

Vanguard Required Minimum Distribution Service Form



For Institutional Plan Participant Use Only

Complete this form if you are the original account owner who needs to take a required minimum distribution (RMD). If you want to satisfy your required distribution by choosing the qualified annuity, do not complete this form and contact your benefits office as soon as possible. This form does not apply to beneficiaries who have inherited the account and may need to take an RMD.

Please have the following information available to complete this form:

- Employer name and plan number(s)
- For direct deposit:
 - Vanguard non-retirement fund name and number and account number, or
 - Bank account information including the routing number and account number

1. Type of request (Choose one option)

☐ **Request RMDs** from your employer plan. ☐ **Make changes** to an existing RMD payment schedule.

If you complete this form, Vanguard will calculate your RMD based on your Vanguard assets for this employer only. Vanguard's RMD calculations will be correct only if you provide complete and accurate information. You are still responsible for ensuring that you take your RMD payments from any other retirement accounts that you may have with Vanguard or any other institution.

2. Identify the plan(s) from which you wish to take your RMD.

You can find your plan name and number on the first page of your quarterly account statement or through vanguard.com.

A. Employer name: _____

B. Are you currently working for this Employer? ☐ Yes ☐ No

C. Enter plan number(s):

0						0						0						0					
0						0						0						0					

Keep these points in mind

• **Multiple Plans:** If you participate in multiple plans for the same employer, unless you meet the 403(b) exception below, you must take the required minimum distribution from each plan. Therefore, you **must** list all plan numbers above in order to avoid the 50% tax penalty on RMD shortfalls.

• **Multiple Vendors:** If your plan (including 457(b) permits investments across multiple vendors, Vanguard will calculate only the portion of your RMD based on the accounts record kept at Vanguard. If applicable, please contact your other vendors to determine the remaining portion of your RMD.

• **403(b) Multiple Vendor Exception:** If you have multiple 403(b) accounts, Vanguard will calculate your RMD for your Vanguard accounts only. You may aggregate your RMD and take your total RMD amount - for all of your accounts - from any one and/or a combination of your accounts.

3. Personal information (This form cannot be used to change any personal or beneficiary information on Vanguard records.

If you need to update any information, please visit our website vanguard.com or call Vanguard Participant Services at 800-523-1188.)

First Name	Middle Initial	Last Name
Social Security Number (SSN)	Date of Birth (mm/dd/yyyy)	Daytime Phone (area code, number, extension)
- - -	/ /	()
Last Day of Employment (if applicable) (mm/dd/yyyy)		
/ /		

4. RMD Calculation - Joint Life Expectancy Table (Only if applicable)

Check the box below, only if your sole primary beneficiary is one of the following:

- Your spouse who is more than 10 years younger than you.
- A qualifying trust whose sole primary beneficiary is your spouse who is more than 10 years younger than you.

☐ **Checking this box indicates** that your primary beneficiary is your spouse or a qualifying trust whose sole primary beneficiary is your spouse who is more than ten years younger than you. As a result, Vanguard will use the Joint Life Expectancy Table to calculate your RMD which results in a somewhat smaller RMD amount. (If you are not eligible and you check the box, you run the risk of not meeting your RMD and you may incur a tax penalty of 50% of the shortfall amount).

Spouse's Name (first, middle initial, last) or Qualifying Trust Name

Spouse's Date of Birth (mm/dd/yyyy)

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5. Distribution Schedule

A. First-Year Required Distribution (Delay payment only)

Complete this section only if this is your first required distribution and you are choosing to delay your first year RMD according to the IRS guidelines. If you choose to make this delayed payment election, please note that for most plans, you must take the first year distribution by April 1 of the year following the year you turn 70 ½ or retire, if later. Some plans may require you to take your first year distribution by April 1 of the year following the year you turn 70 ½, regardless of whether you are still working.

Please choose one of the following to define the month in which you would like to receive the delayed payment. Please note that this section will not alter the ongoing frequency schedule that you need to elect in section 5B, which will apply to all payments other than this delayed payment.

