



**NATIONAL FRATERNAL ORDER OF POLICE
VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS)
MEMBER PLAN ENROLLMENT FORM - PAGE 1 OF 2**

**Member
Plan**

- Use this form to enroll in the NFOP RHS Plan **or** to notify ICMA-RC if you change employment.
- Read the instructions on the back before completing the form. Please use blue or black ink.
- Please check the applicable box:

New Enrollment Transfer to New Employer

1 Essential Information			
RHS Plan Number	Plan Name	Lodge Name	State
8 0 1 0 0 0	National Fraternal Order of Police RHS Member Plan	_____	_____
Participant Social Security Number		Participant Name (Last, First and Middle Initial)	
_____		_____	
Employer Name		RHS Division Number*	* Available from the Lodge or ICMA-RC at 1-866-747-NFOP (1-866-747-6367).
_____		_____	

2 Participant Personal Information	
Mailing Address	Evening Phone Number
Street _____	(_____) _____ - _____
City _____	Area Code
State _____ Zip Code _____	Gender
	_____ Female _____ Male
	Marital Status
	_____ Married _____ Single
Date of Birth	Date Employed
_____/_____/_____	_____/_____/_____
Month Day Year	Month Day Year
Job Title	Daytime Phone Number
_____	(_____) _____ - _____
	Area Code
Email Address	Are you participating in DROP? (See instructions)
_____	<input type="checkbox"/> Yes. My DROP period ends in the year 20 _____
	<input type="checkbox"/> No. My projected retirement year is 20 _____

3 Survivor and Beneficiary Information (Note: Please read the instructions. Only individuals should be named as beneficiaries. Do not name a trust or your estate.)		
Survivors		
Spouse Name _____	SSN _____ - _____ - _____	DOB* _____
Dependent Name _____	SSN _____ - _____ - _____	DOB _____
Dependent Name _____	SSN _____ - _____ - _____	DOB _____
<input type="checkbox"/> Additional survivor information on attached sheet		*Date of Birth
Primary Beneficiaries (Benefits will be available to Primary Beneficiary only if NO spouse or dependent lives longer than you.)		
Name _____	SSN _____ - _____ - _____	DOB _____ % of Benefits _____
Name _____	SSN _____ - _____ - _____	DOB _____ % of Benefits _____
<input type="checkbox"/> Additional primary beneficiary information on attached sheet		
Contingent Beneficiaries (Benefits will be available to Contingent Beneficiary only if NO primary beneficiary lives longer than you.)		
Name _____	SSN _____ - _____ - _____	DOB _____ % of Benefits _____
Name _____	SSN _____ - _____ - _____	DOB _____ % of Benefits _____
<input type="checkbox"/> Additional contingent beneficiary information on attached sheet		
(Residents of community property states please read instructions.)		

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO YOUR LODGE (Continued on back)

ICMA Retirement Corporation • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free: 1-866-747-NFOP • En Español llame al 1-800-669-8216 • www.rhsnfop.org FRM000-062-200510-C946



NATIONAL FRATERNAL ORDER OF POLICE
 VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS)
 MEMBER PLAN ENROLLMENT FORM - PAGE 1 OF 2

Member
Plan

4 Investment Allocation

Fill in the boxes at right with codes of the fund(s) you want to invest in. A list of funds and codes can be found on the *NFOP VantageCare RHS Investment Options* sheet.

ALLOCATIONS	
Code	Percent
TOTAL = 100%	

5 Authorized Signatures

I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds.

I understand that once I elect to participate in the NFOP RHS Plan, I will not be permitted to opt out so long as I am a member of the Fraternal Order of Police and employed by my current employer.

I acknowledge that ICMA-RC has obtained advice of counsel that irrevocable elections are allowable under the conditions outlined in the NFOP RHS Plan agreement. I acknowledge that the Internal Revenue Service has not ruled on irrevocable elections in an integral part trust.

I acknowledge that I have read the instructions for the *NFOP RHS Plan Member Enrollment Form*. I understand that the ICMA Retirement Corporation has established required procedures for telephone and Internet transfers that include personal identification numbers, recording instructions, and written confirmations. In the event I choose to transfer funds by telephone or Internet, I agree that neither the ICMA Retirement Corporation, nor ICMA-RC Services, LLC, will be liable for any loss, cost, or expense for acting upon any telephone or Internet instructions believed by it to be genuine and in accordance with the required procedures.

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 do not have a surviving spouse or any other qualifying dependents, the beneficiary(ies) I designated on this form will be eligible to use the account for taxable reimbursement of qualifying medical expenses.

If I am married and live in a community property state (see instructions), I understand that my designation of a beneficiary other than my spouse does not constitute a waiver of my spouse's right to my RHS account assets upon my death. My designated beneficiary will have access to the account only if I am not survived by a spouse or other qualifying dependents.

Member Signature

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL TO YOUR LODGE



By completing this enrollment form, you will supply the information necessary to begin participation in the NFOP VantageCare Retirement Health Savings (RHS) Plan.

Before you complete this form for enrollment, please read the accompanying literature for important information.

Your completion of this form serves as your election to participate. You do not need to complete the contribution election form until you wish to contribute to the NFOP RHS Plan or you wish to receive an employer contribution (if applicable). Keep in mind that once you are enrolled in the plan, you do not have the option of discontinuing your participation.

