it in your own envelope to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**. Please keep a copy of the completed application for your files.
- Employers should not mail this form to ICMA-RC, but rather should retain for their records.

## 1 PERSONAL INFORMATION (ALL INFORMATION MUST BE COMPLETED)

Name (Last, First and Middle Initial)	Mailing Address (Use of P.O. Box also requires Street Address)		
Social Security Number: _____ - _____ - _____	City	State	Zip
Date of Birth: (MM/DD/YYYY) ____/____/_____	Work Phone Number: (____) _____ - _____		

Check one:

- This is a new payroll deduction. (Please also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope or mail to Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010.)
- This is a change to my current deduction.

## 2 AMOUNT OF PAYROLL DEDUCTION

Until further notice is provided to my employer, I authorize my employer to deduct \$\_\_\_\_\_ from my salary each pay period to be invested into my:

Vantagepoint Traditional IRA    **OR**     Vantagepoint Roth IRA

## 3 SIGNATURE

I acknowledge that I have read and agree to the disclosure in Section 3 of the instructions.

Your Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_



# VANTAGEPOINT PAYROLL DEDUCTION IRA ACCOUNT SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION INSTRUCTIONS

Only complete and return this page if you selected Managed Accounts (Option 2) in the Contribution Investment Allocation section on Page 1 of the *Vantagepoint Payroll Deduction IRA Application* and wish to further personalize your enrollment in Managed Accounts.

Although this supplemental information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

**Your Spouse or Partner Information provided in Section 1:** Including information on your Spouse's or Partner's salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

**Social Security Retirement Benefits:** Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

Pension:

- **Annual Pension Benefit Amount**, please choose only one of the two below options:

**OPTION #1** — Enter the annual benefit amount your spouse or partner expects to receive in retirement in today's dollars.

**OR**

**OPTION #2** — Enter the percentage of salary your spouse or partner expects to receive in retirement.

- Select "Yes" to "Is their pension subject to a cost of living adjustment (COLA)?" if your spouse or partner's annual pension benefit will increase after retirement.

## Outside Accounts Information provided in Section 2:

- Annual Outside Account contributions will be considered as Pre-Tax for all account types except for Roth IRA, Taxable Savings, and Taxable Brokerage which will be considered Post-Tax.
  - Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks and 40% Bonds.
  - To provide information on more than two outside accounts, (1) write "see attached sheet" in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this form, sign it and submit it to your employer along with the IRA application.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMA-RC will be managing your account.

To update your information, including the asset allocation and amount of your outside accounts, at any time after your Managed Accounts enrollment, go online to [www.icmarc.org](http://www.icmarc.org) or call Investor Services at 800-669-7400 to request a *Guided Pathways® Managed Accounts Update Form*.



VANTAGEPOINT PAYROLL DEDUCTION IRA ACCOUNT

SUPPLEMENTAL MANAGED ACCOUNTS INFORMATION

Only complete and return this page if you selected Managed Accounts (Option #2) in the Contribution Investment Allocation section on of Vantagepoint Payroll Deduction IRA Application and wish to further personalize your enrollment in Managed Accounts.

1 YOUR SPOUSE OR PARTNER INFORMATION

Please read the instructions on front of this form for important information about including Spouse or Partner information.

Spouse or Partner Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female Desired Retirement Age: \_\_\_\_ Current Annual Salary \$ \_\_\_\_\_

Your Spouse or Partner's Annual Desired Retirement Income (after-tax) \$ \_\_\_\_\_ (100% of current after-tax salary is recommended)

Will your Spouse or Partner receive Social Security Retirement Benefits? Yes No

Spouse or Partner's Pension

(A) Age at which Pension Begins: \_\_\_\_\_

(B) Annual Pension Benefit Amount (choose only one):

Option #1: \$ \_\_\_\_\_ (In today's dollars) your spouse/partner expects to receive in retirement

OR

Option #2: \_\_\_\_\_% of your spouse/partner's salary he/she expects to receive in retirement

(C) Is this Pension subject to a cost of living adjustment (COLA) in retirement? Yes No

2 OUTSIDE ACCOUNT INFORMATION

OUTSIDE ACCOUNT 1

Account Owner: You or Your Spouse/Partner

Account Type (Check only one): 401(k) 401(a) 403(b) 457 Traditional IRA Roth IRA Taxable Savings Taxable Brokerage

Account Name: \_\_\_\_\_

Total Account Balance \$ You or Your Spouse/ Partner Annual Contribution \$ Employer Annual Contribution\* \$ \*If applicable

Asset Allocation Details

U.S. Large Cap Stocks % U.S. Small Cap Stocks % International Stocks % Bonds % Cash % Total = 100%

If no information is provided or the asset allocation does not total 100%, the asset allocation will be defaulted to 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks and 40% Bonds.

OUTSIDE ACCOUNT 2

Account Owner: You or Your Spouse/Partner

Account Type (Check only one): 401(k) 401(a) 403(b) 457 Traditional IRA Roth IRA Taxable Savings Taxable Brokerage

Account Name: \_\_\_\_\_

Total Account Balance \$ You or Your Spouse/ Partner Annual Contribution \$ Employer Annual Contribution\* \$ \*If applicable

Asset Allocation Details

U.S. Large Cap Stocks % U.S. Small Cap Stocks % International Stocks % Bonds % Cash % Total = 100%

If no information is provided or the asset allocation does not total 100%, the asset allocation will be defaulted to 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks and 40% Bonds.

3 SIGNATURE

Participant Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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