☐ **January**

☐ **February**

☐ **March**

Note: Keep in mind that if you delay your first-year RMD, you will be required to take two RMDs the following year as noted below:

- First-year RMD, distributed by April 1 of the year following the year you turn 70 ½ or retire (if later), based on the delayed election made in section 5A. Taxes for this payment will default 10% for Federal and the minimum required by your state.
- Ongoing RMDs, distributed by December 31 each year, based on the payment frequency election made below in section 5B.

B. Required Distribution - Payment Date & Frequency Schedule

Indicate the month/year you would like your required distribution payments to begin. You will receive your payments between the 15th and 30th of the month. Please allow Vanguard 30 days to process your initial request. If your initial request is not received prior to 30 days of your distribution payment date election, you may not receive your payment until the next scheduled distribution payment date.

Distribution Payment Date (mm/yyyy)

 /

Choose one option below to indicate how often you wish to receive your required distribution payments. **If you elect a frequency that isn't permissible by your plan or do not provide a frequency, your required distributions will be paid annually.**

Ongoing payment amounts will be based off the RMD requirement or elected fixed dollar payment and distributed for the year based on this frequency election. Vanguard will calculate your RMD payment based on the appropriate life expectancy tables.

☐ **Monthly**
(12 payments per year)

☐ **Quarterly**
(4 payments per year)

☐ **Semiannually**
(2 payments per year)

☐ **Annually**
(1 payment per year)

C. Fixed Dollar Payment (Optional)

Optional: Only if fixed dollar payments are permissible by your plan. This fixed payment amount will be distributed across the payment frequency you elect in section 5B. If in any year your RMD amount exceeds the fixed dollar amount you requested, Vanguard will automatically increase your payment to satisfy your required distribution.

☐ **Fixed dollar payment \$** _____

Note: To request a fixed dollar payment for the current year, provide your total requested amount above. For example, if your monthly RMD is \$500 and you would like to receive \$900 per month, you would enter \$900 on the line above.

6. Payment method (Choose one option)

☐ **Direct deposit to a bank account**

Please verify with your bank that it is a member of the Automated Clearing House (ACH) network, and that your account type permits electronic transfers, and furnish the following information. (If your bank account information is inaccurate or becomes inaccurate, your required minimum distributions will be distributed by check until the correct information is provided and verified).

Account Registration Name(s):

Bank/Credit Union Name:

Account Type: ☐ Checking (You must provide a voided check. This could delay your request if not included.) ☐ Savings Account

Routing #:

Account #:

Note: If the owner of the Vanguard account(s) identified in Sections 2 and 3 is not the sole owner or authorized signer of the bank account specified above, or the signature of one or more additional bank account owners or authorized signers is required in order to authorize electronic bank transfers to or from the bank account, the owner of the Vanguard account(s) and any additional required bank account owner(s) or authorized signer(s) must sign in Section 9B and have their signatures notarized.

☐ **Deposit into a Vanguard non-retirement account**

Note: If you do not have an existing account, please open an account prior to completing this form. To open an account, please visit our website at <https://personal.vanguard.com/us/openaccount>, or call our Retail Client Services at 800-662-2739.

Fund number:

Fund name:

Account number:

☐ **Send check to my address of record on file with Vanguard**

Note: If you choose check payment method, you need to ensure your address is maintained at Vanguard. If your address on file at Vanguard becomes invalid, you will be placed on an annual payment frequency and you will have a disruption of payment distribution. You will remain on the annual payment frequency unless you submit a new request to change the payment back to your original elections.

7. Fund distribution (Choose one option)

Distribute assets from one of the following distribution options. If neither of the boxes is checked, distributions will be made proportionately from all funds.

☐ **Proportionally from all funds**

☐ **From funds in the order listed below, exhausting the first fund before withdrawing from the second fund and so on (Only if permissible by your plan)**

Note: If you select to distribute from the funds listed below and it is not allowed by your plan or if assets in the funds listed below are insufficient to make a payment, your distribution option will switch to proportionately, for this and all future payments. Company stock will not be issued in the form of a Direct Registration System Statement, i.e. Stock Certificate.

