ICMA-RC
Building Retirement Security

VANTAGEPOINT PAYROLL DEDUCTION
IRA AUTHORIZATION FORM

- 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 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)
2013	$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.

ICMA-RC
Building Retirement Security

VANTAGEPOINT PAYROLL DEDUCTION IRA ACCOUNT
APPLICATION

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: ☐ Female ☐ Male

Marital Status: ☐ Married ☐ 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
TOTAL = 100%			

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 (If trust, please give name, address, and trustee's name.)	Share (whole percentages)	Social Security or Employer Identification Number (for nonindividual beneficiaries)	Date of Birth/Date of Trust	Beneficiary is: Spouse	Other	Trust
1.		%	___-__-____	__/__/____	☐	☐	☐
2.		%	___-__-____	__/__/____	☐	☐	☐
3.		%	___-__-____	__/__/____	☐	☐	☐
4.		%	___-__-____	__/__/____	☐	☐	☐
		TOTAL = 100%					

CONTINGENT BENEFICIARY(IES)

	First Name, M.I., Last Name (If trust, please give name, address, and trustee's name.)	Share (whole percentages)	Social Security or Employer Identification Number (for nonindividual beneficiaries)	Date of Birth/Date of Trust	Beneficiary is: Spouse	Other	Trust
1.		%	___-__-____	__/__/____	☐	☐	☐
2.		%	___-__-____	__/__/____	☐	☐	☐
3.		%	___-__-____	__/__/____	☐	☐	☐
4.		%	___-__-____	__/__/____	☐	☐	☐
		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: Lee Deppell

Rep Code: LD2141

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