457 Deferred Compensation Plan Benefit Withdrawal Packet



This booklet contains the following forms:

- 457 Withdrawal Form
- Direct Deposit Authorization Form
- Rollover to Vantagepoint IRA Form

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PAYMENT OPTIONS SUMMARY					
Payment Type	Form/Sections to Complete	Notes			
Installment Payments					
Monthly, Quarterly, Semi-Annual, Annual Payments	Withdrawal form Sections 1, 2, 3, 4 (Option C), 5, 6 (as applicable), and 8 - 10	You must also complete the <i>Direct</i> Deposit Authorization Form			
Required Minimum Distributions (RMDs) Only	Withdrawal form Sections 1, 2, 3, 4 (Option C), 5, 6 (as applicable), and 8 - 10	Select the "Payments calculated each year to comply with the IRS Required Minimum Distribution Rules" in Section 5			
One-Time Payments	One-Time Payments				
Lump Sum (100%)	Withdrawal form Sections 1, 2, 3, 4 (Option A), and $7 - 10$	Direct deposit is not available for lump-sum distributions			
Partial Lump-Sum	Withdrawal form Sections 1, 2, 3, 4 (Option B, or D, as applicable), and 6 - 10	Specify the amount of the one-time payment in Section 4			
Rollovers					
Vantagepoint IRA with ICMA-RC	Rollover to Vantagepoint IRA Form	Included in this packet			
457/401 Plan with ICMA-RC	Direct Rollover/Transfer to ICMA-RC Form (not included in this packet)	Available online at <u>www.icmarc.org/</u> <u>forms</u> or by contacting ICMA-RC			
IRA or Retirement Plan with Another Provider	Contact ICMA-RC for the appropriate paperwork.	You should also contact the other plan provider to obtain any paperwork they require			

The information in this packet is designed to assist you with understanding the available distribution options. We encourage you to read all of the information in the packet prior to requesting a withdrawal from your account.

If you have any questions or need help completing the forms, please contact ICMA-RC's Investor Services at 800-669-7400, Monday through Friday, between 8:30 a.m. and 9:00 p.m., Eastern Time.

You should consider consulting with a tax advisor prior to requesting any withdrawals.

Mail <u>or</u> Fax Completed Forms to ICMA-RC. If you fax the form, please <u>do not</u> mail the original.

Mail:

ICMA-RC ATTN: Workflow Management Team P.O. Box 96220 Washington, DC 20090-6220

Fax:

ICMA-RC ATTN: Workflow Management Team 202-682-6439

Withdrawal Requests

The withdrawal form in this packet should only be used for your initial withdrawal request following your separation from service with the plan sponsor. For other withdrawal requests (e.g., emergency withdrawals while you are still employed, purchase of service credits from a defined benefit plan, other in-service withdrawals), please contact ICMA-RC for the appropriate withdrawal/transfer forms.

I. FORM INSTRUCTIONS

The information in this section is intended to help you complete the withdrawal form in its entirety. Please carefully complete all applicable sections of the form.

Section 1: Participant Information – Provide all of the requested information.

Section 2: Reason for Withdrawal – Confirm that you have separated from service with the plan sponsor. If you are disabled, please also provide certification to ensure proper tax treatment of your distributions.

Section 3: Select a Starting Payment Date – Specify the date when your payments should begin.

Section 4: Payment Options – Specify your desired payment option. If you are requesting a one-time payment, specify the amount in this section.

Section 5: Installment Payments – If you select Option C or D in Section 4, use this Section to provide details for your desired installment payments.

Section 6: Depletion Orders – If you are not requesting a lump-sum distribution of your entire account balance, Sections 6a – 6c may apply.

6a: Fund Depletion Order – Complete this Section to request that your payments be withdrawn in a specific order from the funds in your account.

6b: 457 or Non-457 Rollover Assets Depletion Order *–If your account contains rollover assets from another type of plan* (e.g., 401(k), 403(b)), complete this Section to request that your payments be withdrawn in a specific order from your 457 or non-457 rollover assets.

6c: Roth Assets Depletion Order – If your account contains Roth assets, use this Section to request that your payments be withdrawn from non-Roth assets first (default option), or from Roth assets.