Fund Number	Fund Name
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

8. Income tax withholding

Distributions from your Plan will be subject to federal income tax withholding unless you elect out of withholding. If your account is registered with an invalid social security number or has an address outside the United States, special income tax withholding rules may apply. Please refer to the last page of this form for additional information. If you do not elect out of withholding, your withholding amount will be calculated based on the IRS Wage Withholding requirements. If you elect out of the withholding, you are still liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate. Your withholding election will remain in effect unless you notify us otherwise.

A. Marital status and withholding allowances (Choose one option)

☐ Married ☐ Single ☐ Married, but withhold at higher "Single" rate

Please indicate the number of personal withholding allowances you are claiming:

(You may claim fewer allowances than you are entitled to in order to increase the amount withheld.)

Note: If you do not specifically decline federal income tax withholding and do not provide your marital status and number of withholding allowances, Vanguard will use a married status with three withholding allowances when calculating the amount of federal income tax to withhold.

B. Federal income tax (Choose one option)

☐ **Yes, withhold federal taxes** using the marital status and personal withholding allowances provided in Section 8A.

Optional: Withhold the following whole dollar amount in federal tax from each payment. (**Note:** this dollar amount is in addition to any amount withheld based on marital status and withholding allowances.)

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☐ **No, do not withhold federal taxes.**

Note: If you elect out of withholding, you are still liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and the tax withheld are insufficient

C. State income tax (Choose one option)

☐ **Yes, withhold the taxes required by my state** (If your state is a voluntary withholding state, we will withhold 0% state withholding unless you specify the amount to withhold on the next line.)

☐ **Yes, withhold the following state tax** (If your state is a voluntary withholding state and you elect less than the state minimum, we will withhold the state minimum.)

\$, . or %

☐ **No, do not withhold state tax.**

Note: Depending on your state tax rules, you may not be allowed to decline withholding or take less than required by the state. Therefore, in such a case, Vanguard will withhold the applicable taxes as required by your state.

9. Authorization and Notarization

A. Participant Authorization (Required)

I understand the amount calculated by Vanguard will only apply to my required minimum distribution based on my balances of the plans that I identified in Section 2, as of December 31 of the previous year and in reliance on the information I have provided to Vanguard in this form and otherwise. I understand Vanguard will not take into account any other retirement plan assets that I may have invested at any other financial institution, or any other accounts held at Vanguard, and that it is my responsibility to ensure that I have complied with federal tax law regarding required minimum distributions.

I hereby acknowledge that I have read the Notice of Qualified Joint and Survivor Annuity, if I am married, or the Notice of Straight Life Annuity, if I am unmarried. I understand that a portion of my benefits under the plan(s) may be paid to me in such form unless I waive that distribution option and, if applicable, my spouse consents to this election. I further understand the financial effect of the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity or the Straight Life Survivor Annuity, as applicable, and elect to receive my distribution in the form indicated on this RMD Service Form.

If I indicated in Section 4 that my sole primary beneficiary is my spouse or a qualifying trust whose sole primary beneficiary is my spouse who is more than ten years younger than I, I confirm that my spouse has been my sole beneficiary for the entire calendar year for the plan accounts I listed in Section 2.

If I have chosen electronic deposit of my distribution, I authorize Vanguard to pay amounts representing distributions from my employer-sponsored retirement plan accounts, or to secure payment of amounts requested by me, by initiating credit or debit entries to my account at the bank identified by me in Section 6. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authorization may be terminated by me at any time by written notification to Vanguard and the bank. The termination request will be effective as soon as Vanguard has had a reasonable amount of time to act upon it.

I represent and warrant to Vanguard that I am an owner or authorized signer on the bank account specified in Section 6, and that each other owner or authorized signer of such bank account who is required to sign in order to authorize the initiation of ACH entries to such bank account, has signed section 9B and had his/her signature notarized.

I confirm that, to the best of my knowledge, the information provided in this form is true and correct as of this date.

X

Participant Signature

Date

Please return all pages of the completed form to:

Regular mail:

Vanguard
P.O. Box 1101
Valley Forge, PA 19482

For overnight delivery, mail to:

Vanguard
400 Devon Park Drive
Wayne, PA 19087

9. Authorization and Notarization (Continued)

B. Bank Account Owner Authorization (Required - Only If Direct Deposit Election Requested)

This section is only required if you selected electronic transfer of distributions to a jointly owned bank account in Section 6 and the signature of one or more additional owners or authorized signers is required in order to authorize electronic transfers to or from such bank account.

