



Vantagepoint IRA Withdrawal Form

- Please read the attached instructions prior to completing this form.
- Please note this form is not for withdrawal due to death, divorce, conversions, transferring assets to another Vantagepoint IRA or transferring assets to another financial organization. Please call Investor Services to get the correct form for these transactions.

1 Personal Information	
Name: (Last, First and Middle Initial):	Daytime Phone Number: _____
Social Security Number: _____	Evening Phone Number: _____
Mailing Address:	City, State, Zip:
The withdrawal/direct rollover requested is from the following: Vantagepoint (Check only one box)	
<input type="checkbox"/> Traditional IRA 701 _____ OR <input type="checkbox"/> Roth IRA 705 _____ OR <input type="checkbox"/> Conduit IRA 703 _____	
2 Reason for Withdrawal	
Your reason for withdrawal: Please check one of the reasons listed below. See the instructions for a more complete description of the reasons for withdrawal. Note: Please call Investor Services to obtain information on withdrawals due to the death of the account owner or divorce.	
<input type="checkbox"/> Normal Withdrawal (over age 59 1/2)	<input type="checkbox"/> In what calendar year was the excess contribution made? _____
<input type="checkbox"/> Early Withdrawal (under age 59 1/2)	<input type="checkbox"/> For what tax year was the excess contribution intended? _____
<input type="checkbox"/> Minimum Required Distribution (age 70 1/2 and older)	
<input type="checkbox"/> Permanent Disability	
<input type="checkbox"/> Excess Contribution	
3 Selection of Payment Schedule	
Please select either A or B	
(A) One-time payment	
<input type="checkbox"/> Total (lump sum) payment	
<input type="checkbox"/> One-time payment totaling \$ _____	
Please attach a separate sheet if additional instructions are needed.	
(B) Installment payment	
Choose one schedule frequency:	Choose one cycle:
<input type="checkbox"/> Monthly	<input type="checkbox"/> Cycle 1 (Wednesday following first Tuesday of the month)
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Cycle 2 (Wednesday following second Tuesday of the month)
<input type="checkbox"/> Semi-Annual (only in 6 month intervals)	<input type="checkbox"/> Cycle 3 (Wednesday following third Tuesday of the month)
<input type="checkbox"/> Annual	<input type="checkbox"/> Cycle 4 (Wednesday following fourth Tuesday of the month)

3 Selection of Payment Schedule (continued)

Choose A, B, or C:

- A. Payments of \$ _____ until the account is exhausted (payments must be minimum of \$100)
- B. Fractional payments
- C. Payments estimated to be exhausted

If B or C is selected then you must choose of the below payment options:

- Number of years _____
- Over your life expectancy _____
- Over joint life expectancy - Beneficiary's date of birth _____
- Over joint life expectancy using IRS Minimum Required Distribution Uniform Table - Beneficiary's date of birth _____

Please provide your beneficiaries date of birth only if your spouse is your 100% primary beneficiary and your spouse's date of birth is over 10 years younger than yours.

Otherwise, the IRS requires use of a beneficiary life expectancy 10 years younger than you regardless of your actual beneficiary life expectancy.

- Other (Describe): _____

INVESTMENT FUND DEPLETION ORDER (optional)

If you are selecting an installment payment and wish to select the order in which to redeem your funds, please list those fund codes below. Please Note: You can only select a maximum of three (3) funds. After the account balance of the third fund listed has been depleted, your withdrawals will be prorated amongst all of your remaining funds.

First Fund _____ Second Fund _____ Third Fund _____

4 Income Tax Withholding Election

PLEASE READ THOROUGHLY, THIS IS IMPORTANT

Federal income taxes will be withheld from each withdrawal you receive from your Vantagepoint IRA unless you are making a direct rollover or you elect not to have withholding apply to a distribution made to you. If you elect not to have taxes withheld, you still remain liable for payment of Federal income tax on any taxable portion of the distribution. You may also be subject to Federal income tax penalties (1) under the estimated tax payment rules if your payments of estimated tax and tax withheld are insufficient, (2) for early distributions (prior to age 59 1/2), and (3) for failure to take the minimum required distribution (after age 70 1/2). You may instruct ICMA-RC to withhold state taxes.

Federal income tax at a rate of 10% will be withheld on distributions made to you if you DO NOT select either of the two Federal withholding election boxes below or if you fail to select a greater percentage in the space provided in the second box.

For the distribution requested, Vantagepoint Transfer Agents shall:

- Not withhold any Federal income tax from the Vantagepoint IRA withdrawal.
- Withhold Federal income tax from the Vantagepoint IRA withdrawal at the rate of _____% (at least 10%) (must be a whole percentage of 10 percent or greater).
- Withhold state tax from the Vantagepoint IRA withdrawal at the rate of _____%.

5 Payment Instructions

PLEASE READ THOROUGHLY, THIS IS IMPORTANT

Your withdrawal will be processed in the form of a check made payable to you and mailed to your address shown on ICMA-RC Services records unless you indicate otherwise by selecting one of the "special payment methods" listed below. **Note: A signature guarantee will be required for use of one of these "special payment methods."** (Please see Section 7.)

- Different name or mailing address**

Pay to the order of: _____

Mail my check to:

Street Address _____

City _____ State _____ Zip _____

- Electronic deposit of INSTALLMENT PAYMENTS ONLY to a bank account. Non-installment payments will be paid by CHECK ONLY**
(Complete the account information on the following page of this section **ONLY** if you are requesting an electronic deposit of installment payments to a bank account.)

5 Payment Instructions (continued)

Please attach a voided check here.

Account Information (Installment payments only)

This section is not for lump sum or partial payments, but for installment payments only. Non-installments will be paid as checks. Please contact your bank for 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.

Type of Depositor Account Checking Savings Depositor Account Number

Name of Financial Institution _____

Financial Institution's Direct Deposit Routing Number Financial Institution's Telephone Number
 - -
Area Code

6 Your Signature

As requested by law, and under penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided is correct.

I understand that I am responsible for payment of applicable taxes and penalties on my withdrawal and will not hold Investors Bank and Trust Company, ICMA-RC Services, or its affiliates responsible for the tax implications of my withdrawal.

Signature _____ Date _____

7 Signature Guarantee

Complete this section only if you are requesting your check be made payable to someone other than yourself or mailed to an address other than the one shown on ICMA-RC Services records or the account registration has changed within the past 30 days (e.g., address change or name change due to marriage). The lack of a required signature guarantee will delay your withdrawal. Signature guarantees can be obtained at most banks.

Signature Guarantee
Authorized Officer to Place Stamp Here

Guarantor

Title

Date (Month, Day, Year)