

**1. Employee Information**

**Social Security #**    -   -

**Name** (Last, First, MI)

**Address**

**City**

**Daytime Phone #**    -    -

**Check One:**  I am a new participant in Vanguard and have attached a completed enrollment form.  I am an existing participant in my employer's plan at Vanguard.

**2. Current Investment Company**

Current Investment Company (Where your 403(b) account is presently). For transfers out of CREF, simply indicate "TIAA-CREF" below. For all other transfers, please provide the company's address. If you are transferring assets to Vanguard from more than one organization, you will need to complete separate forms. (This form cannot be used for TIAA Basic RA transfers. Please contact TIAA for form F6969.)

\_\_\_\_\_  
Name of Current Investment Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

**3. Account Information**

**Type of Account**  Basic  Supplemental

Account/Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

Transfer Amount  Entire Account  Partial Account

Employee Pre-tax Amount \$ \_\_\_\_\_

Employer Amount \$ \_\_\_\_\_

If you are transferring assets to Vanguard from more than two accounts/funds please complete additional forms.

**Type of Account**  Basic  Supplemental

Account/Fund Name \_\_\_\_\_

Account Number \_\_\_\_\_

Transfer Amount  Entire Account  Partial Account

Employee Pre-tax Amount \$ \_\_\_\_\_

Employer Amount \$ \_\_\_\_\_

**4. Investment Instructions to Vanguard**

Please allocate my Asset Transfer, in whole percentages, to the Vanguard Fund(s) listed below.

Vanguard Portfolio Name	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
<b>Total must equal 100%</b>	

**5. Acceptance**

(a) **Individual Acceptance:** I hereby agree to the terms and conditions set forth in this Asset Transfer Authorization, and acknowledge having established a Vanguard Section 403(b)(7) Custodial Account through execution of an Enrollment form for a Vanguard Section 403(b)(7) Custodial Account. I hereby direct the investment company named in section 2 above to liquidate the designated amount of the account listed in Section 3, and to transfer the proceeds to my Vanguard Section 403(b)(7) Custodial Account.

I also acknowledge that I have read the prospectus(es) for the Vanguard Fund(s) into which I am transferring my 403(b)(7) assets.

(b) **Custodian Acceptance:** Vanguard Fiduciary Trust Company hereby agrees to accept the transfer described above and upon receipt will deposit the proceeds into the Vanguard Section 403(b)(7) Custodial Account established on behalf of the Individual.

\_\_\_\_\_  
Individual Signature Date

*John McNeil*  
Authorized Signature Secretary  
Title

The Vanguard Group, P.O. Box 1101, VM H20, Valley Forge, PA 19482