All signatures must be notarized. DO NOT sign this form until you are in the presence of the notary public.

In accordance with the instructions in this form, I authorize Vanguard to initiate credit or debit entries to my account at the bank named in Section 6. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that Vanguard will not incur any loss, liability, cost, or expense for acting upon the instructions in this form. I understand that this authorization may be terminated by me at any time by written notification to Vanguard and to the bank. The termination request will be effective as soon as Vanguard has had a reasonable amount of time to act upon it.

I represent and warrant to Vanguard that I am an owner or authorized signer on the bank account specified in Section 6, and that each other owner or authorized signer of such bank account who is required to sign in order to authorize the initiation of ACH entries to such bank account has signed this Section 9B.

X

Signature of Participant

Date

The notarization must be dated within 30 days of receipt of this document by Vanguard.

> On
of

Date *mm/dd/yyyy*

Name of Person Signing

County and State

has personally appeared before me, a notary public, has satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that (s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

Signature of Notary Public

Notary Seal

Commission Expiration Date *mm/dd/yyyy*

Seal

X

Signature of Joint Bank Account Owner

Date

The notarization must be dated within 30 days of receipt of this document by Vanguard.

> On
of

Date *mm/dd/yyyy*

Name of Person Signing

County and State

has personally appeared before me, a notary public, has satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that (s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

Signature of Notary Public

Notary Seal

Commission Expiration Date *mm/dd/yyyy*

Seal

9. Authorization and Notarization (Continued)

C. Spousal Consent for Waiver of Qualified Joint & Survivor Annuity


I am the spouse of the participant requesting a distribution and I acknowledge that I have read the Notice of Qualified Joint and Survivor Annuity and I understand that a portion of my spouse's benefits under the plan(s) may be paid to me in the form of a Qualified Joint and Survivor annuity unless my spouse waives the right to that form of benefit payment and I consent to my spouse's waiver. I further understand the financial effect of my spouse's waiver of that form of benefit payment. I hereby consent to my spouse's waiver of the Qualified Joint and Survivor Annuity form of benefit payment and election to receive distributions in the manner indicated on this Vanguard RMD Service Form. **Your signature must be notarized. DO NOT sign this form until you are in the presence of the notary public.**

X _____
Spouse's Signature Date

The notarization must be dated within 30 days of receipt of this document by Vanguard.

> On	Date <i>mm/dd/yyyy</i>	Name of Person Signing
	County and State	

has personally appeared before me, a notary public, has satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that (s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

Signature of Notary Public	Notary Seal 
Commission Expiration Date <i>mm/dd/yyyy</i>	

Notice of Joint-And-Survivor Annuity (QJSA) Rights

Note: This Notice applies to all or some of the assets in your plan depending on your plan provisions. Complete the participant signature /spousal consent section of the attached Required Minimum Distribution Request Form if you choose to waive the Qualified Joint & Survivor Annuity option.

Married Participants: As a married participant in the Plan, you have accumulated benefits that will be paid to you under the provisions of the Plan. This notice will explain to you the qualified joint-and-survivor annuity (QJSA), which is the form in which your benefits will be paid unless you make the election provided for in this notice.

A QJSA provides you with a monthly payment for life, and upon your death, a monthly payment during your spouse's life equal to some percentage between 50% and 100% of the monthly payment you received prior to your death. While the amount of the QJSA monthly benefit is reduced to reflect the value of the survivor benefit, it is important to note that all of the optional forms of benefit under the plan are actuarially equivalent, that is, they have the same relative value.

The chart below outlines the financial effect of selecting each optional form of benefit. The amounts used in the charts are estimates payable to a hypothetical participant at ages 55, 60 and 65. The interest rate that applies to any distribution is assumed to be 5%, and the applicable mortality table is the 1994 Group Annuity Reserving Table (Unisex). The calculation of the QJSA assumes that the spouse is two (2) years younger than the participant. The amount of the QJSA will depend on the actual age of the participant and spouse at the time payments are commenced. You can obtain a statement of financial effect that is specific to you for any presently available optional form of benefit. Contact the Plan Administrator at your Benefits Office for more information.

