



Dear Participant:

Thank you for contacting ICMA-RC about authorizing a third party to access your retirement account(s).

We will be happy to process your request, but first, we ask that you please do the following:

- Complete the enclosed *Information Release Authorization* form. Be sure to complete Section 3 in the presence of a Notary Public.
- Return the completed form to the address provided at the bottom of the form.

Once we receive your request, we will update your account file, and send you confirmation. You should receive written confirmation within seven to ten days of our receipt of your completed request.

Lastly we would like you to know, the *Information Release Authorization* form does not authorize your designated third party to request or enter financial transactions on your account. To authorize a third party to partake in financial transactions on your retirement account, we will require a financial Power of Attorney (POA) that clearly provides the name of the third party and your consent to allow the individual or entity to engage in financial transactions on your behalf. The POA should be signed, dated, and notarized.

If we can be of additional assistance, please contact Investor Services at [investorservices@icmarc.org](mailto:investorservices@icmarc.org) or 800-669-7400 Monday - Friday between 8:30am and 9:00pm ET. Our Fax number is 202-682-6439. We appreciate the continued opportunity to help build your retirement security.

Thank you,

Investor Services  
ICMA-RC  
Building Retirement Security

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*Vantagepoint Funds are distributed by ICMA-RC Services, LLC, a wholly owned broker-dealer affiliate of ICMA-RC, member NASD/SIPC.*



## INFORMATION RELEASE AUTHORIZATION

<b>1</b> Plan Information	<p>Plan Number _____ Plan Name _____</p> <p><input type="checkbox"/> Apply to all existing Plans      <input type="checkbox"/> Apply to all future Plans</p>
<b>2</b> Participant Information  This information must be completed	<p>Last 4 digits of Social Security Number _____ Daytime Phone Number _____ ( _____ ) _____ Area Code</p> <p>Full Name _____</p> <p>Last _____ First _____ MI _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p>
<b>3</b> Participant Statement	<p>I authorize _____ to obtain information regarding my account</p> <p style="text-align: center; margin-left: 150px;"><small>Print Name</small></p> <p>indicated above. I understand that this authorization is for information requests only. This does not authorize this individual to conduct transactions on my behalf. All transactions must be completed by me.</p> <p>I realize that this individual must provide my Reference Code before receiving any information and that this authorization will remain in effect until I provide a written document to ICMA-RC revoking the authority.</p> <p>Participant Signature _____ Date _____</p> <p>Signed and attested to before me this _____ Day / _____ Month / _____ Year</p> <p>Notary Public Signature and Seal _____</p> <p>City of Residence _____</p> <p style="text-align: right;"><b>Your request cannot be processed without a Notary Public Signature and Seal.</b></p> <p style="text-align: right; font-size: 2em; margin-top: 20px;"><b>Seal Or Stamp</b></p>

Return completed form to ICMA-RC, P.O. Box 96220 • Washington, DC 20090-6220

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