



Individual 401(k) New Account Form

Use this form to establish a participant account for an Individual 401(k) Plan. Both the participant and the plan administrator must sign in Section 6.

Note: A completed and signed Individual 401(k) Salary Reduction Agreement must be submitted to your plan administrator and kept on file with all plan documentation.

Print in capital letters and use black ink.

Questions?
Call 800-376-9162.
 If you need other forms, go to vanguard.com/serviceforms.

1. Plan information

Plan name	
Employer's federal tax ID number	Vanguard plan ID number <i>for existing plans</i>
Plan contact name <i>first, middle initial, last</i>	
Business phone number <i>area code, number, extension</i>	

2. Participant information

Provide the full, legal name. >

Name <i>first, middle initial, last</i>	
Birth date <i>mm/dd/yyyy</i>	Social Security number or individual taxpayer ID number
Daytime phone <i>area code, number, extension</i>	Evening phone <i>area code, number, extension</i>
E-mail address	

Check this box if the participant wants to be designated as an interested party to receive duplicate statements on his or her account.

You must complete this entire section. >

Citizenship

U.S. Resident alien Nonresident alien*

Country of citizenship *if not U.S.*

Tax residency

U.S. Other

Country of tax residence *if not U.S.*

*If you're a nonresident alien, you must complete an IRS Form W-8 electronically to certify your tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8 once your account has been established.

Participant address (required) *A P.O. Box or Rural Route isn't acceptable; address can be military APO or FPO.*

Street	Country <i>if not U.S.</i>
City, state, zip	

Mailing address *required if mailing address is different from participant address listed above*

Street or P.O. box	Country <i>if not U.S.</i>
City, state, zip	

3. Funds you'd like to invest in *You must indicate at least one fund.*

You can establish either of the following account types—**or both**—within the Vanguard Individual 401(k) Plan:

- **Individual (pre-tax).** Allows both employee salary deferral and employer contributions.
- **Roth (after-tax).** Allows only employee salary deferral contributions.

Check and complete the appropriate section(s) for the account(s) you wish to open.

- This plan is eligible for Investor Shares only. Don't list Admiral Shares.
- If you're funding your new account at this time, indicate your fund selection(s), contribution amount(s), and contribution year in the appropriate boxes.
- If you're not making an investment at this time, you must still indicate at least one fund name and number in order to establish your new account.

Refer to the enclosed fund prospectus(es) or go to vanguard.com for fund names and numbers.

Open an individual (pre-tax) account. *Complete the "Employee salary deferral" and "Employer" fields only if you're mailing a contribution check with this form.*

If you're investing in a fund with a minimum initial investment of \$10,000 or more, you must meet the minimum investment for that fund.

Fund name	Fund number	Employee salary deferral	Employer
		\$	\$
Fund name	Fund number	Employee salary deferral	Employer
		\$	\$
Fund name	Fund number	Employee salary deferral	Employer
		\$	\$
Fund name	Fund number	Employee salary deferral	Employer
		\$	\$

If you don't indicate a contribution year, we'll process the contribution for the current year.

Contribution year

Open a Roth (after-tax) account. Complete the "Employee salary deferral" field only if you're mailing a contribution check with this form.

If you're investing in a fund with a minimum initial investment of \$10,000 or more, you must meet the minimum investment for that fund.

Fund name	Fund number	Employee salary deferral \$
Fund name	Fund number	Employee salary deferral \$
Fund name	Fund number	Employee salary deferral \$
Fund name	Fund number	Employee salary deferral \$

If you don't indicate a contribution year, we'll process the contribution for the current year.

Contribution year

Note: We charge participants a \$20 annual account service fee for each mutual fund they hold in their Vanguard Individual 401(k) account. We'll withdraw the fee directly from the fund accounts each year. The fee will be waived for all participants in the plan if at least one participant qualifies for Flagship Select™, Flagship®, Voyager Select®, or Voyager Services®. (If you have an Individual 401(k) account, you must have an additional Vanguard mutual fund account relationship to qualify for these services.)

