



VANTAGEPOINT PAYROLL DEDUCTION IRA AUTHORIZATION FORM



- Read the attached instructions before completing this form. Please print legibly in blue or black ink.
- Once you have completed this form, please submit it directly to your employer and keep a copy for your files. In addition, if you are establishing a new Vantagepoint Payroll Deduction IRA account, you must also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope, or mail it in your own envelope to **Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010**. Please keep a copy of the completed application for your files.
- Employers should not mail this form to ICMA-RC, but rather should retain for their records.

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
Date of Birth: (MM/DD/YYYY) ____/____/____	Work Phone Number: (____) _____		

Check one:

This is a new payroll deduction. (Please also complete the attached *Vantagepoint Payroll Deduction IRA Account Application* and promptly return it in the enclosed envelope or mail to Vantagepoint Transfer Agents, P.O. Box 17010, Baltimore, MD 21297-1010.)

This is a change to my current deduction.

2 AMOUNT OF PAYROLL DEDUCTION

Until further notice is provided to my employer, I authorize my employer to deduct \$ _____ from my salary each pay period to be invested into my:

Vantagepoint Traditional IRA **OR** Vantagepoint Roth IRA

3 SIGNATURE

I acknowledge that I have read and agree to the disclosure in Section 3 of the instructions.

Your Signature _____ Date: ____/____/____