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

- Print clearly, preferably in capital letters and black ink.
- Complete this form, sign it, and submit it to your administrator to authorize or change salary reduction contributions to your Vanguard 403(b)(7) individual custodial account. After signing it, the 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 **800-662-2739** on business days from 8 a.m. to 10 p.m. or on Saturdays from 9 a.m. to 4 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 Administrator Date *(month, day, year)*

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