



403(b)(7) Beneficiary Designation Form

Use this form to designate one or more beneficiaries who will inherit your 403(b)(7) plan assets upon your death. In accordance with your designation, your assets will pass directly to your chosen beneficiaries.

When you submit this form, it will **completely replace** any prior designations for each of your 403(b)(7) plan accounts. Therefore, it is important that you list all the primary and secondary beneficiaries you want to designate, even if you are only updating information for one beneficiary.

Print in capital letters and use black ink.

Questions?
Call 800-205-6189.
 To designate your beneficiaries online, visit our website at www.vanguard.com/serviceforms.

1. Your Information

Provide the full, legal name. >	Name <i>first, middle initial, last</i>	
	Birth Date <i>mm/dd/yyyy</i>	
	Daytime Phone <i>area code, number, extension</i>	Evening Phone <i>area code, number, extension</i>
If you have applied for an SSN or ITIN but have not received it, enter the date on which you applied. >	Social Security Number (SSN) or Individual Taxpayer ID Number (ITIN)	

2. 403(b)(7) Plan Accounts You Own

If you hold multiple registrations for the same account number, you may list your account number more than once—along with an identifying fund number.

Account Number	Fund Name <i>Provide the number of one identifying fund.</i>
Account Number	Fund Name <i>Provide the number of one identifying fund.</i>
Account Number	Fund Name <i>Provide the number of one identifying fund.</i>

3. Beneficiaries You Want to Designate

ERISA participants: If your plan is subject to the Employee Retirement Income Security Act (ERISA), your plan administrator must approve your beneficiary designations. In general, if you are also married, you may be required to allocate at least 50% of your account to your surviving spouse as an annuity unless your spouse consents to a nonspouse beneficiary designation. Such spousal consent must be witnessed by a plan representative or a notary public. If you plan to name a beneficiary other than your spouse, contact your plan administrator—not Vanguard—to determine whether these annuity requirements apply to you and, if so, to obtain an explanation of the rules and a spousal consent form.

If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested—in the same format—on a separate sheet.

Primary Beneficiaries *Check all that apply.*

Those you designate as your primary beneficiaries will be first to inherit your plan assets upon your death. Indicate the percentages of your assets to be distributed to the designated primary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you list your spouse by name and your situation changes (i.e., you divorce), your assets will be distributed to your ex-spouse unless you update the name. If you select "To the person I am married to at the time of my death," your assets will be distributed to whomever is your spouse at that time.

Check only one option; do not check both boxes.

To the person named here

Name <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
<i>or</i>		
<input type="checkbox"/> To the person I am married to at the time of my death		%

My Descendants

If you want your assets divided into unequal amounts, list the names of the individuals below.

To my descendants who survive me, per stirpes
Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).

Equally to my grandchildren who survive me

	%
	%

Individuals

Name of Individual *first, middle initial, last* **Birth Date** *mm/dd/yyyy* %

Name of Individual *first, middle initial, last* **Birth Date** *mm/dd/yyyy* %

Trusts

This applies to existing trusts only; you cannot create a trust with this form.

To the trustee of an existing trust created under an agreement

Name of Trust	Date of Trust <i>mm/dd/yyyy</i>	%
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To the trustee of a trust created under my last will

Name of Trust <i>or</i>	Section of Will	%
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Other

If you check this box, indicate the percentage and then skip to Section 4.

Organization or Charity *Provide name.* %

My Estate %

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%.

Total	100%
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Secondary Beneficiaries *Check all that apply.*

Those you designate as your secondary beneficiaries will inherit your assets only if there are no surviving primary beneficiaries upon your death. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you list your spouse by name and your situation changes (i.e., you divorce), your assets will be distributed to your ex-spouse unless you update the name. If you select "To the person I am married to at the time of my death," your assets will be distributed to whomever is your spouse at that time.

Check only one option; do not check both boxes.

<input type="checkbox"/>	To the person named here		
	Name <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
	<i>or</i>		
<input type="checkbox"/>	To the person I am married to at the time of my death		%

My Descendants

If you want your assets divided into unequal amounts, list the names of the individuals below.

<input type="checkbox"/>	To my descendants who survive me, per stirpes		
	<i>Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).</i>		%
<input type="checkbox"/>	Equally to my grandchildren who survive me		%

Individuals

<input type="checkbox"/>	Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
<input type="checkbox"/>	Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%

Trusts

This applies to existing trusts only; you cannot create a trust with this form.

<input type="checkbox"/>	To the trustee of an existing trust created under an agreement		
	Name of Trust	Date of Trust <i>mm/dd/yyyy</i>	%
<input type="checkbox"/>	To the trustee of a trust created under my last will		
	Name of Trust <i>or</i>	Section of Will	%

Other

<input type="checkbox"/>	Organization or Charity <i>Provide name.</i>		%
<input type="checkbox"/>	My Estate		%

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%.

Total	100%
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4. Signature of Participant *Read carefully before signing.*

- If your 403(b)(7) account is subject to Title I of ERISA, the plan administrator must also sign below. In general, if you are also married, you may be required to allocate at least 50% of your account to your surviving spouse as an annuity unless your spouse consents to a nonspouse beneficiary designation. Such spousal consent must be witnessed by a plan representative or a notary public. Contact your plan administrator—not Vanguard—to determine whether these annuity requirements apply to you and, if so, to obtain an explanation of the rules and a spousal consent form.
- Certain non-ERISA plans may also require a plan administrator’s signature. Check with your employer.

I agree to be bound by the terms and conditions established by Vanguard Fiduciary Trust Company (VFTC), the custodian of my 403(b)(7) plan, for a 403(b)(7) plan beneficiary designation. I understand that this designation will supersede any previous designation I have made and will become effective upon receipt in good order as determined by VFTC.

If, for any reason, I do not have a beneficiary at the time of my death, my beneficiary will be what is stated as the default under the applicable Vanguard 403(b)(7) Custodial Account Agreement in effect at the time of my death.

I acknowledge that VFTC may require additional information upon my death to determine the identity or interest of the beneficiary or beneficiaries. In such event, I acknowledge that VFTC shall have no independent duty to obtain or verify such information but may instead rely upon the representations of an authorized party such as the executor or administrator of my estate or, if a trust beneficiary, the trustee of that trust (my fiduciary). I agree that VFTC shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good-faith reliance on such representations. If no such fiduciary is appointed or if my fiduciary is unable to provide the required information, VFTC reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.

Sign here. >

Participant’s Signature	Date <i>mm/dd/yyyy</i>
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I hereby authorize Vanguard to make the beneficiary designations or changes specified above.

Plan Administrator’s Signature	Date <i>mm/dd/yyyy</i>
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Mailing information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you do not have a postage-paid envelope, mail to: Vanguard
P.O. Box 1110
Valley Forge, PA 19482-1110

For overnight delivery, mail to: Vanguard
455 Devon Park Drive
Wayne, PA 19087-1815