(Plan Name)

Vanguard Section 403(b)(7) Custodial Account

Check: ☐ Basic Plan ☐ Supplemental Plan

Vanguard Plan # 0

Enrollment/Change

1. Account Information

Check One: ☐ New Enrollment ☐ Change

Social Security # ___ — ___ — ____

Name (Last, First, M.I.)

Address

City **State** **Zip**

Date of birth (mm/dd/yyyy) ___ — ___ — ____

Daytime Telephone # ___ — ___ — ____ **Location Code** (if applicable)

2. Investment of Contributions

If you would like to elect additional Funds, please attach a separate sheet.

Contributions to the Vanguard Section 403(b)(7) Custodial Account on behalf of the Employee shall be invested in the Vanguard Funds as follows:

Fund Name for Basic Plan	Allocation
Your allocations must equal 100%	100

Fund Name for Supplemental Plan	Allocation
Your allocations must equal 100%	100

3. Beneficiary Information

Note: If you are married and you designate someone other than your spouse as your primary beneficiary, generally 50% of your Account is required by law to be distributed in the form of a qualified joint and survivor annuity to your surviving spouse if you die prior to retirement and your spouse has not completed the waiver below (regardless of your beneficiary designation below). Please refer to the plan document for further details.

Primary Beneficiary ***If you would like to elect additional primary or secondary beneficiaries, please attach a separate sheet.***

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) ___ — ___ — ____

Secondary Beneficiary (In the event your Primary Beneficiary predeceases you.)

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) ___ — ___ — ____

☐ I hereby represent and certify that I am not married.

Spousal Consent: *I hereby consent to the designation by my spouse of the primary beneficiary set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I am releasing and relinquishing my rights to any benefits from the Plan upon my spouse's death.*

Name _____

Social Security # ___ — ___ — ____ Date of birth (mm/dd/yyyy) ___ — ___ — ____

Signature _____ Date _____

Notary or Plan Representative Signature _____ Title _____ Date _____

4. Acceptance

Please sign the application below and return to the Benefits office for signature.

(A) **Employee Acceptance:** I hereby agree to the terms and conditions of the Vanguard 403(b)(7) Custodial Account Agreement.

Signature: _____ **Date:** _____

(B) **Employer Acceptance:** The Employer hereby agrees to the terms and conditions of the Vanguard Section 403(b)(7) Custodial Account Agreement, and certifies that it is an educational institution or tax-exempt organization described in Section 403(b)(1)(A) of the Internal Revenue Code.

Authorized Signature: _____ **Title:** _____ **Date:** _____

(C) **Custodian Acceptance:** Vanguard Fiduciary Trust Company hereby accepts its appointment as Custodian under the Vanguard Section 403(b)(7) Custodial Account Agreement for the benefit of the Employee named above, and hereby agrees to the terms and conditions of such Agreement.

Authorized Signature: Raymond J. Klapinsky **Title:** Secretary