Note: If you choose an annuity form of benefit, the annuity will be provided by purchasing an annuity contract from an insurance company with your account balance under the Plan.

Example: John Doe is a married participant who has a vested account balance of \$10,000. The following optional forms of benefit could provide an amount of distribution as follows:

	Age 55 Commencement	Age 60 Commencement	Age 65 Commencement
Optional Form	Amount of Distribution	Amount of Distribution	Amount of Distribution
Lump Sum Distribution of your Account Balance	\$10,000 one time benefit	\$10,000 one time benefit	\$10,000 one time benefit
Straight Life Annuity	\$57.18 per month	\$62.89 per month	\$70.66 per month
Joint and Survivor Annuity (50% Survivor Benefit) (QJSA)	\$53.64 per month	\$58.06 per month	\$64.10 per month
Joint and Survivor Annuity (67% Survivor Benefit)	\$52.55 per month	\$56.61 per month	\$62.17 per month

	Age 55 Commencement	Age 60 Commencement	Age 65 Commencement
Optional Form	Amount of Distribution	Amount of Distribution	Amount of Distribution
Joint and Survivor Annuity (75% Survivor Benefit)	\$52.03 per month	\$55.91 per month	\$61.25 per month
Joint and Survivor Annuity (100% Survivor Benefit)	\$50.51 per month	\$53.92 per month	\$58.65 per month
Life Annuity with 10 years certain	\$56.53 per month	\$61.45 per month	\$67.64 per month
Installments (over 10 years)	\$83.33 per month (adjusted for investment return)	\$83.33 per month (adjusted for investment return)	\$83.33 per month (adjusted for investment return)

Unmarried Participants: Notice of Straight Life Annuity - As an unmarried participant in the Plan, you have accumulated benefits that will be paid to you under the provisions of the Plan. This notice will explain to you the straight life annuity, which is the form in which your benefits will be paid unless you elect to receive an optional form of benefit as described in this notice.

A straight life annuity form of payment provides you with a monthly payment for your life. At your death, payments will cease. For example, if you die after receiving 6 monthly straight life annuity payments, no further benefits would be paid to your estate or beneficiaries after your death.

You may elect in writing not to receive your required minimum distribution in the form of a straight life annuity. You must make this election during the 180 day period before your benefits are due to be paid. However, you may revoke this election before your benefits begin. In the event you elect to waive the straight life annuity form of payment, your benefits will be distributed according to the alternative method of distribution indicated by you on the Required Minimum Distribution Request Form.

Married and Unmarried Participants; General note regarding annuity amounts: The above amounts are estimates only and are intended to illustrate the approximate amounts payable under various optional forms of benefit that may be available under the Plan. Please contact your Benefits Office regarding the specific benefit options available under your plan. If you actually elect to receive an annuity form of benefit, the annuity will be provided by purchasing an annuity contract from an insurance company with the money in your account under the Plan. The actual amount of your monthly payments will depend upon the current annuity rates being charged by the insurance company at the time the annuity is actually purchased. The annuity rates are based on a number of factors, including the size of the potential surviving spouse's monthly benefit, your age, and your spouse's age. Also, your account balance may change as a result of contributions made on your behalf (or investment results of your account).

You may elect in writing not to receive certain benefits in the form of an annuity. You must make this election during the 180 day period before your benefits are due to be paid. However, if you are married, your spouse must consent to your election, in writing, and such consent must be witnessed by a plan representative or Notary Public. You may also revoke this election before your benefits begin. In the event you elect to waive the QJSA form of payment, and your spouse has consented to such waiver, your benefits will be distributed according to the alternative method indicated by you on the Required Minimum Distribution Request Form. Your written consent may provide that you will receive no death benefit or a smaller benefit provided by the QJSA. You may also be consenting to the payment of any death benefit to an individual other than yourself.

