



401 PLAN EMPLOYEE ENROLLMENT FORM

- Use this form to open an account with the ICMA Retirement Corporation.
- Read instructions on the back carefully before completing this form. Please print legibly in blue or black ink.
- To make legal changes (i.e., change of name, marital status, or beneficiary changes) use the *Employee Information Change Form*.
- **Return this form to your employer promptly. Your employer must provide this form to ICMA Retirement Corporation before the payroll date of your first deferral. To make address changes, investment allocation changes or fund transfers, please visit VantageLink (www.icmarc.org) or use VantageLine (1-800-669-7400).**

1 Participant Information <i>Required-Information in this box must be completed to avoid processing and investment delays.</i>	Employer Plan Number _____		Employer Plan Name _____		State _____
	Social Security Number _____				
	Full Name of Participant _____				
	Last _____		First _____		M.I. _____
	Mailing Address/Street _____				
	City _____		State _____	Zip Code _____	
	Date of Birth _____		Date Employed/Rehired _____		Rehired? <input type="checkbox"/> Check if yes
	Month / Day / Year _____		Month / Day / Year _____		Email Address _____
	Job Title: _____				
	Daytime Phone Number _____		Evening Phone Number _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F
(Area Code) - _____ - _____		(Area Code) - _____ - _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

2 Beneficiary Designation <i>If married, special rules apply. See instructions on reverse side.</i>	Name _____		Date of Birth _____	Relationship to you _____	Social Security Number _____	% of benefit _____
	Primary Beneficiaries:		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____
	_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	Total = 100%
Contingent Beneficiaries, if any:		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	
_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	
_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	_____	
_____		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	_____	Total = 100%	

3 Amount of Contributions	My Instructions for my Employer - I authorize my Employer to deduct a(n): <input type="checkbox"/> Mandatory pre-tax deferral of _____ % or \$ _____ from my pay each pay period. <input type="checkbox"/> Mandatory after-tax deferral of _____ % or \$ _____ from my pay each pay period. <input type="checkbox"/> Elective pre-tax deferral of _____ % or \$ _____ from my pay each pay period (for 401(k) plans only). <input type="checkbox"/> Voluntary after-tax deferral of _____ % or \$ _____ from my pay each pay period.	
	As an individual who has reached or will reach age 50 by December 31 of this year, I also authorize my employer to deduct an additional pre-tax deferral of \$ _____ from my pay each pay period.*	
	<i>* Note to Employers: This separate item is provided to allow you to separately track these "age 50 catch-up contributions" for purposes of limit testing.</i> For employer use: The employer will contribute _____ % or \$ _____. The employee will contribute _____ % or \$ _____.	

4 Allocation of Contributions	Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the <i>Investment Options</i> sheet. State law, local law, or your employer may place restrictions on investment in these funds.	EMPLOYER ACCOUNT				EMPLOYEE ACCOUNT			
		Code	Percent	Code	Percent	Code	Percent	Code	Percent
		TOTAL = 100%				TOTAL = 100%			

5 Employee Signature	I acknowledge that I have read and agreed to the disclosure (see 5 & 6) on the back of this form.	
	Participant Signature _____	Date _____

6 Employer's Authorization	Employer Plan Number _____	
	Authorized Employer Official's Signature _____	Date _____



401 PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

Before you complete this form, please read the accompanying literature so you understand the plan's provisions. To make future changes to your account such as address changes and/or fund transfers, please use VantageLink (www.icmarc.org) or VantageLine (1-800-669-7400).

IMPORTANT NOTE: Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a confirmation of your enrollment as well as quarterly financial statements. Please review these carefully.

1. PARTICIPANT INFORMATION

Please complete this section carefully. The information will be used to establish your account and you will receive your statements at the address listed. The employer plan number is available from your employer or ICMA-RC's Investor Services at 1-800-669-7400.

2. DESIGNATION OF BENEFICIARY

Use this section to designate your beneficiary(ies). If this form is not signed, the beneficiary(ies) you selected will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document. PLEASE NOTE: If a Social Security number is not provided and RC cannot locate the named beneficiary, the account balance will be paid to your estate.

Beneficiary Designation - SINGLE PARTICIPANTS

Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if you die before full distribution of your account. If no primary beneficiary(ies) lives longer than you, the benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid as outlined in your employer's plan document.

Beneficiary Designation - MARRIED PARTICIPANTS

You may name your spouse as beneficiary for up to 100 percent of your account. You may also waive naming your spouse as beneficiary for any part of your account and then name someone else as beneficiary. However, if you waive naming your spouse as beneficiary, your spouse must consent to this waiver.

Your employer's plan may require that your spouse be the beneficiary for at least 50 percent or more of your account. If this is the case, the waiver and consent rules mentioned above still apply.

If you are unsure which provision applies to you, check with your employer or ICMA-RC's Investor Services at 1-800-669-7400.

Complete details about waiving this benefit, including the required waiver and consent forms, are available from ICMA-RC's Investor Services at 1-800-669-7400.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary, unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may

result in your beneficiary designation being invalid, and the payment of benefits to someone other than your designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the Community Property Spousal Waiver form. Contact 1-800-669-7400 for more information and to request the waiver form.

3. AMOUNT OF FUTURE CONTRIBUTIONS

This section is used only by your employer. In this section, you provide instructions for your plan contributions to your employer. Please check with your employer to see what types of employee contributions are permitted. Enter the total percentage or dollar amount that you wish to contribute to your account as either a mandatory* pre-tax deferral (401(a) and 401(k) plans), mandatory* after-tax (401(a) and 401(k) plans) elective pre-tax deferral (401(k) plans only), or voluntary after-tax deferral (401(a) and 401(k) plans). Elective and/or voluntary contributions may not be allowed in some plans. Please check with your Employer or ICMA-RC's Investor Services at 1-800-669-7400 if you have questions concerning contributions.

**Mandatory contribution amounts are established through the plan document. Changes to mandatory contribution amounts can only be accomplished through your employer's amendment of the plan document. See your employer for more information.*

4. ALLOCATION OF FUTURE CONTRIBUTIONS

Use this section to provide allocation instructions for both your employee account and your employer account. For each account type, you may design your own portfolio with any number of funds. State law, local law or your employer may place restrictions on investment in these funds.

You may place your contributions in one investment option or in any combination as long as you use whole percentages (e.g., 50 percent, not 33 1/3 percent). Please see the VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* for full descriptions of the funds.

5 & 6. AUTHORIZED SIGNATURES

Once you have completed this form, sign it, and submit it to your Employer for approval, if required. Fax or mail the original form to ICMA-RC. Our fax number is 1-202-962-4601 and our address is located on the bottom of the form. Your employer should retain a copy of the form for their records.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the *Vantagepoint Prospectus*. I understand that the Retirement Corporation has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. If allowed by my employer and in the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, the ICMA Retirement Corporation, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, 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.

An authorizing signature does not represent an obligation to use the telephone transfer feature available on VantageLine.

Welcome to the ICMA Retirement Corporation!