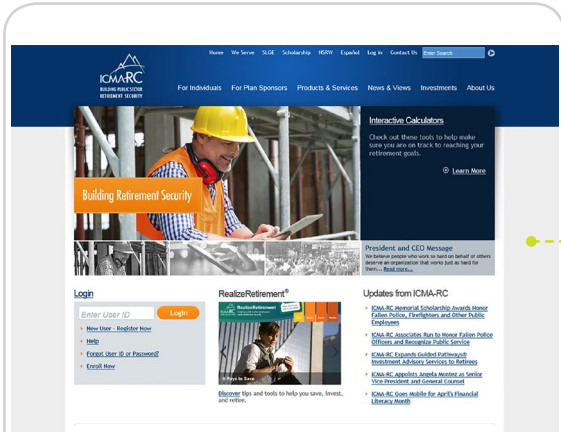
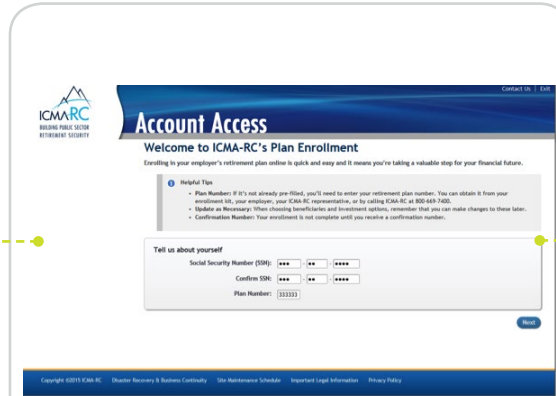


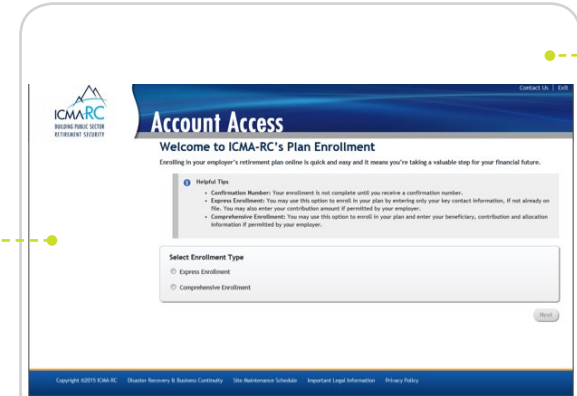
# ONLINE ENROLLMENT AT A GLANCE



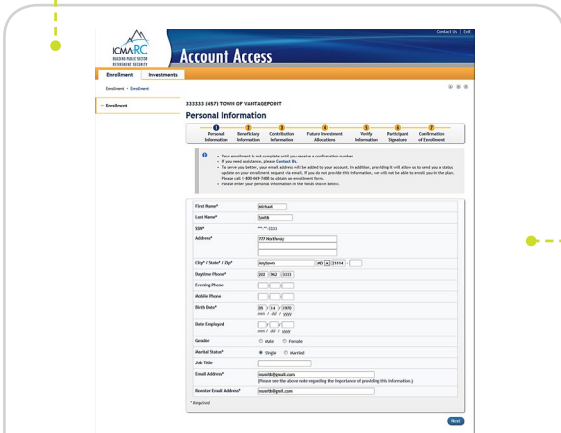
Go to [www.icmarc.org](http://www.icmarc.org) and select "Enroll Now"



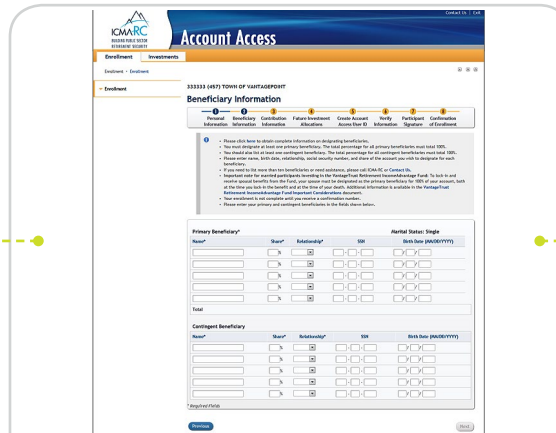
Enter Social Security number and Plan number



