



# SEP-IRA/SIMPLE IRA Plan Authorization Form

## Use this form to:

- Establish or update a Vanguard SEP-IRA Plan or Vanguard SIMPLE IRA Plan. You're not required to complete this form if your plan is a SEP-IRA and your business has no employees.
- Designate an authorized individual to have full access to plan and participant information by phone, by Vanguard Small Business Online®, and by mail. All contributions must be submitted electronically through Vanguard Small Business Online.
- Authorize any plan contacts to be given limited access to plan information.

Only the individuals who are designated on this form will be given authority to contact Vanguard by phone, online, and by mail to obtain, submit, and verify plan information. Each individual will receive login instructions for Vanguard Small Business Online via e-mail.

Print in capital letters and use black ink.

## Questions?

Call 800-662-2739.

If you need other forms, go to [vanguard.com/serviceforms](http://vanguard.com/serviceforms).

## 1. Employer information

Check one. If you're using this form to update a plan address or name, complete only Sections 1 and 6. We'll maintain your existing plan roles.

☐ New SEP-IRA plan    ☐ New SIMPLE IRA plan

☐ Existing plan

Vanguard plan identification number

Name of organization *Don't use acronyms.*

Street

City, state, zip

Phone number *area code, number, extension*

If the organization name, address, or phone number doesn't match our records, we'll update our files accordingly.

## 2. Plan role instructions Complete only if you're updating an existing plan. Otherwise skip to Section 3.

Check one of the boxes below. If you don't check a box, we'll use this form to replace any current roles you have on file. If you don't include new roles on this form, we'll maintain your existing plan roles.

<input type="checkbox"/> Replace all existing roles on file at Vanguard.
<input type="checkbox"/> Add the roles designated on this form, in addition to the individuals already on file at Vanguard.
<input type="checkbox"/> Remove the following individual(s) on file at Vanguard.
Name <i>first, middle initial, last</i>
Name <i>first, middle initial, last</i>

## 3. Designation of authorized individual Complete to designate an authorized individual for a new plan or replace an authorized individual for an existing plan.

Specify at least one authorized individual who will be given the ability to:

- View, update, and submit contribution data, participant information, and banking information for your plan by phone, online, and by mail.
- Add, change, or delete plan contacts with or without access to banking information, if any.

You may designate yourself for this role. This authorized individual designation will remain in effect until the employer notifies Vanguard otherwise in writing.

If providing a name,  
you must complete  
this entire section.

Name of authorized individual <i>first, middle initial, last</i>
Social Security number
E-mail address

If providing a name,  
you must complete  
this entire section.

Name of authorized individual <i>first, middle initial, last</i>
Social Security number
E-mail address

If you need more space to list additional authorized individuals, photocopy this page or provide the information on a separate sheet.

**Return ALL pages of this form, even if some are left blank.**

#### 4. Plan contact(s) with access to banking information *optional*

You may identify one or more employees to be given access to view, update, and submit contribution data, participant information, and banking information for your plan by phone, online, and by mail. You don't need to repeat the information for the authorized individual designated in Section 3 in this section.

**Important:** When your plan is established and registered on Vanguard Small Business Online, the authorized individual designated in Section 3 will be responsible for adding or changing plan contact(s) with access to banking information.

Name of plan contact with access to banking information <i>first, middle initial, last</i>
Social Security number <i>required for online access</i>
E-mail address <i>required for online access</i>

If you need more space, photocopy this page or provide the information on a separate sheet.

Name of plan contact with access to banking information <i>first, middle initial, last</i>
Social Security number <i>required for online access</i>
E-mail address <i>required for online access</i>

#### 5. Plan contact without access to banking information *optional*

You may identify one or more employees to be given access to view, update, and submit contribution data and participant information for your plan by phone, online, and by mail. These individuals won't have access to your banking information. You don't need to repeat the information for the authorized individual designated in Section 3 in this section.

**Important:** When your plan is established and registered on Vanguard Small Business Online, the authorized individual designated in Section 3 will be responsible for adding or changing plan contact(s) without access to banking information.

Name of plan contact without access to banking information <i>first, middle initial, last</i>
Social Security number <i>required for online access</i>
E-mail address <i>required for online access</i>

If you need more space, photocopy this page or provide the information on a separate sheet.

## 6. Signature of employer *required*

I certify that I've been appointed to act for the employer named in Section 1. I'm authorized to appoint individuals to be given access to the retirement plan identified in Section 1 by phone, by mail, or online. I agree to promptly notify Vanguard, on behalf of the employer, of the removal or resignation of any person with access to the plan. I certify, on behalf of the employer, that any instruction to Vanguard by the authorized individual or plan contact to send e-mail correspondence to any employee, contractor, or agent of the employer is the result of a request by or agreement of the recipient employee, contractor, or agent to receive such e-mail correspondence. I further agree, on behalf of the employer, to indemnify and hold The Vanguard Group, Inc., Vanguard Fiduciary Trust Company, their affiliates, subsidiaries, directors, officers, employees, and agents, and each of the investment company members of The Vanguard Group ("Vanguard") harmless from acting upon instructions believed to have originated from an authorized individual or from any other person appointed in this form to act for the employer or hereafter designated in accordance with procedures established by Vanguard.

The authorization and agreement contained in this form are to remain in full force and effect until revoked in writing by the employer and delivered to Vanguard. A revocation won't affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon the revocation.

Sign here. >

Signature of employer X	Date mm/dd/yyyy
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 1110  
Valley Forge, PA 19482-1110

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

Return ALL pages of this form, even if some are left blank.