Small Business Services

Vanguard 403(b)(7) Custodial Account Salary Reduction Agreement

Vanguard®

- Print clearly, preferably in capital letters and black ink.
- Complete this form, sign it, and submit it to your plan administrator to authorize or change salary reduction contributions to your Vanguard® 403(b)(7) custodial account. After signing it, the plan administrator should retain the original and submit a copy to the employee. **Do not return this form to Vanguard.**

Most forms can be downloaded from our website at **www.vanguard.com/serviceforms**. Or you can call us to order them—or get assistance in filling out this form—at **800-662-2003** on business days from 8 a.m. to 7 p.m., Eastern time.

1. Employee Information

Social Security Number or Individual Taxpayer ID Number

Name of Employee *(first, middle initial, last)*

Street Address or Box Number

City State Zip

2. Employer Information

Name of Employer

Street Address or Box Number

City State Zip

3. Contribution Amount

Reduce the compensation I receive each regular pay period by the following amount and contribute that amount to my Vanguard 403(b)(7) custodial account:

$. Amount **OR** % Percentage **Start Date:** *(month, day, year)*

4. Signatures—YOU MUST SIGN BELOW

As the employee, I understand that:

- This agreement will be renewed automatically each January 1 unless my employer and I agree in writing to amend it.
- My employer or I can terminate this agreement at any time with respect to compensation I have not yet earned.
- I am solely responsible for ensuring that my contributions to this account do not exceed the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Section 402(g) and the annual additions limitations in Section 415(c).

➤ SIGNATURE

Signature of Employee Date *(month, day, year)*

➤ SIGNATURE

Signature of Plan Administrator Date *(month, day, year)*

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