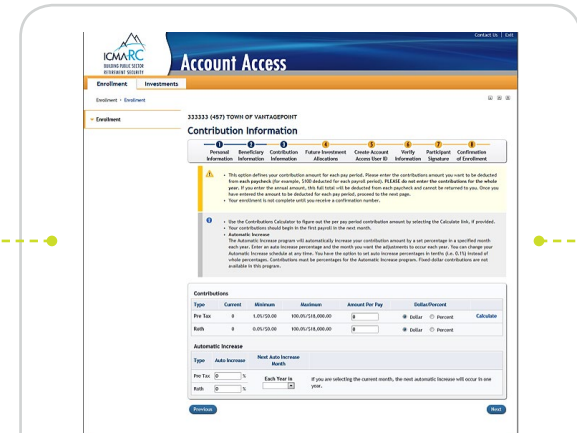
Select Express or Comprehensive Enrollment\*



Enter Personal Information



Designate Beneficiaries

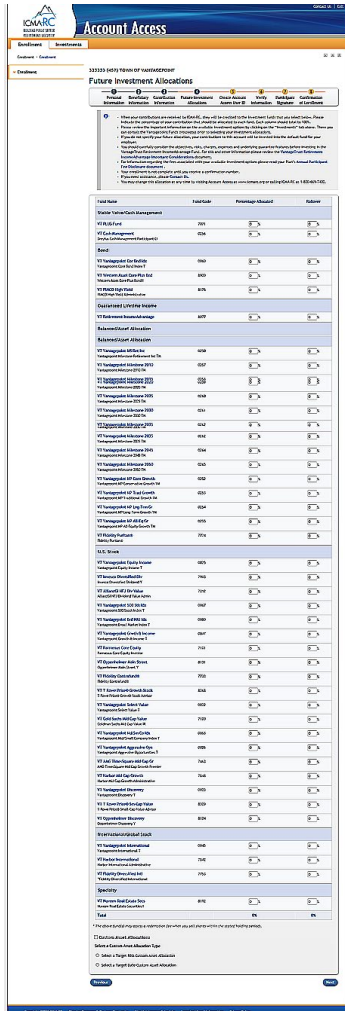


Enter Contribution Information (If available)

\*Express Enrollment does not require beneficiary designation, investment allocation, or Account Access UserID

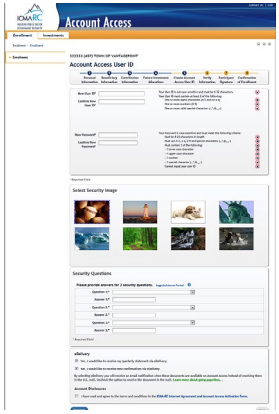
(Continued on back)

# ONLINE ENROLLMENT AT A GLANCE



Hold Name	Investment	Percentage Allocated	Action
01 All Cap	0.00	0.00%	[X] [Y]
02 Gov	0.00	0.00%	[X] [Y]
03 Mid Cap	0.00	0.00%	[X] [Y]
04 Divd Growth	0.00	0.00%	[X] [Y]
05 Divd Growth	0.00	0.00%	[X] [Y]
06 Divd Growth	0.00	0.00%	[X] [Y]
07 Divd Growth	0.00	0.00%	[X] [Y]
08 Divd Growth	0.00	0.00%	[X] [Y]
09 Divd Growth	0.00	0.00%	[X] [Y]
10 Divd Growth	0.00	0.00%	[X] [Y]
11 Divd Growth	0.00	0.00%	[X] [Y]
12 Divd Growth	0.00	0.00%	[X] [Y]
13 Divd Growth	0.00	0.00%	[X] [Y]
14 Divd Growth	0.00	0.00%	[X] [Y]
15 Divd Growth	0.00	0.00%	[X] [Y]
16 Divd Growth	0.00	0.00%	[X] [Y]
17 Divd Growth	0.00	0.00%	[X] [Y]
18 Divd Growth	0.00	0.00%	[X] [Y]
19 Divd Growth	0.00	0.00%	[X] [Y]
20 Divd Growth	0.00	0.00%	[X] [Y]
21 Divd Growth	0.00	0.00%	[X] [Y]
22 Divd Growth	0.00	0.00%	[X] [Y]
23 Divd Growth	0.00	0.00%	[X] [Y]
24 Divd Growth	0.00	0.00%	[X] [Y]
25 Divd Growth	0.00	0.00%	[X] [Y]
26 Divd Growth	0.00	0.00%	[X] [Y]
27 Divd Growth	0.00	0.00%	[X] [Y]
28 Divd Growth	0.00	0.00%	[X] [Y]
29 Divd Growth	0.00	0.00%	[X] [Y]
30 Divd Growth	0.00	0.00%	[X] [Y]
31 Divd Growth	0.00	0.00%	[X] [Y]
32 Divd Growth	0.00	0.00%	[X] [Y]
33 Divd Growth	0.00	0.00%	[X] [Y]
34 Divd Growth	0.00	0.00%	[X] [Y]
35 Divd Growth	0.00	0.00%	[X] [Y]
36 Divd Growth	0.00	0.00%	[X] [Y]
37 Divd Growth	0.00	0.00%	[X] [Y]
38 Divd Growth	0.00	0.00%	[X] [Y]
39 Divd Growth	0.00	0.00%	[X] [Y]
40 Divd Growth	0.00	0.00%	[X] [Y]
41 Divd Growth	0.00	0.00%	[X] [Y]
42 Divd Growth	0.00	0.00%	[X] [Y]
43 Divd Growth	0.00	0.00%	[X] [Y]
44 Divd Growth	0.00	0.00%	[X] [Y]
45 Divd Growth	0.00	0.00%	[X] [Y]
46 Divd Growth	0.00	0.00%	[X] [Y]
47 Divd Growth	0.00	0.00%	[X] [Y]
48 Divd Growth	0.00	0.00%	[X] [Y]
49 Divd Growth	0.00	0.00%	[X] [Y]
50 Divd Growth	0.00	0.00%	[X] [Y]