Section 7: Send Payment To – Complete this section if you would like your lump sum or partial lump-sum payment mailed to an alternate address (different from the permanent address in Section 1).

Section 8: Tax Withholding Election – Specify the federal and state tax withholding for your distributions. Please review the "Taxation and Withholding Requirements" Section and the *Special Tax Notice Regarding Plan Payments* for information on mandatory withholding and more.

Section 9: Participant Signature – Please be sure to sign and date this Section of the form.

Section 10: Employer Authorization – If this is your initial request for a withdrawal from the account following separation from service, your former employer will need to sign the form to confirm that you are eligible to withdraw funds from the account. Failure to obtain the required employer signature could delay the processing of your withdrawal request.

II. ADDITIONAL INFORMATION

Choosing a Payment Date and Schedule

After you separate from service, you are eligible to begin withdrawing assets from your 457 plan account at any time. We recommend that you submit your initial withdrawal request at least two weeks prior to the date when you hope to receive your first payment. The minimum amount for installment payments is \$100 per period. Please note that you are generally not required to withdraw your assets from the plan immediately following your separation from service. You are not required to begin withdrawing assets from your account until you reach age 70½ or separate from service, *whichever is later*.

Timeframe for Receipt of Payments

One-time payments will be distributed within one to two business days following the receipt of a request in good order. **Installment Payments** will be sent on the Wednesday following the first, second, third or fouth Tuesday of each month.

Your signature on the withdrawal form will waive the 30 day waiting period that is typically required for withdrawal requests.

Changing Your Payment Schedule

You can change your payment schedule at any time, before or after payments begin. If you wish to change your schedule, you should complete and return the *Payment Schedule Change Form*, available online at <u>www.icmarc.org/forms</u>.

Cost of Living Adjustments (COLA)

Select the "Payments should include an automatic cost-ofliving-adjustment (COLA)" in Section 5 of the withdrawal form, if you would like your installment payments to increase automatically each year, based on inflation.

IRS Required Minimum Distributions (RMDs)

After you reach the age of 70½ (or separate from service, *if later*), the IRS requires that you withdraw at least a minimum amount from your 457 plan account each year. The required minimum distribution (RMD) amount is calculated by ICMA-RC using your balance in the plan at the end of the previous year and a life expectancy factor provided by the IRS.

Provided that ICMA-RC has been notified of your separation from service, we will review your account annually to ensure you are satisfying your RMD. ICMA-RC may increase your payment amounts (or send you an additional payment) to ensure that you meet the RMD each year.

If you only wish to withdraw the minimum amount from your account each year, select the "Payments calculated each year to comply with the IRS Required Minimum Distribution Rules" in Section 5. Payments from your account will begin after you reach the age of 70½.

Benefit Illustrations

You can request benefit illustrations by contacting ICMA-RC. The illustrations summarize the potential future value of your account and available payment schedules, based upon the amount you contribute, estimated earnings, and other factors.

Beneficiary Designations

Make sure you have designated a beneficiary (or multiple beneficiaries) for your account. You can update your beneficiary information online or by completing the *Employee Information Change Form*, available online at www.icmarc.org/forms.

In the event of your death, your designated beneficiary(ies) will be entitled to the balance remaining in your account, and will have withdrawal options similar to those available to you.

Rollovers

Before you decide on a rollover, be aware that leaving assets in your 457 plan account with ICMA-RC may be beneficial to you. For example, withdrawals from your account are not subject to the same 10% penalty (prior to age 59½) as are withdrawals from an IRA. In addition, ICMA-RC offers comprehensive investment choices, no-load mutual funds, flexible payout options, 24-hour access to your account and more.

To rollover to a Vantagepoint IRA with ICMA-RC, please complete the rollover form included in this packet.

In addition to a Vantagepoint IRA, assets in your 457 plan are generally eligible for a rollover to an ICMA-RC 457 or 401 plan with another employer or similar accounts with another retirement plan provider.

Note that Roth assets are only eligible to be rolled-over to a Roth IRA or a retirement plan with a Roth deferral feature (e.g., 457/401(k)/403(b) plans which allow Roth deferrals).

Please see the *Special Tax Notice Regarding Plan Payments* for additional information regarding eligible rollover distributions.

