



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 _____
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
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 <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: _____

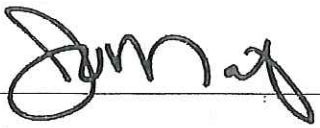
Failure to provide this information as required by federal law will result in your account being closed with all investments being redeemed at the time of closure and the proceeds mailed to you. ICMA-RC will not be responsible for any tax consequences resulting from your failure to comply with this request. 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