

In order for MissionSquare Retirement to process your change efficiently, please complete the form accurately and completely and submit to:

MissionSquare Retirement (Attn. SPT)
 Vantagepoint Transfer Agents
 P.O. Box 17010
 Baltimore, MD 21297-1010

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

Always review your quarterly statements to confirm the accuracy of your information. If you discover a discrepancy, contact MissionSquare Participant Services at 800-669-7400 as soon as possible.

Type of Change

Please check each Type of Change that you are making in your account information. Please note that you may also make changes via Account Access at www.icmarc.org.

1. Essential Information

Please complete this section carefully. The information you submit will be used to establish your account and to identify the account when you make changes. If you are reporting a name change, please enter your new name into the "Name" line in Part 2, and provide MissionSquare (Attn: SPT) with any required documentation, which may include a copy of one of the following: Driver's License, Social Security card, marriage certificate or court order.

2. Participant Change Information

The mailing information provided here will determine the address to which your MissionSquare RHS account statement will be sent. If you are changing your marital status, you may wish to review your survivor information at this time.

3. Survivor Information - Important

Upon your death, your account will be transferred to your surviving spouse and/or dependents for tax-free reimbursement of their medical expenses. If you do not have a surviving spouse or dependent(s), your account will return to your employer's RHS trust.

Naming your survivor(s):

- Remember that only your spouse/dependents are eligible to use the account for medical expenses if they survive you.
- If you need to designate additional survivors, please do so on a separate sheet of paper.
- Please be advised that the availability of benefits for domestic partners, same-sex spouses, and civil unions varies by state. The tax treatment of RHS reimbursements in these situations may also vary. Please consult your employer and/or tax advisor for more information.

4. Authorized Signature

Once you have completed this form, sign it, make a copy for your records and submit it to MissionSquare (Attn. SPT).

All changes to your investment allocation for future contributions and transfers of fund balances may be made through VantageLine, Account Access, or an MissionSquare Investor Services Representative. State law, local law, or your employer may place restrictions on available investments.

MISSIONSQUARE RETIREMENT PRIVACY POLICY

Our Privacy Policy. Protecting your privacy is important to us. In providing financial services and investment products to you, we collect certain nonpublic personal information about you. Our policy generally is to keep this information strictly confidential, and to use or disclose it as needed to provide services to you, or as permitted or required by law or by you. Our privacy policy applies equally to our former customers and investors, as well as individuals who simply inquire about the services or investments we offer. We may change this privacy policy in the future upon notification to you.

Information We Collect. The nonpublic personal information we have about you includes information you give us when you open an account, invest in The Vantagepoint Funds, or write or call us, such as your name, address, social security number, employment, investment objectives and experience, financial circumstances, and investment transactions and holdings.

Information We Disclose. We disclose nonpublic personal information about you to our affiliates, and to outside firms that help us provide services to you, for use only for that purpose.

Note: *The following applies to all states except California and New York State.*

We may also disclose nonpublic personal information to nonaffiliated third party financial institutions with which we have established relationships, such as financial institutions that offer our affinity credit card program, or to other institutions with which we may establish relationships in the future in order to offer select financial products of interest to our customers. You have the right to stop us from disclosing nonpublic personal information about you to these parties, except as permitted or required by law. To do so, call us toll free at 800-827-2710.

If you do not notify us that you wish to block disclosure of this nonpublic personal information, we will allow information to be sent to you from all third party financial institutions with which we have established relationships. Currently, MissionSquare Retirement has established relationships with First USA Bank for its affinity credit card program and with M&T Bank [applicable for participants in plans located in Maryland (excluding metropolitan DC area), Pennsylvania and West Virginia] for enrollment and information services in connection with MissionSquare's 457 Deferred Compensation Program. Before any additional third party relationships are added, they must be approved by the Board of Directors of the MissionSquare Retirement. Once approved, MissionSquare Retirement will notify you of any additional third party relationships in future publications of this privacy policy.

How We Safeguard Your Information. We restrict access to nonpublic personal information about you to those persons who need to know it or who are permitted or required by law or by you to receive it. We maintain physical, electronic and procedural safeguards to protect the confidentiality of your information.

- Use this form to make any changes to your existing RHS Plan account.
- Read the instructions on the back before completing the form. Please use blue or black ink.
- Please check all applicable boxes:

Change(s) in: Name (*Attach legal document*) Marital Status Survivor Address Phone Number E-mail Address

1 ESSENTIAL INFORMATION

EMPLOYER PLAN NUMBER: 801033	SOCIAL SECURITY NUMBER:	PARTICIPANT NAME: <i>LAST, FIRST, MI</i>
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2 PARTICIPANT CHANGE INFORMATION

FULL NAME: <i>LAST, FIRST, MI</i>		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
MAILING ADDRESS:		
<i>STREET</i>	<i>CITY</i>	<i>STATE</i> <i>ZIP</i>
PREFERRED PHONE NUMBER 1:	PREFERRED PHONE NUMBER 2:	EMAIL ADDRESS:

3 SURVIVOR INFORMATION (PLEASE READ THE INSTRUCTIONS)

SPOUSE NAME: <i>LAST, FIRST, MI</i>	SOCIAL SECURITY NUMBER:	DATE OF BIRTH: <i>MM/DD/YYYY</i>
DEPENDENT NAME: <i>LAST, FIRST, MI</i>	SOCIAL SECURITY NUMBER:	DATE OF BIRTH: <i>MM/DD/YYYY</i>
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ADDITIONAL SURVIVOR INFORMATION ON ATTACHED SHEET

4 AUTHORIZED SIGNATURE

For all changes:

- I acknowledge that I have read the instructions for the *RHS Plan Employee Change Form*.
- If applicable, I understand that the availability of benefits for domestic partners, same sex spouses, and civil unions varies by state and that the tax treatment of RHS reimbursements in these situations may also vary.
- I understand that upon my death, my account will be transferred to my spouse and/or other qualifying dependents for tax-free reimbursement of qualifying medical expenses. If I am not survived by a spouse or any dependents, my account balance will return to my employer's RHS trust.

Participant Signature: _____ Date: *MM/DD/YYYY* _____

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO MissionSquare (Attn: SPT)