



VANTAGEPOINT IRA PERSONAL INFORMATION CHANGE & AUTOMATIC INVESTMENT PROGRAM (AIP) INITIATION AND CHANGE FORM INSTRUCTIONS

Use this form to: (1) make changes to your personal information for your Vantagepoint IRA(s); (2) initiate automatic investment program (AIP) contributions to an existing **Vantagepoint Traditional or Roth IRA**; or (3) change your existing AIP information. Changes to your contribution investment allocation may be made via VantageLine, VantageLink or an Investor Services associate. You may find it helpful to detach this instruction sheet and refer back to it when you are completing the form. Please print legibly in blue or black ink.

If you need any assistance in completing this form, please call Investor Services at 1-800-669-7400.

Please return the completed form to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**

Section 1: Current Account Information

All the information in this section must be completed to process changes to your Vantagepoint IRA. If you wish to make the same changes to multiple IRA types, please indicate all of your existing Vantagepoint IRA types to which these changes should apply. Please complete the existing IRA account type number in the spaces provided (the IRA account type number is provided on your Vantagepoint IRA statements). If you wish to make different changes for different IRA types, please complete a separate form for each IRA type.

Section 2: Changes in Personal Information

Use this section to update your personal information. You must attach legal documents to initiate a name change (e.g., marriage certificate or divorce decree).

Please note: You cannot change your address to a P.O. Box address. Please provide a street address.

Section 3: Changes in Beneficiary Designation

IMPORTANT BENEFICIARY INFORMATION

To ensure that any assets you have remaining in your account at your death are distributed according to your wishes, it is important that you provide as much information as possible about each of your beneficiaries. If we cannot locate your beneficiaries upon your death, your assets will be disbursed to your estate.

Your designation of beneficiary tells us who should receive the accumulated value of your Vantagepoint IRA if you should die before full disbursement of your IRA. If no primary beneficiary lives longer than you, the benefits will be paid to your named contingent beneficiaries. For example, a married Vantagepoint IRA holder with children might name his/her spouse as the primary beneficiary and the children as contingent beneficiaries. If none of your named beneficiaries are living or you do not name a beneficiary, the proceeds will be paid to your surviving spouse and in the absence of a surviving spouse, to your estate. If you live in a **community property state**, please check with your financial adviser before completing this section. **Please note:** 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.

Section 4: Automatic Investment Program (AIP)

Complete this section to initiate contributions to your Vantagepoint IRA through an Automatic Investment Program (AIP) or make changes to your existing AIP.

The AIP is a quick and easy way to take advantage of dollar cost averaging, by consistently investing a regular dollar amount regardless of market fluctuations. A fixed minimum amount of \$100 or greater can be transferred on a monthly or quarterly basis directly from your bank account to your Vantagepoint IRA. Please review your AIP contributions to be sure your total contributions do not exceed the annual maximum contribution limit. AIP contributions will be reported as current year contributions.

Please indicate whether you are a new or existing participant in the AIP program.

A. Contribution Information: Indicate the amount and frequency of your AIP contribution. Your AIP payments will be deducted on the **20th of the month**. Requests to initiate or change AIP contributions must be received by the 10th of the month to be processed on the 20th of the same month. If the request is received after the 10th, new AIP payments or changes will begin on the 20th of the following month.

B. Bank Account Information: Please complete this section and attach a voided check from the bank account you will be using. If you are an existing AIP participant and are changing bank information, please also provide us with the contribution amount and frequency by completing Section 4(A) above.

