



VMERS VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN DECEDENT INFORMATION FORM

Use this form to notify ICMA-RC of:

- The death of an RHS participant
- The death of the spouse of a deceased RHS participant

- Use blue or black ink.
- Please keep a copy for your records

1 Participant Information *(NOTE: Attach a certified copy of the death certificate to this form.)*

Employer Plan Number _____	Employer Name _____	State _____
Name of Deceased Participant (Last, First and Middle Initial) _____		Mailing Address Street _____
Social Security Number _____-_____-_____		City _____ State _____ Zip Code _____
Date of Birth ____/____/____ Month Day Year		Date of Death ____/____/____ Month Day Year

2 Information on Individual Completing the Form *(NOTE: See instructions on reverse side.)*

Full Name (Last, First and Middle Initial) _____		Relationship to Decedent _____	
Social Security Number _____-_____-_____		Mailing Address Street _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	City _____ State _____ Zip Code _____	
Home Phone Number (_____) _____ - _____ Area Code		Work Phone Number (_____) _____ - _____ Area Code	

3 Information on Decedent's Spouse *(NOTE: Complete only if different from Section 2.)*

No Spouse **(Please go to Section 4)** Same as Section 2 **(Please go to Section 4)**

Full Name (Last, First and Middle Initial) _____		Mailing Address Street _____	
Social Security Number _____-_____-_____		City _____ State _____ Zip Code _____	
Date of Birth ____/____/____ Month Day Year	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Phone Number (_____) _____ - _____ Area Code		Work Phone Number (_____) _____ - _____ Area Code	

4 Enclosures

I have enclosed the following documents: Participant's Death Certificate (certified copy)

5 Certification of Individual Completing Form

I certify that the information given on this form is true and complete, and that the spousal information provided in Section 3 is accurate. By signing this form, I verify that I am the person specified in Section 2, and I realize that the information provided will be used to determine to whom the decedent's account will be transferred.

Signature: _____

Date: _____



VMERS RHS PLAN DECEDENT INFORMATION FORM INSTRUCTIONS

ICMA Retirement Corporation (ICMA-RC) uses the information on this form to ensure that the assets in the deceased participant's ("decedent") account are allocated in accordance with RHS plan requirements. This form may also be used to notify ICMA-RC of the death of the spouse of the deceased participant.

After completing and signing the form, please submit it to ICMA Retirement Corporation, PO Box 96220, Washington DC, 20090.

Please be sure to keep a copy of all forms and documents you submit for your records.

General Information Regarding Treatment of RHS Account After Death

Participant Survived by Spouse: Upon the death of the RHS Plan participant, the surviving spouse is immediately eligible to maintain the account and utilize it to fund eligible medical expenses on a tax-free basis. An account will be established in the name of the surviving spouse, if any.

Investment Allocation: Upon the participant's death, RHS account assets will transfer to the survivor and remain invested in the VP Milestone Fund of the decedent.*

* Please be advised that with "Fund of Funds" arrangements, additional underlying fees may apply. Please consult the prospectus for details

Participant Not Survived by Spouse: If the participant is not survived by a spouse the assets revert to the Plan Sponsor.

1. Participant Information

Please complete this section carefully. The employer plan number is available from the decedent's plan sponsor or ICMA-RC.

You must attach a certified copy of the death certificate to this form.

2. Information on the Individual Completing the Form

This information is required in case we need to contact you further.

3. Information on Decedent's Spouse

If the person completing the form is not the spouse, the spousal information section must be completed. If there is no surviving spouse, please check the box marked "No Spouse" and proceed to Section 4.

4. Enclosures

Please indicate which enclosures you are attaching with this form.

5. Certification of Individual Completing the Form

Your signature indicates that you certify the veracity of all information given. After you have completed and signed the form, send it to ICMA-RC, P.O. Box 96220, Washington, DC 20090.

Please consult the Vantagepoint Funds Prospectus carefully for a complete summary of all fees, expenses, charges, financial highlights, investment objectives, risks and performance information. Investors should consider the Fund's investment objectives, risks, charges and expenses before investing or sending money. The prospectus contains this and other information about the investment company. Please read the prospectus carefully before investing. Vantagepoint Funds are distributed by ICMA-RC Services LLC, a wholly owned broker-dealer subsidiary of ICMA-RC and member NASD/SIPC. For a current prospectus, contact ICMA-RC Services, LLC by calling 800-669-7400 or by writing to 777 North Capitol Street, NE, Washington, DC 20002-4240, or by visiting www.icmarc.org.