4. Beneficiaries for this account

Marital status of participant Check one.

I'm married. I understand that if I designate any primary beneficiaries other than or in addition to my spouse, my spouse must provide consent in Section 5 by signing and having his or her signature notarized by a notary public.

I'm not married.

Beneficiary designations

Provide information on your primary beneficiaries and secondary beneficiaries on pages 4 and 5. If you don't identify the percentage you want allocated to each beneficiary, your 401(k) account assets will be allocated equally among the indicated beneficiaries.

If a primary beneficiary dies before you, that beneficiary's share will be divided proportionately among the surviving primary beneficiaries. We use the same method for allocating assets among secondary beneficiaries.

Primary beneficiaries *Check all that apply.*

Those you designate as your primary beneficiaries will be first to inherit your 401(k) account assets upon your death. Indicate the percentages of your assets to be distributed to the designated primary beneficiaries upon your death. The minimum percentage you can leave to a beneficiary is 1% and the total to all beneficiaries must equal 100%.

My spouse

If you list your spouse by name and your situation changes (i.e., you divorce), your designation may be impacted by the terms of the plan or applicable law.

To the person named here

Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
------------------------------------------------	-------------------------------------	---

or

To the person I'm married to at the time of my death

If you select this option, your assets will be distributed to whoever is your spouse at that time. You don't need to provide a name.

		%
--	--	---

Check only one option; don't check both boxes.

Descendants or individuals

To my descendants who survive me, per stirpes

Your assets will be divided equally among your surviving children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any). This designation excludes stepchildren and stepgrandchildren.

		%
--	--	---

Equally to my grandchildren who survive me

		%
--	--	---

To the following named individual(s):

<input type="checkbox"/> Name of individual <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> Name of individual <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%

If you select one of these designations, don't list the names of your descendants/grandchildren below.

Attach a separate sheet if you want to list more individuals.

Trusts

To the trustee of an existing trust created under an agreement

Name of trust	Date of trust <i>mm/dd/yyyy</i>	%
----------------------	----------------------------------------	---

To the trustee of a trust created under my last will

Name of trust or section of will		%
-----------------------------------------	--	---

This applies to existing trusts only; you can't create a trust with this form.

Other

Organization or charity *Provide name.*

		%
--	--	---

My estate

		%
--	--	---

Attach a separate sheet if you want to list more names.

If the percentages don't total 100%, Vanguard will allocate equal percentages totaling 100%.

Total 100%

Secondary beneficiaries *Check all that apply.*

Those you designate as your secondary beneficiaries will inherit your assets only if there are no surviving primary beneficiaries upon your death. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. The minimum percentage you can leave to a beneficiary is 1% and the total to all beneficiaries must equal 100%.

My spouse

If you list your spouse by name and your situation changes (i.e., you divorce), your designation may be impacted by the terms of the plan or applicable law.

Check only one option; don't check both boxes.

<input type="checkbox"/> To the person named here		
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
<i>or</i>		
<input type="checkbox"/> To the person I'm married to at the time of my death		
If you select this option, your assets will be distributed to whoever is your spouse at that time. You don't need to provide a name.		%

Descendants or individuals

If you select one of these designations, don't list the names of your descendants/grandchildren below.

<input type="checkbox"/> To my descendants who survive me, per stirpes		
Your assets will be divided equally among your surviving children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any). This designation excludes stepchildren and stepgrandchildren.		%
<input type="checkbox"/> Equally to my grandchildren who survive me		%

Attach a separate sheet if you want to list more individuals.

<input type="checkbox"/> To the following named individual(s):		
<input type="checkbox"/> Name of individual <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> Name of individual <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%

Trusts

This applies to existing trusts only; you can't create a trust with this form.

<input type="checkbox"/> To the trustee of an existing trust created under an agreement		
Name of trust	Date of trust <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> To the trustee of a trust created under my last will		
Name of trust or section of will		%

Other

Attach a separate sheet if you want to list more names.