Annuities

ICMA-RC can help you arrange the purchase of an annuity through an insurance company at group rates. Please contact ICMA-RC at 800-669-7400 and request to speak with an Annuity Specialist for additional information and the appropriate forms.

III. SPECIAL CIRCUMSTANCES

VantageTrust Retirement IncomeAdvantage Fund

If your plan offers the Vantage Trust Retirement IncomeAdvantage Fund (the Fund), any assets you have invested in the Fund will be excluded from your withdrawal request. If you would like to initiate withdrawals from the Fund, please contact ICMA-RC for the appropriate withdrawal forms.

You can transfer assets from the Fund to other investment options available in your plan if you would like to have them distributed with your withdrawal request. However, you should be aware that withdrawals from the Fund prior to Lock-In proportionately reduce guaranteed values. After Lock-In, Excess Withdrawals will proportionately reduce and potentially terminate available guarantees. For additional information, please review the *VantageTrust Retirement IncomeAdvantage Fund Important Considerations* document.

VantageBroker

If your plan offers VantageBroker, any assets you have invested in VantageBroker will be excluded from your withdrawal request. In order to withdraw funds from your VantageBroker account, you must first transfer the assets back to your core account at ICMA-RC. You can liquidate assets in your VantageBroker account and transfer the assets back to your core account through Account Access at www.icmarc.org. Settlement of the sale of investments held in your brokerage account may take up to three business days.

Balances Less Than \$1,000

If your account balance is less than \$1,000, you should make an election to withdraw or rollover your funds following separation from service. Otherwise, the entire balance will be paid out automatically, without your consent, following ICMA-RC being notified of your separation from service. However, you will receive written notification from ICMA-RC prior to the distribution being made.

Multiple ICMA-RC Accounts

If you have more than one account at ICMA-RC, you will need to submit a separate withdrawal form for each account, and your checks (or electronic direct deposits) will be sent separately.

Qualified Domestic Relations Orders (QDROs)

A QDRO is an order issued by a court, usually in connection with a divorce or legal separation. If you, or your former spouse, have been awarded a portion or all of an ICMA-RC 457 plan account, please contact ICMA-RC's Investor Services at 800-669-7400 to obtain the appropriate withdrawal form. You will need to provide ICMA-RC with a copy of the QDRO.

IV. DIRECT DEPOSIT INFORMATION

Required for periodic installment payments, ICMA-RC will have your payments deposited directly to your bank account (at no cost to you).

- 1. Complete and return the *Direct Deposit Authorization Form*.
- 2. Include a voided check with your *Direct Deposit Authorization Form.*

With direct deposit, your periodic installment payments are sent directly into your checking or savings account on the same day we would have otherwise mailed a check. Your payment will be available three to five days earlier than a mailed check.

Direct deposits must go through a test transmission with your bank before you receive payments. If problems are encountered but not resolved prior to your first payment, your first payment may be a check rather than an electronic deposit. Incorrect or incomplete bank information will delay the processing of your request.

Currently, direct deposit is not available for lump sum or onetime payments. This includes partial lump-sum payments, regardless of whether or not they are followed by periodic installment payments.

V. TAXATION AND WITHHOLDING REQUIREMENTS

The information in this section is intended to summarize the tax withholding rules that apply to distributions from your 457 plan. Please review the *Special Tax Notice Regarding Plan Payments* for additional information regarding tax withholding and your ability to roll-over assets to another eligible plan.

Pre-tax contributions and associated earnings will be taxable in the year of the distribution. The earnings portion of a distribution of Roth assets, if applicable, may also be taxable (See the "Roth Assets" Section for more information). Taxable amounts will be reported on a Form 1099-R, which you will receive in January following the year of the distribution, and will need to be included in your gross income when you file your taxes.

Federal Tax Withholding

The Internal Revenue Code requires a mandatory 20% federal income tax withholding be applied to any withdrawal that qualifies as an eligible rollover distribution, unless the payment is transferred directly to another eligible plan. If your payments are not eligible rollover distributions, ICMA-RC will withhold federal taxes based on the instructions you provide in Section 8 of the withdrawal form. If no withholding instructions are provided, ICMA-RC will

withhold taxes according to the applicable federal and/or state requirements.

NOTE – Normally, payments made over long periods of time (i.e., a period of ten years or more) are not eligible rollover distributions.

