



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: Gender: Marital Status: Employer Plan: Email Address:

THE TYPE OF IRA I AM ESTABLISHING IS A:

Vantagepoint Traditional IRA Employer Plan Number 701 OR Vantagepoint Roth IRA Employer Plan Number 705 / 706 150

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.

Table with 4 columns: CODE, PERCENT, CODE, PERCENT. Includes a TOTAL = 100% row.

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. If you elect this option, do not complete Option #1.

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

Annual IRA Contribution % or \$

Will you receive Social Security Retirement Benefits? Yes No Annual Social Security Retirement Benefit \$ (Please see instructions for further details)

Number of Dependents

Will you receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts? 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)

Table with 7 columns: First Name, M.I., Last Name; Share (Whole %); Social Security or Employer Identification Number; Date of Birth/Date of Trust; Spouse; Other; Trust. Includes 4 rows for beneficiaries and a TOTAL = 100% row.

CONTINGENT BENEFICIARY(IES)

Table with 7 columns: First Name, M.I., Last Name; Share (Whole %); Social Security or Employer Identification Number; Date of Birth/Date of Trust; Spouse; Other; Trust. Includes 4 rows for contingent beneficiaries and a TOTAL = 100% row.

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:
Authorized Signature for the Custodian (with signature) Title: Manager, Relationship Management