Select Investment Allocation



Account Access User ID

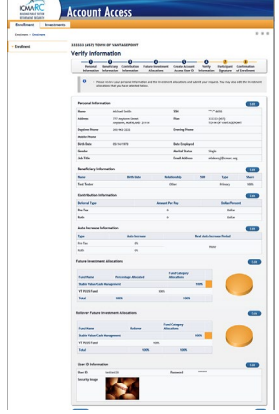
First Name: [Text Field]  
Last Name: [Text Field]  
Email: [Text Field]  
Phone: [Text Field]

Select Security Image: [Image Selection Grid]

Security Questions: [Form with 3 questions]

Agree: [Form with terms and conditions]

Create Account Access UserID



Verify Information

Account Access User ID: [Text Field]

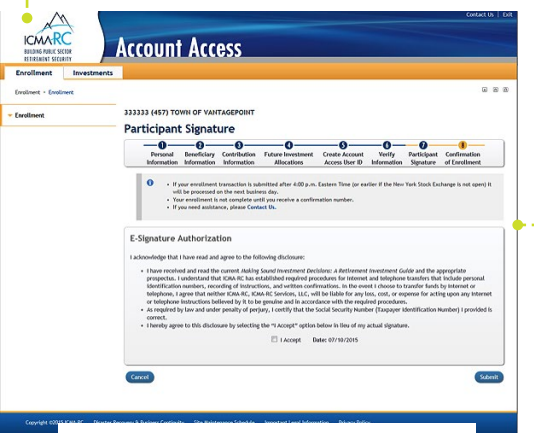
First Name: [Text Field]  
Last Name: [Text Field]  
Email: [Text Field]  
Phone: [Text Field]

Security Image: [Image Selection Grid]

Security Questions: [Form with 3 questions]

Agree: [Form with terms and conditions]

Verify Information



Participant Signature

33333 (457) TOWNSHIP OF VANTAGEPOINT

E-Signature Authorization

I acknowledge that I have read and agree to the following disclosure:

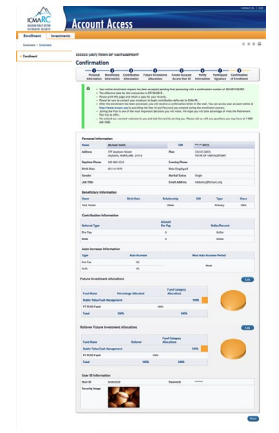
I have received and read the current, Auditing Sound Investment Decision: A Retirement Investment Guide and the appropriate prospectus, I understand that ICMARC has established required procedures for internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmation. In the event I choose to transfer funds by internet or telephone, I agree that neither ICMARC, ICMARC Services, LLC, will be liable for any loss, cost, or expense for acting upon any internet or telephone instructions received by it to be precise and in accordance with the required procedures.

As required by law and under penalty of perjury, I certify that the Social Security Number (Employee Identification Number) I provided is correct.

I hereby agree to this disclosure by selecting the "I Accept" option below in lieu of my actual signature.

I Accept    Date: 07/19/2015

Provide E-Signature Authorization



Confirmation

33333 (457) TOWNSHIP OF VANTAGEPOINT

First Name: [Text Field]  
Last Name: [Text Field]  
Email: [Text Field]  
Phone: [Text Field]

Security Image: [Image Selection Grid]

Security Questions: [Form with 3 questions]

Agree: [Form with terms and conditions]