Non U.S. Citizens: Generally, nonresident aliens (individuals who are not U.S. citizens and residing outside of the United States) are subject to 30% federal tax withholding. A reduced rate, including exemption, may apply if there is a tax treaty between your country of residence and the United States.

State Tax Withholding

Several states have mandatory tax withholding requirements. ICMA-RC automatically withholds taxes for states which require withholding from retirement plan withdrawals and will honor requests for withholding in other states based on the instructions you provide in Section 8 of the withdrawal form. Income taxation of payments from retirement plans varies from state-to-state. You should seek state tax advice from the appropriate state department of revenue if you have questions regarding state tax withholding requirements.

Regardless of your withholding election, you are ultimately responsible for the payment of applicable federal and state income taxes on the distributions you receive.

Roth Assets

If your account balance includes Roth assets (contributions and associated earnings), you should give careful consideration to how these assets are withdrawn. The requirements for a qualified (tax-free) distribution of Roth assets are shown below. In Section 6c of the withdrawal form, you will indicate whether Roth assets or non-Roth assets will be distributed to you first. If no election is made, **non**-Roth assets will be distributed first, as this helps to ensure that Roth assets are not distributed prior to the time when the distribution will be qualified, unless specifically requested by you.

Qualified "Tax-Free" Distributions

Distributions of Roth assets will be tax-free if five years have passed since January 1 of the year of your first Roth contribution (including rollovers), **and** you are over the age of 59½ (or disabled or deceased). If the five year requirement is not met, the distribution will not be qualified, and *the earnings portion* of the distribution will be taxable as income.

Withdrawal Penalties

457 plan contributions and associated earnings that remain in the plan until paid are not subject to the early withdrawal penalty tax. However, rolled-in assets may be subject to the 10% early withdrawal penalty tax if withdrawn prior to age 591/2, unless an exception to the penalty applies. Exceptions to the penalty are listed in the *Special Tax Notice Regarding Plan Payments*.

Failure to withdraw the RMD amounts within the timeframes specified in this packet may result in IRS penalty taxes equal to 50% of the amount that was not withdrawn from the account within the required timeframe.

ICMA-RC does not withhold any portion of your payment to cover potential tax penalties. The calculation and payment of any such penalty is your responsibility and will be carried out when you file your tax return. Additional information on early withdrawal penalties is available in IRS Publication 575, which is available on the IRS website at <u>www.irs.gov</u> or by calling 800-829-3676.

Please review the *Special Tax Notice Regarding Plan Payments* for additional information regarding taxation and withholding requirements.

457 WITHDRAWAL FORM - PAGE 1 OF 2					
ICMARC Building Retirement Seco	Use this form to request withdrawals from your ret Please complete each applicable section.	irement account.			
] Participant Information	Employer Plan Number Employer Plan Name 3 0 1			Marital Status Married Single	
	Social Security Number (for tax reporting)	Date of Birth	Daytime Phone Number		
	Full Name of Participant	First			
	Permanent Address/Street City	State Zip Code	Date of Hire	 Year	
2 Reason for Withdrawal	Please select only one box. Retirement Separation from Service	Disability (certification required)			
3 Select a Starting Payment Date	Check only one: As soon as possible Specified Date: -				
4 Payment Options	Option A – Lump Sum of entire account balance Option B – Partial Lump-Sum Payment of \$ Option C – Schedule Installment Payments (Please complete section 5) Option D – Partial Lump-Sum Payment of \$ followed by Scheduled Installment Payments (Please complete section 5)				
5	COMPLETE ONLY IF YOU CHECKED OPTION C OR D IN SECTION 4				
Installment Payments PLEASE ALSO COMPLETE THE DIRECT DEPOSIT AUTHORIZATION FORM - REQUIRED F 1. Complete one option only: Payments of \$ 1. Complete one op				MENT PAYMENTS.	
	Payments of a count over exactly years Note: The amount of each installment payment under this option will vary based on changes in your account balance, since each payment is calculated separately using the value of your account and the number of remaining payments.				
	Payments calculated each year to comply with the IRS Required Ninimum Distribution Rules				
	2. Check one schedule frequency:	Frequency Monthly Quarterly Semi-Annual (6 month intervals) Annual	Payments per Year 12 4 2 1		
	3. Check one cycle: Cycle 1 (Wednesday following first Tuesday of the month) Cycle 2 (Wednesday following second Tuesday of the month) Cycle 3 (Wednesday following third Tuesday of the month) Cycle 4 (Wednesday following fourth Tuesday of the month) Cycle 4 (Wednesday following fourth Tuesday of the month)				
	Additional Options (select if applicable)				
	4. 🔲 Payments should include an automatic cost-of-living-adjustment (COLA). This option is NOT available for IRS Required Minimum Distribution payments.				
	5. Payment schedule is 72(t) compliant. Only applies to non-457 rollover assets.				