<input type="checkbox"/> Organization or charity <i>Provide name.</i>	%
<input type="checkbox"/> My estate	%

If the percentages don't total 100%, Vanguard will allocate equal percentages totaling 100%. >

Total 100%

5. Spousal consent *if required*

Important: If you're married and have designated individuals/entities other than or in addition to your spouse as your primary beneficiaries, your spouse must sign below and have his or her signature notarized by a notary public.

I understand that I have the legal right to be my spouse's sole primary beneficiary. I hereby consent to the designation by my spouse of the beneficiaries listed in Section 4, who will receive the benefits from the plan upon my spouse's death and the percentage allocated to each of them. I understand that, as a result of such designation, I might not be entitled to any benefits from the plan upon my spouse's death. I further understand that my spouse may not change these beneficiaries, or the percentages allocated to them, without my further notarized consent.

I understand that I do not have to sign this consent and that I cannot revoke this consent after I sign it. I am signing this consent voluntarily.

Signature of spouse X	Date <i>mm/dd/yyyy</i>
Print name	

Notarization/Affidavit of spouse

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

On	Date <i>mm/dd/yyyy</i>	Name of participant's spouse
	County and state	
of	has appeared before me, has proven to be the individual named above, and has acknowledged that this consent is his/her wish.	
Signature of notary public	Notary seal	
Commission expiration date <i>mm/dd/yyyy</i>		

6. Signatures *Read carefully before signing.*

Important information about opening a new account. Vanguard is required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.

I understand that if for any reason I do not have a beneficiary at the time of my death, my beneficiary shall be who/what is stated as the default under the Plan Document.

If I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I certify under penalties of perjury that:

1. The taxpayer ID number I have given on this form is correct (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Important: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its Form W-9 instructions).
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I am not a U.S. person, I will complete the appropriate Form W-8 electronically to certify my foreign status, including my FATCA status, and to claim treaty benefits if applicable.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Sign here. >

Signature of participant X	Date <i>mm/dd/yyyy</i>
Print name	

I hereby authorize the establishment of a participant account in accordance with the participant information contained herein. I further approve and authorize the beneficiary designations provided in Section 4.

Sign here. This account won't be established without a plan administrator's signature. >

Signature of plan administrator X	Date <i>mm/dd/yyyy</i>
Print name	

Mailing information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you don't have
a postage-paid
envelope, mail to: > Vanguard
P.O. Box 1106
Valley Forge, PA 19482-1106

For overnight
delivery, mail to: > Vanguard
455 Devon Park Drive
Wayne, PA 19087-1815



Individual 401(k) Salary Reduction Agreement

Use this form to authorize or change salary reduction contributions to your Vanguard Individual 401(k) account. Submit the signed form to your plan administrator, who should retain it with the plan records.

Don't mail this form to Vanguard.

Print in capital letters and use black ink.

Questions?
Call 800-376-9162.
 If you need other forms, go to vanguard.com/serviceforms.

1. Employee information

Provide your full, legal name. >

	Name <i>first, middle initial, last</i>
	Street address
	City, state, zip
	Social Security number

2. Employer information

Name of employer
Vanguard plan ID number

3. Contribution amount

Amount I want to reduce my compensation by each pay period

Dollar amount \$	or	Percentage .0%	Starting date <i>mm/dd/yyyy</i>
---------------------	----	-------------------	---------------------------------

How I want to allocate my contribution to my 401(k) account

Pre-tax contributions	Dollar amount \$	or	Percentage .0%
Roth contributions	Dollar amount \$	or	Percentage .0%

4. Signatures

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 haven't yet earned.
- I'm responsible for ensuring that my contributions to this account don't 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 of employee X	Date <i>mm/dd/yyyy</i>
Print name <i>first, middle initial, last</i>	

As the plan administrator, I understand that I'm responsible for ensuring that contributions to the plan don't exceed the limitations described in the Individual 401(k) Plan Document.

Signature of plan administrator X	Date <i>mm/dd/yyyy</i>
Print name <i>first, middle initial, last</i>	

**Your plan administrator should retain this form with the plan records.
Don't send it to Vanguard.**