

If you have any questions while completing this form, you may contact a Vanguard Participant Services Associate Monday through Friday, between 8:30 AM and 9:00 PM Eastern time at 800-523-1188.

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

Vanguard Distribution Due to Death for Spouse Beneficiary



AUC Custodial Retirement Plan

Plan # 093684

I. Decedent's Personal Information

Social Security #

(Decedent)

Date of death

(mm/dd/yyyy)

Name

(Last, First, MI)

II. Spouse Beneficiary Information

Check one: New Enrollment I am an existing Participant in the above named Plan.

Social Security #

Date of birth

(mm/dd/yyyy)

Beneficiary Name

Mailing Address

Must provide a complete street address. No P.O. Box address will be accepted.

Daytime Phone #

Plan Sponsor Must Complete:
Please transfer the following percentage of the Decedent's plan account balance to the beneficiary named above:
 . % _____ Plan Sponsor Initials

Please make a copy for your records.
(03/11/2010)

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III. Distribution Request Choose One Option

For any distribution option selected, it is a multi-day process to establish an account for you in the plan, transfer the appropriate assets to your new plan account, process any IRS required minimum distributions and, if applicable, distribute or roll over the remaining assets. This process is completed as soon as administratively feasible, generally within 10 business days of receipt of an accurate and complete form.

Lump Sum Distribution of Total Account Balance
I understand that 20% of my taxable distribution will be withheld for Federal Income Tax purposes. Please proceed to Section IV, titled Distribution Instructions for withholding election.

Defer I understand that it is my responsibility to commence distributions within the timeframe prescribed under the terms of the Plan and that I should refer to the Plan's Summary Plan Description for further explanation of such distribution requirements.

Annuity By selecting this option, you will receive a series of payments over a period of time issued through an insurance carrier. Contact your Plan Sponsor for more details.

Installments (Complete Installment Payment Request Form)

Split Distribution
Choose this option if you wish to distribute your assets in a different manner. **Please proceed to Section IV, titled Distribution Instructions.**

Roll over to a Vanguard IRA
Choose this option to have your entire account directly rolled over to a Vanguard IRA. **Proceed to Section VI, titled Authorization. Please call a Vanguard Associate at 800-523-1188** to obtain an IRA Adoption Agreement where a specialist will assist you. Please complete and send this form with a completed IRA Adoption Agreement.

Roll over to a traditional IRA or Employer Plan
Choose this option to have your entire account directly rolled over to a non-Vanguard IRA. **Proceed to Section V, titled Instructions for Rollovers.**

IV. Distribution Instructions *(Skip this section if you have elected to roll over your entire account)*

Pre-tax Plan Assets

Roll over to a traditional IRA or Employer Plan \$ OR % OR **Balance**

Income Tax Withholding: By electing to have your distribution directly rolled over to a traditional IRA or employer plan no federal or state tax will be withheld.

Make payable to me \$ OR % OR **Balance**

Federal Income Tax Withholding: 20% federal tax will be withheld on the taxable portion of the distribution.

State Income Tax Withholding: State tax will be withheld according to your state's guidelines. For those participants who reside in states which provide the option, please indicate the appropriate dollar or percent below.

Withhold state taxes. Where applicable indicate specific dollars \$ _____ or percentage _____%.

Do not withhold state taxes.

After-tax Plan Assets

Roll over to a traditional IRA or Employer Plan \$ OR % OR **Balance**

Income Tax Withholding: By electing to have your distribution directly rolled over to a traditional IRA or employer plan, no federal or state tax will be withheld.

Make payable to me \$ OR % OR **Balance**

Please note that you must direct 100%, respectively, in each section above. Failure to do so will deem this request not in good order and may result in a delay in processing.

V. Instructions for Rollovers (Skip this section if you have elected to roll over your entire distribution to a Vanguard IRA)

If you wish to make a direct rollover to another institution, it is your responsibility to open an account before providing the following information.

Pre-tax Assets	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Eligible Employer Plan
Trustee/ Institution Name	<input type="text"/>	
	<small>(Name of company receiving your assets. Please show name as check should be made payable.)</small>	
Plan/Account Name	<input type="text"/>	
Plan/Account Number	<input type="text"/>	
	Note: If account number is not provided, the Direct Rollover check will be mailed to you.	
Mailing Instructions (Choose Only One)	<input type="checkbox"/> Mail check to me. <input type="checkbox"/> Mail check to institution at the address below.	
Mailing Address	<input type="text" value="Street Address"/>	
	<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="Zip Code"/>

After-tax Assets	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Eligible Employer Plan
Trustee/ Institution Name	<input type="text"/>	
	<small>(Name of company receiving your assets. Please show name as check should be made payable.)</small>	
Plan/Account Name	<input type="text"/>	
Plan/Account Number	<input type="text"/>	
	Note: If account number is not provided, the Direct Rollover check will be mailed to you.	
Mailing Instructions (Choose Only One)	<input type="checkbox"/> Mail check to me. <input type="checkbox"/> Mail check to institution at the address below.	
Mailing Address	<input type="text" value="Street Address"/>	
	<input type="text" value="City"/>	<input type="text" value="State"/>
		<input type="text" value="Zip Code"/>

VI. Authorization

I certify that all of the information above is true and correct. I hereby acknowledge that I have received and read the *Special Tax Notice Regarding Plan Payments*.

Signature of Beneficiary _____ Date _____

Signature of Plan Administrator _____ Date _____

Mailing Instructions

U.S. Mail
American University in Cairo
420 5th Ave. Fl. 3
New York, NY 10018-2729