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457 WITHDRAWAL FORM - PAGE 2 OF 2

 Employer Plan Number
 Social Security Number

 3
 0

6a Fund Depletion	If you wish to redeem your Installment Payments in a certain order, please list those funds below. You can select a maximum of three (3) funds. The full balance of the first fund will be depleted first; the full balance of the second fund will be depleted second; the full balance of the third fund will be depleted third; then withdrawals will be prorated among all of your remaining funds.			
Order	First Fund Second Fund	Third Fund		
(Optional)	If you do not complete this section, withdrawals from your account will b	e taken pro-rata from all funds.		
6b This Section only applies if your account contains rollover assets from another type of plan (e.g., 401(k), 403(b)). 1. Distribute 457 assets first, followed by non-457 rollover assets. (Default Election) 2. Distribute 457 assets only. (Payments will cease when all 457 assets have been distributed.) 3. Distribute non-457 rollover assets only. (Payments will cease when all non-457 rollover assets have been distributed.) *NOTE: 457 assets will be distributed prior to any non-457 rollover assets, unless option 3 (above) is checked.				
6C Roth Assets Depletion Order (Check one)	This Section only applies if your account contains Roth assets. 1. Distribute non-Roth assets first, followed by Roth assets. (Default Election) 2. Distribute Roth assets first, followed by non-Roth assets. *NOTE: Non-Roth assets will be distributed prior to any Roth assets, unless Option 2 (above) is checked.			
7 Send Payment To	Alternate Address/Street			
	City State Zip Code			
	Direct Deposit - Required for Installment Payments (not available for one-payments). Complete the accompanying Direct Deposit Authorization Form.			
8 Tax With-	Regardless of your election, ICMA-RC may be required to withhold federal and state income tax from your payments. You are ultimately liable for the payment of applicable federal and state income taxes. If no withholding instructions are provided, ICMA-RC will withhold taxes according to the applicable required federal and/or state rules. Please select whole percentages only.			
holding Election	Withhold FEDERAL income tax at the rate of% OR no withholding			
	Withhold STATE income tax at the rate of% OR no withholding			
	uddress			
9 Participant Signature	listribution rights provided in the instructions section of this withdrawal packet. As required mber (Taxpayer Identification Number) I provided for myself is correct. I am aware that stribution to ICMA-RC to have it cancelled.			
	Participant Signature:			
	l am a U.S. citizen. 🔄 Yes 🔛 No	Month Day Year		
10 Employer Authorization	By signing, the employer confirms the participant is eligible to receive payments out of the retirement plan designated in Section 1. This section does not need to be completed if the employer has already notified ICMA-RC of the participant's separation from service.			
	Participant's Last Day of Employment			
	Month Day] - [_] _] [_] [_] Year		
	Authorized Employer Official's Signature	Date		
Authorized Employer Official's Name (Please Print) Authorized Employer Official's Title (Please Print)				

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DIRECT DEPOSIT AUTHORIZATION FORM

- Use this form to have your benefit payments directly deposited into your bank account.
- Please complete a separate form for each employer plan account.