Section 5: Signature

Once you have completed this form, please sign and return it, along with any applicable voided check, to **Vantagepoint Transfer Agents, P.O. Box 17010 Baltimore, MD 21297-1010**. **Any resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA or WI) who is married should obtain his or her spouse's consent to designate a primary beneficiary other than his or her spouse.**



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• Check all appropriate boxes:

- Change of Name (must attach legal document)
- Change of address
- Change of beneficiary
- Change existing AIP Information
- Other
- Initiate AIP contributions

1 Current Account Information (All information must be completed)

Name (Last, First and Middle Initial) _____

Social Security Number
 _____ - _____ - _____

Existing Vantagepoint IRA Type: Vantagepoint Traditional 701 _____ Vantagepoint Retirement Plan Rollover ("Conduit") 703 _____
 Vantagepoint Roth 705 _____

2 Changes in Personal Information

Gender: Male Female Home Phone Number: _____ Area Code: _____ Work Phone Number: _____ Area Code: _____ Marital Status: Married Single

Investor Name (must attach legal documents) _____ Date of Birth: _____ / _____ / _____
 Last _____ First _____ MI _____ Month _____ Day _____ Year _____

Mailing Address: **(Use of P.O. Box also requires Street Address)**

Street _____ Apt. _____
 City _____ State _____ Zip Code _____

3 Changes in Beneficiary Designation

IMPORTANT BENEFICIARY INFORMATION

The changes you indicate here will apply **ONLY** to the plan account you indicated in Section 1 above. If you have other ICMA-RC accounts with other employers and you wish to make a beneficiary change to those accounts, please fill out one form for each employer account.

Please Note: The information you indicate here will supercede all previously submitted information and will be used by ICMA-RC to determine the beneficiaries entitled to all or a portion of your plan account. Please read the instructions carefully when completing this section. It is important that you list all primary and contingent beneficiaries on this form. (Attach a separate sheet of paper if necessary.) Please check the appropriate box to indicate which information has been changed. If a check box is left blank, information on the most recent previously-submitted form will apply.

I hereby designate the person(s) named as primary beneficiary(ies) to receive payment of the value of my Vantagepoint IRA upon my death. If there is no primary beneficiary living at the time of my death, the balance is to be distributed to the contingent beneficiary(ies) I designated. Payment to beneficiaries will be made according to rules of succession described in the applicable Vantagepoint Individual Retirement Account Disclosure Statement. If you need more space, please attach a separate piece of paper. **(Note - Residents of community property states (see Section 5 in Instructions for a list) should consult a financial adviser.)**

	Name of Beneficiary	Date of Birth	Relationship to you	Social Security Number	% of benefit
<input type="checkbox"/> Check here if updating Primary	Primary Beneficiaries: <small>(If trust, please give name, address, and trustee's name)</small>	_____ / ____ / ____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____	_____ / ____ / ____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Check here if updating Contingent	Contingent Beneficiaries, if any:	_____ / ____ / ____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____	_____ / ____ / ____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____

4 Automatic Investment Program (AIP)

Check One:

- New participant in the AIP program
OR
 Existing participant in the AIP program

A. I would like to automatically contribute \$____.____* to my Vantagepoint IRA, and for this to occur (check one box):

- Monthly beginning _____(mm/yy).**
 Quarterly beginning _____(mm/yy).**

B. Bank Information: Please complete and attach a copy of a voided check:

Bank Name: _____ Bank Account Number: _____

Bank Telephone Phone Number: _____

Type of Bank Account: Checking Account (27) **or** Savings Account (37)

Bank's 9-digit Routing Number: (normally located in the bottom left hand corner of a check)

The name on your bank account: _____

*Must be a minimum of \$100.00.

**Your AIP payments will be deducted on the 20th of the month.

5 Signature

By electing to initiate or make changes to an existing Automatic Investment Program, I hereby authorize and request ICMA-RC Services, upon receiving instructions from me, to secure payments of amounts invested by me by initiating entries to my account at the bank ("Bank") named in Section 4 above and to credit, as requested, the proceeds to the Vantagepoint IRA named in Section 1 above, without responsibility for the appropriateness thereof or the existence of further authorization relating thereto. I authorize and request "Bank" to accept any such debit entries initiated by ICMA-RC Services. I hereby ratify any telephone instructions given pursuant to this authorization and agree that neither Investors Bank and Trust Company nor ICMA-RC Services 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.

X _____
Your Signature

Date

X _____
Your Spouse's Signature (if resident of a community property state)

Date