

If you wish to convert your plan assets to a Roth IRA, please contact Participant Services.

Plan # 092118

Distribution Request

Social Security #

--	--	--

 —

--	--

 —

--	--	--	--	--

Location Code				
----------------------	--	--	--	--

[illegible][illegible][illegible]

State **Zip**

Zip

--	--	--	--	--

☐ Check here if address listed above is a new address.

Daytime phone #

--	--	--

 -

--	--	--

 -

--	--	--	--

Evening phone #

--	--	--

 —

--	--	--

 —

--	--	--	--

Date of birth
(mm/dd/yyyy) - -

Plan entry date
(mm/dd/yyyy)

Date of hire
(mm/dd/yyyy)

Date of termination
(mm/dd/yyyy) - -

Reason for final distribution:

☐ Retirement
 ☐ Disability
 ☐ Tax Levy Amount: \$ _____
 ☐ Early: Ages 55 to 61 years
 ☐ Normal: Ages 62 years and older
☐ Termination less than \$5,000 and
 Gone 2 Plan Years

Form of final distribution: (choose one) See reverse side of this form for additional information.

Direct rollovers: If you have any questions on rolling over your eligible assets to an IRA, or have questions on Vanguard IRAs, please contact Vanguard at 800-523-1188.

If rolling over your eligible assets, please check one of the following boxes:

Note: These options apply to either a partial or total direct rollover of cash.

☐ **Vanguard IRA**
(Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement.)

☐ **Other Eligible Retirement Plan: IRA or Qualified Plan**
(Complete Direct Rollover Form and obtain further instructions from the receiving institution.)

Other: ☐ Lump Sum Cash ☐ Deferral ☐ Annuity

Combination: ☐ Lump Sum for \$_____ Balance: ☐ Vanguard IRA ☐ Other Eligible Retirement Plan: _____
IRA or Qualified Plan

If you elect to have your entire eligible rollover distribution transferred in a direct rollover to an IRA or a qualified plan, **no** federal tax will be withheld.

If you elect to have all or a portion of your eligible rollover distribution paid to you, the signer understands that a **20% federal tax will be withheld** on the taxable portion of the distribution. In addition, state tax will be withheld according to your state's guidelines. If you reside in a state which gives you the option not to withhold or to determine a dollar amount or percentage you want to withhold, please indicate below.

☐ Withhold greater than 20% federal taxes. Indicate specific percentage _____. (Only allowed to select a % greater than 20%.)

<input type="checkbox"/>	Withhold state taxes. Where applicable, indicate specific dollars \$		or percentage	%.
--------------------------	--	--	---------------	----

☐ Do not withhold state taxes.

Please make a copy for your records.

(07/22/2019)

©2019
The Vanguard Group, Inc.
All rights reserved.

Connect with Vanguard® > vanguard.com > 800-523-1188

T18120 072019



Payment Method

- ☐ Check here if you want any/all of your payments sent to **you by check to your address of record**.
- ☐ Check here if you want any/all of your payments **directly deposited** to your 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. Your direct deposit request must be accompanied by a voided check if it is going to checking or a deposit slip or other backup from the receiving financial institution that confirms account and routing information if it is going to savings. Backup should include your name, address, routing number and account number.

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 (You must provide a deposit slip or other backup that confirms account or routing information. This could delay your request if not included.)

Routing #:

Account #:

If the owner of the Vanguard account specified in the Account Information section 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 and any additional required bank account owner(s) or authorized signer(s) must sign in the Bank Account Owner Authorization section and have their signatures notarized.

Bank Account Owner Authorization

This section is only required if you selected electronic transfer of distributions to a jointly owned bank account in the Payment Method section 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 the Payment Method section. 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 the Payment Method section, 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.

DO NOT sign this form until you are in the presence of the notary public. ➤

Signature of Participant

Date

Acknowledgement of Signature

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

Date *mm/dd/yyyy*

Name of Person Signing

County and State

of

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

Commission Expiration Date *mm/dd/yyyy*

Notary Seal

Seal

This Notarization section continues on next page.

Bank Account Owner Authorization (continued)

DO NOT sign this form until you are in the presence of the notary public. >

Signature of Joint Bank Account Owner

Date

Acknowledgement of Signature

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

Date *mm/dd/yyyy*

Name of Person Signing

County and State

of

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

Spousal Consent

If you are married and have elected a distribution from the Plan, you must have your spouse consent to your election in the presence of a Notary Public.

Spousal Consent - I, the participant's spouse, understand my spouse is requesting a withdrawal from the Plan and, with respect to the amount withdrawn, I acknowledge that I am waiving my legal rights to any Automatic Joint & Survivor Annuity provided under the Plan. The Joint & Survivor Annuity would have provided lifetime payments to my spouse commencing at normal retirement age. I would have received continuing payments for my lifetime in the event of my spouse's death.

Spouse's Signature: _____ Date: _____

Certification - The above consent was signed in my presence:

Signature and Seal of Notary Public: _____ Date: _____

Authorization

Note: Please be sure you have read the Special Tax Notice provided by your benefits office.

Signature of Member

Date

Plan Authorization

Signature of Plan Administrator

Date

After-Tax Balance

Please be advised that all or a portion of your after-tax balance is eligible to be rolled over to an IRA or to another qualified plan (excluding 403(b) and 457 plans), subject to the receiving plan's provisions. You may also elect to have all or a portion of the after-tax balance mailed directly to you.

Form of Final Distribution

Withdrawal Classification

Vanguard IRA - By selecting this option you may choose to have all or a portion of your eligible balance rolled over to a Vanguard IRA. Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement.

Other Eligible Retirement Plan: IRA or Qualified Plan - By selecting this option you may have all or a portion of your eligible cash balance rolled over to an IRA or qualified plan. Your Benefits Office will supply you with a Direct Rollover Form. In addition, it is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

Lump Sum Cash - By selecting this option you will receive your entire eligible cash balance.

Deferral - By selecting this option you elect to postpone receipt of your account balance until some future date.

Annuity - By selecting this option you will receive a series of payments over a period of time issued through an insurance carrier.