		THIS FORM MUST BE COMPLETED FOR INSTALLMENT PAYMENT REQUESTS.			
	Payee Information	Employer Plan Number Employer Plan Name State 3 0 0 0 Social Security Number Daytime Phone Number Area Code - Full Name of Participant - Last First			
	2 Type of Authorization (select one)	Initial Authorization Change			
LIGASE ALIACII A TOTAGA CIECA HELE.	3 Account Information	Note that electronic direct deposit is currently not available for lump or one-time payments. If direct deposit is selected with any lump-sum option, a check will be mailed to your permanent address. Please contact your bank to confirm this information. Incorrect information will delay electronic deposit processing. Also, please note that the first payment may be issued as a check rather than an electronic deposit. All subsequent deposits will be completed electronically. Please attach a voided check. Type of Depositor Account Checking Savings Financial Institution's Routing Number (should be 9 digits) Financial Institution's Telephone Number Area Code Name of Financial Institution			
	4 Participant/ Beneficiary Authorization	iry such time and in such manner as to attord the Trust and depository a reasonable opportunity to act on it. This authorization agreement may also be terminated by			



DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

Most of the information needed to complete Section 3 can be found as follows:

- A. Be sure current address is shown
- B. Financial institution's routing number for direct deposit. Please call your bank to verify this number is correct for direct deposit. If the number is not correct, it will result in delays.
- C. Your account number





ROLLOVER TO VANTAGEPOINT IRA FORM

INSTRUCTIONS

The information in this section is intended to help you complete the *Rollover to Vantagepoint IRA Form* in its entirety. Please carefully complete all sections of the form.

Section 1: Personal Information – Provide all of the requested information.

Please note: Federal Law allows the use of P.O. Box only in conjunction with a street address. Addresses with P.O. Boxes alone are not permitted under the USA Patriot Act.

Section 2: Rollover From – Specify the ICMA-RC 457 plan account that you wish to transfer. If you are transferring assets from multiple accounts, a separate form is needed for each account.

Section 3: Rollover To – Indicate whether the receiving plan will be a Traditional or Roth IRA and whether this will be a new account or an existing IRA that you established previously.

New Accounts (Beneficiary Designation) – If you are establishing a new IRA account, please also complete and submit a *Vantagepoint IRA Personal Information Change Form*, available online at www.icmarc.org/forms, to designate the beneficiary(ies) for your IRA account.

Section 4: Rollover Amount – Please specify whether you intend to roll-over your total account balance or a specific dollar amount. Partial rollovers will be distributed pro-rata from all eligible investments in your account, unless you specify the amount should be taken from specific funds in your account (attach a separate document with instructions).

Roth Assets – If your 457 plan account includes Roth assets, these amounts are only eligible for a rollover to a Roth IRA or a retirement plan with a Roth deferral feature (e.g., 457/401(k)/403(b) plans which allow Roth deferrals). If you request a rollover to a Traditional IRA, any Roth assets in your account will be excluded from the rollover.

You should give careful consideration to how Roth assets are withdrawn, and be aware of the impact a rollover to a Roth IRA may have on when you are eligible for taxfree withdrawals of Roth assets. Please review the *Special Tax Notice Regarding Plan Payments* for additional information. If you want your Roth assets included in your rollover, check the applicable box in Section 4 of the form.

Section 5: Continue Installment Payments – If you are currently receiving installment payments from your ICMA-RC 457 plan account, and would like to continue receiving the same installment payments from your IRA, check the box in this section.

Section 6: Investment Allocation Instructions – The allocation instructions you provide in this section will only apply to this rollover request (i.e., the allocations will not be used for future contributions/rollovers to your IRA). The rollover amount can be invested in one or more funds available within the IRA. Use whole percentages for your allocations (e.g., 50%, not 33½%). Do not use fixed dollar amounts.

If you do not provide valid allocation instructions for 100% of the rollover amount, the portion that cannot properly be allocated will be invested in the Dreyfus Cash Management Fund, until you request that the assets be transferred to an alternative fund (which can be done at any time).

Section 7: Participant Signature – Please be sure to sign and date this Section of the form.

Section 8: Employer Authorization – If this is your initial request for a withdrawal/rollover from the account, an authorized employer signature is required. Failure to obtain the required employer signature could delay the processing of your request.

Mail or Fax Completed Forms to ICMA-RC. If you fax the form, please do <u>not</u> mail the original.

Mail:

ICMA-RC ATTN: Workflow Management Team P.O. Box 96220 Washington, DC 20090-6220

Fax:

ICMA-RC ATTN: Workflow Management Team 202-682-6439 THIS PAGE INTENTIONALLY LEFT BLANK



ROLLOVER TO VANTAGEPOINT IRA FORM - PAGE 1 OF 2

Use this form to request a direct rollover from your ICMA-RC 457 plan to a Vantagepoint IRA with ICMA-RC.
 Please read the instructions in this packet and carefully complete all sections of the form.

