



**NATIONAL FRATERNAL ORDER OF POLICE
VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN
PERSONAL INFORMATION FORM FOR SURVIVORS - PAGE 1 OF 2**

Member
or
Staff
Plan

- This form is to be used by survivors of a deceased NFOP RHS Plan participant to designate or update your beneficiary(ies) for your RHS account, or to update your personal information.
- Read the instructions before completing the form. Please use blue or black ink.
- Please check all applicable boxes:

Initial Beneficiary Designation

Type of Change:

Change in Name (Please attach legal document)

Change in Address

Change in Marital Status

Change in Beneficiary

1. Essential Information		
RHS Plan Number <input type="checkbox"/> 801000 <input type="checkbox"/> 802000	RHS Plan Name NFOP RHS Member Plan NFOP RHS Staff Plan	Lodge Name _____ Employer Name _____ Participant's RHS Division # _____ * State _____ <i>* Available from the Lodge or ICMA-RC</i>
Account Holder Name (Last, First and Middle Initial) _____		Social Security Number _____

2. Account Holder Personal Information (Be sure to notify the third party claims processor of changes in your personal information.)		
Mailing Address Street _____ City _____ State _____ Zip Code _____		Evening Phone Number _____ - _____ - _____ <small>Area Code</small> Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
Daytime Phone Number _____ - _____ - _____ <small>Area Code</small>	Date of Birth ____ / ____ / ____ <small>Month Day Year</small>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

3. Account Holder Beneficiary Designation (Note - Residents of community property states please read the instructions.)			
Primary Beneficiaries			
Name _____	SSN _____ - _____ - _____	DOB* _____	% of Benefits _____
Name _____	SSN _____ - _____ - _____	DOB _____	% of Benefits _____
Name _____	SSN _____ - _____ - _____	DOB _____	% of Benefits _____
<input type="checkbox"/> Additional primary beneficiary information on attached sheet		<i>*Date of Birth</i>	Use whole percentages only.
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 _____
Name _____	SSN _____ - _____ - _____	DOB _____	% of Benefits _____
<input type="checkbox"/> Additional contingent beneficiary information on attached sheet		<i>*Date of Birth</i>	Use whole percentages only.



**NATIONAL FRATERNAL ORDER OF POLICE
VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN
PERSONAL INFORMATION FORM FOR SURVIVORS - PAGE 2 OF 2**

Member or Staff Plan

4. Authorized Signatures

For beneficiary designations and personal information changes:

I acknowledge that I have read the instructions for the *NFOP RHS Plan Personal Information Form for Survivors*. I understand that if I have not designated a beneficiary(ies) at the time of my death, remaining account assets will revert to the NFOP RHS plan. I acknowledge that I have received and read the current Vantagepoint Funds Prospectus prior to investing in any funds. 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.

If I am married and live in a community property state (see instructions), I certify that my spouse has signed below if I have named someone other than my spouse as primary beneficiary in Part 3.

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

Account Holder Signature

Date

Your Spouse's Signature (if resident of a community property state)

Date

PLEASE RETAIN A COPY FOR YOUR RECORDS AND RETURN TO ICMA-RC

**National Fraternal Order of Police
VantageCare Retirement Health Savings (RHS) Plan
Personal Information Form for Survivors- Instructions**

This form is used by a survivor* of the original RHS participant to supply ICMA-RC with your beneficiary designation for the NFOP RHS program. You may also use this form to change your beneficiary designation or other personal information at a later date.

*** Survivors include the surviving spouse, surviving dependents, and designated beneficiary of the original participant, as well as the designated beneficiaries of the survivors.**

In order for ICMA-RC to process your beneficiary designation or personal information change efficiently, please complete the form accurately and return it to ICMA-RC. Please be sure to keep a copy for your records of all forms and documentation you submit.

Always review the quarterly RHS statement to confirm the accuracy of your account information. If you discover a discrepancy, contact ICMA-RC Investor Services at 1-866-747-NFOP as soon as possible.

Initial Beneficiary Designation/Type of Change

Please check either Initial Beneficiary Designation or each Type of Change that you are making in your account.

If you are making changes to your personal information, please also contact the third-party claims processor. Be sure to have the RHS Plan Number available before you call.

1. Essential Information

Please complete this section carefully. The information you submit will be used to identify the account when you make changes. The plan number for FOP members' survivors is 801000. The plan number for FOP staff survivors is 802000. The RHS Division number can be obtained from ICMA-RC or the original participant's FOP lodge.

If you are reporting a name change, please enter your new name into the "Name" line in Part 1, and provide ICMA-RC with documentation of the change, which may include a copy of one of the following: Driver's License, Social Security card, marriage certificate or court order.

2. Account Holder Personal Information

The mailing information provided here will determine the address to which your ICMA-RC RHS statement will be

sent. If you are changing your marital status, you may wish to review your beneficiary designation at this time.

3. Beneficiary Designation

As a survivor of the original RHS participant, you are entitled to utilize the remaining account assets for your own medical expenses. In addition, you may name a beneficiary(ies).

It is important that you complete this section to designate your beneficiary(ies) and keep this section up to date as your circumstances change.

Your most current designation of beneficiary(ies) specifies who will be eligible to utilize the remaining account balance for medical expenses upon your death. If no primary beneficiary(ies) lives longer than you, your contingent beneficiary(ies) will be eligible to utilize the value of the account for their medical expenses. If none of your primary or contingent beneficiaries are living at the time of your death, the remaining value of the account will revert to the NFOP RHS Trust.

- **Your beneficiary must be an individual; do not name a trust, estate, charitable organization, or other entity as your beneficiary.**
- If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), your spouse must generally be your beneficiary, unless that right is waived in section 4. **Please check with your financial adviser before completing this section.**
- If you need to designate additional primary and/or contingent beneficiaries, please do so on a separate sheet of paper.

4. Authorized Signatures

Once you have completed this form, sign it, make a copy for your records, and submit it to ICMA-RC.

Your signature acknowledges that the default investment allocation for the NFOP RHS plan is the Vantagepoint Savings Oriented Model Portfolio Fund. You may transfer the account assets among the Vantagepoint Funds* through VantageLine, Account Access, or an ICMA-RC Investor Services Representative. State or local law may place restrictions on available investments.

** Please consult the current Vantagepoint Funds prospectus carefully prior to investing any money. Vantagepoint securities are distributed by ICMA-RC Services, LLC, a broker-dealer affiliate of the ICMA Retirement Corporation, member NASD/SIPC. ICMA-RC Services, LLC, 777 North Capitol Street NE, Washington, DC 20002-4240. 1-866-747-NFOP.*

Any resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) who is married should obtain his or her spouse's consent to designate a primary beneficiary other than his or her spouse.