Note: You can obtain annuity values specific to you based on your account, your age and your spouse's age. Contact the Plan Administrator at your Benefits Office for more information.

Waiver of QJSA: If you are married and do not wish to receive your required minimum distribution in the form of a QJSA, you must waive the QJSA. Your spouse must provide notarized consent to your election to waive the QJSA. To waive the QJSA, complete the waiver on the Required Minimum Distribution Request Form and return it before the expiration of 180 days after you receive this Notice. If you do not respond within 180 days, you must request another required minimum distribution kit before you will be permitted to take a distribution. You may also revoke any prior election to waive the QJSA before the commencement of benefits.

Minimum Notice Period: You are permitted a minimum period of 30 days from the date that you receive this notice to make a decision regarding how you want your benefit payment to be made. However, if you do not need 30 days to make a decision, you may return the completed election form earlier. If you have elected an immediate payment, that payment will be made as soon as administratively feasible after your election is received. **By returning your election form before 30 days, you waive your right to consider your election for the minimum election period of 30 days.** If you affirmatively elect a benefit payment option other than the QJSA, you have the right to revoke that election until the annuity starting date, or if later, for at least 7 days after you receive this notice.

PLEASE READ - Special Federal Income Tax Withholding Rules Apply if you have a Missing or Invalid U.S. SSN or an Address outside the U.S.

If your retirement account is registered with:

- a) an invalid looking U.S. social security number (SSN);
- b) an address outside the U.S.; or
- c) your payment is being directed outside the U.S.,

you will need to complete either a valid Form W-9 to certify your tax status as a U.S. person or a valid Form W-8 to certify your tax status as a foreign person and claim a reduced rate of withholding under an income tax treaty, if applicable. You will not need to complete a form if we already have a valid Form W-8 or W-9 on file for you.

You must complete one of these forms online before sending the ***Vanguard Required Minimum Distribution Service Form*** to us. If Vanguard does not have a valid Form W-8 or W-9 on file at the time of distribution, Vanguard is required to presume your tax status to be foreign and we must withhold 30% federal income tax from the taxable portion of your required minimum distribution, even if you elect "No, do not withhold federal taxes" or elect an amount that would result in less than 30% withholding.

- If you are a U.S. person, once your Form W-9 has been validated, please complete the "Income tax withholding" section to make your applicable federal and state income tax withholding elections. Please note however, if you have an address outside the U.S., you will not be able to choose "No, do not withhold federal taxes".
- If you are a foreign person and you are claiming a treaty benefit, once your Form W-8 has been validated and approved for the treaty claim, if applicable, the federal tax withholding percentage will automatically be adjusted to reflect your claimed treaty rate.

Caution: In some instances, you may need to provide additional documentation to support the claims made on Form W-8. For example, if you requested direct deposit to a bank account as your payment method, you must provide a U.S. bank account. Vanguard cannot establish direct deposit to a foreign bank. If you selected this method, you will need to provide additional proof to support that you are a resident of the treaty country for which you are claiming treaty benefits. If additional information is required, we will attempt to contact you to provide further instruction. To check on the status of your Form W-8 or W-9, follow the same steps outlined below to access your completed form.

To Complete a Form W-8 or W-9 Online by Following These Steps:

1. Log on to your retirement account at vanguard.com/retirementplans.
2. Select the "Plan Details" tab and choose "History, Statements, and Forms".
3. Select "Tax Forms"
4. Click the link in the Forms W-8 or W-9 information box to view the form instructions.
5. Complete your form by using the "Access your Form" icon.

You'll be given a brief overview of how to complete your tax form online, and receive a Personal Identification Number (PIN) for e-signing your tax form.

Once you submit your completed Form W-8 or W-9, you will be able to save and print your completed tax form for your personal records.

If you have questions, please contact Vanguard Participant Services at 800-523-1188. For international calls, please use the AT&T Direct Access Number 1-800-10 and enter Vanguard's toll-free number, 1-800-523-1188, when prompted. Hearing-impaired participants may call 800-749-7273. (Para los participantes que hablen español, llame al 800-828-4487.) Associates are available to assist you Monday through Friday from 8:30 a.m. to 9 p.m., Eastern time.