] Participant Information	Employer Plan Number Employer Plan Name				Marital Status Married Single
		ate of Birth	Year	Daytime Phone Number	- [][][][]
	Full Name of Participant		First		MI.
	Permanent Address/Street Mailing Address/Street (Use of P.O.	. Box also requires a Str	reet Address) Zip Code	Date of Hire	 Year
	Email Address				
2 Rollover From	Specify the ICMA-RC account for the rollover (each rollover reg 457 Plan Account Number 3 0 E	quires a separate form) Employer Plan Name			
3 Rollover To	Provide information on the Vantagepoint IRA that will receive to Vantagepoint Traditional IRA NEW Traditional IRA	the assets (Check one).	NEW Roth IRA	oint Roth IRA	
4 Rollover Amount	 Existing Traditional IRA 7 0 1 Existing Roth IRA 7 0 5 Total account balance (100%) Partial transfer of \$				
5 Continue Installment Payments	Check the box in this section if you are currently receiving inst from your Vantagepoint IRA. Please establish an installment payment schedule fro	.,	, ,	•	
6	The allocation instructions you provide in this section will only	apply to	ROLLOVER	INVESTMENT ALLOC	ATION
Rollover Investment Allocation	this rollover request. Input the fund codes and allocation percentages (100% total) thow the rollover amount will be invested within your Vantagep Please refer to the <i>Vantagepoint IRA Funds Investment Options</i> a list of funds and codes. If this section is not completed, your will be invested in the Dreyfus Cash Management Fund until you that the assets be transferred to an alternative fund (which can at any time).	point IRA. s Sheet for rollover ou request	Fund Name	Cod	
				То	tal = 100%

You must also complete and return the signature page (page 2 of 2)

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ROLLOVER TO VANTAGEPOINT IRA FORM - PAGE 2 OF 2

CMARC Building Retirement Sec	Employer Plan Number Social Security Number					
7 Participant	By signing this form, I acknowledge that I have received and reviewed the <i>Special Tax Notice Rega</i> <i>Traditional IRA Custodial Account Agreement and Disclosure Statement</i> . I agree to be bound by the term					
Signature						
	Internet and Phone Trading					
	In the event I choose to transfer funds by Internet or telephone I agree that neither the Custodian, nor ICMA-RC Services, nor their affiliates, 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 for such transac- tions.					
	As required by law and under the penalty of perjury, I certify that the Social Security Number (Taxpaye	r Identification Number) I have provided is correct.				
	I direct ICMA-RC to process the rollover request specified on this form.					
		Date U.S. Citizen				
	Participant Signature	Month Day Year Yes No				
8 Employer Signature	By signing, the employer confirms the participant is eligible to receive payments out of the retirement completed if the employer has already notified ICMA-RC of the participant's separation from service.	plan designated in Section 2. Section 8 does not need to be				
	Participant's Last Day of Employment					
		Date				
	Authorized Employer Official's Signature	Month Day Year				
	Authorized Employer Official's Name (Please Print)					
	Authorized Employer Official's Title (Please Print)					

Mail or Fax Completed Form to ICMA-RC. If you fax the form, please do not mail the original to ICMA-RC.

Mail: Vantagepoint Transfers Agents, LLC P.O. Box 17010 Baltimore, MD 21297-1010

Fax: ICMA-RC **ATTN: Special Products Team** 202-962-4601

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SUMMARY DESCRIPTION

This publication provides a summary of the rules governing the payment of funds from your 457 Deferred Compensation plan. The actual rules governing your benefits are contained in state retirement laws and the federal tax code. This publication is a summary, written in less legalistic terms. It is not a complete description of the law. If there are any conflicts between what is written in this publication and what is contained in the law, the applicable law will govern.



ATTN.: WORKFLOW MANAGEMENT TEAM P.O. BOX 96220 WASHINGTON, DC 20090-6220 800-669-7400 WWW.ICMARC.ORG EN ESPAÑOL LLAME AL 800-669-8216

PKT570-008-0712-5802-03