In order for ICMA-RC to process your enrollment/change efficiently, please complete the form accurately and completely and **submit it to your Lodge**. 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 enrollment information. If you discover a discrepancy, contact ICMA-RC Investor Services at 1-866-747-NFOP (1-866-747-6367) as soon as possible.

Initial Enrollment/Transfer to New Employer

Please check the Initial Enrollment box if you are enrolling into the NFOP RHS Plan for the first time. Check the Transfer box if you were previously enrolled in the NFOP RHS Plan and are moving to a new employer.

If you are eligible to receive benefits from your RHS account, and are making changes to your account information, please also contact Zenith Administrators, Inc., at 1-800-788-5885.

1. Essential Information

Please complete this section carefully. The information you submit will be used to establish your account. The RHS division number is available from your Lodge.

2. Participant Personal Information-Complete all information

We request this information to establish your NFOP RHS account.

The mailing information provided here will determine the address to which your RHS account statement will be sent.

We request your retirement age for informational purposes only. If you are participating in a Deferred Retirement Option Plan (DROP), please indicate the year your DROP period will end. If you are not participating in a DROP program, please provide your projected retirement year. This information is not an official designation of your intention to retire at the specified time. ICMA-RC uses this information so that we can keep you informed of timing requirements for certain RHS plan elections. ICMA-RC will not share this information. You may change this information at any time.

3. Survivor and Beneficiary 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 be transferred to your designated beneficiary(ies) for taxable reimbursement of their medical expenses. The beneficiary(ies) you designate on this form will only have access to the account if you have no surviving spouse or dependents.

Surviving spouse and/or dependent(s): If a spouse and/or dependent(s) survive you, they will be able to use your remaining account balance for their own medical expenses on a tax-free basis. In this case, the beneficiaries you designate on this form will not be allowed to use the account balance. However, even if you currently have a spouse and dependents, it is important that you designate a beneficiary(ies) in case your circumstances change before your death. Otherwise, your remaining assets will return to the NFOP RHS trust. If your account balance is not fully utilized upon the death of your surviving spouse and all dependents, the balance will be available to the designated beneficiary(s) of the last survivor to die for taxable reimbursement of their medical expenses. If there is no such designated beneficiary(ies), the account balance will revert to the NFOP RHS trust.

(continued on back)



NATIONAL FRATERNAL ORDER OF POLICE
VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS)
MEMBER PLAN ENROLLMENT FORM INSTRUCTIONS - PAGE 2 OF 2

Member
Plan

No surviving spouse or dependents: If there are no surviving spouse and/or dependents upon your death, the beneficiary(ies) you designate on this form will be able to use the remaining value of your account for taxable reimbursement of their medical expenses. If no primary beneficiary(ies) lives longer than you, your contingent beneficiary(ies) will be able to use the account. If none of your primary or contingent beneficiaries are living at the time of your death, or if you do not have a signed, valid beneficiary designation on file, your remaining account balance will revert back to the NFOP RHS trust. If your account balance is not fully utilized upon the death of your designated beneficiary(ies), the balance will be available to the named beneficiary(s) of your beneficiary for taxable reimbursement of their medical expenses. If there is no such designated beneficiary(ies), the account balance will revert back to the NFOP RHS trust.

Survivor and Beneficiary Information:

- You may name only an individual(s) as your primary and contingent beneficiary(ies). Do not name your estate or a trust as these entities are not able to use the account for medical expense reimbursement.
- Remember that your spouse/dependents are automatically eligible to use the account for medical expenses if they survive you. Thus, you should name an individual(s) other than your spouse/dependent(s) (for example, adult child, other family member) as your beneficiary(ies). The named beneficiary will be able to use the account only if there are no surviving spouse or dependents.
- If you need to designate additional survivors, or primary and/or contingent beneficiaries, please do so on a separate sheet of paper.
- Remember, if you do not designate a beneficiary(ies), and you die without a surviving spouse or dependent(s), your account balance will revert to the NFOP RHS trust. It is important that you review your beneficiary designation regularly and revise it in case of a change in your circumstances.
- If you are a resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) and are married, your designation of a beneficiary other than your spouse does not constitute a waiver of your spouse's right to your RHS account assets upon your death. Your designated beneficiary will have access to the account only if you are not survived by a spouse or other qualifying dependents.

Please be advised that the availability of benefits for domestic partners, same-sex spouses, and civil unions varies by state. Please consult your employer and/or tax advisor for more information.

4. Investment Allocation*

Use this section to provide allocation instructions for your account. You may design your own portfolio with any number of funds. If you do not designate an investment allocation, your account will be invested in the Vantagepoint Savings Oriented Model Portfolio Fund.

When you transfer to a new employer, your existing allocation will remain in place unless you provide a new allocation.

You may place your contributions in one investment option or in any combination as long as you use whole percentages (e.g., 50 percent, not 33 1/3 percent).

** Please consult the current Vantagepoint Funds prospectus carefully for a complete summary of all fees, expenses, charges, financial highlights and investment objectives, risks and performance information prior to investing any money. Vantagepoint securities are distributed by ICMA-RC Services LLC, a broker dealer affiliate of ICMA-RC, member NASD/SIPC. For a current prospectus, contact ICMA-RC Services LLC, 777 North Capitol Street NE, Washington, DC 20002-4240. 1-866-747-NFOP. En Español llame al 1-800-669-8216. www.rhsnfop.org.*

5. Authorized Signatures

Once you have completed this form, sign it, make a copy for your records and **submit it to your Lodge.**