

Vanderbilt University Retirement Plan Enrollment and Beneficiary Designation Form Fidelity Investments 403(b)(7) Custodial Group Account The Principal Guaranteed 403(b)(1) Annuity Contract

GENERAL INSTRUCTIONS

Opening a new account: Please complete this enrollment form and sign it on the back. You will receive written confirmation once your account is established. Submit a Salary Reduction Agreement, which can be obtained from and returned to your benefits office. Your employer can then forward contributions to your account. Please contact your employer or tax advisor to determine your maximum allowable contribution.

Please return this form to your benefits office.

Transferring from an existing plan: If you are transferring assets to Fidelity or The Principal and, as a result, establishing a new account, please complete a Transfer/Rollover Form in addition to this form.

Rollover contribution: To make a rollover contribution to your Fidelity® 403(b) account or The Principal fixed annuity 403(b)(1) account from another 403(b)(7) custodial account or an existing tax-sheltered annuity, please call to request a Transfer/Rollover Form.

Questions? Call Fidelity Investments Tax-Exempt Services Company at 1-800-343-0860, Monday through Friday, 8 A.M. to midnight ET.

1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Plan Number:	<input type="text" value="59208"/>
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
E-mail:	<input type="text"/>		
Name of Employer:	<input type="text" value="Vanderbilt University"/>	Division Name (if applicable):	<input type="text"/>

2. SELECTION OF INVESTMENT OPTIONS

Please be sure to read the prospectuses for the Fidelity mutual funds you are interested in before you invest. The Principal Fixed Annuity is managed by Principal Life Insurance Company and is not a mutual fund but rather is a fixed interest annuity.

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your 403(b) plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your 403(b) plan.

I would like all contributions to my employer-sponsored retirement plan invested in the following investment options (please refer to each prospectus for the full name of each investment option):



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2. SELECTION OF INVESTMENT OPTIONS (CONTINUED)

I am establishing a (check all that apply):

Mandatory and Mandatory Match.

Investment Options

Fund Code:

Fund Name:

Please use whole percentages

Percentage:

			%
			%
			%
			%

Total = 100%

Basic and Basic Match.

Investment Options

Fund Code:

Fund Name:

Please use whole percentages

Percentage:

			%
			%
			%
			%

Total = 100%

Supplemental and/or Voluntary, University Supplemental.

Investment Options

Fund Code:

Fund Name:

Please use whole percentages

Percentage:

			%
			%
			%
			%

Total = 100%

3. DESIGNATING YOUR BENEFICIARY(IES)

I am: Single OR Married

Your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church). If you are married and you do not designate your spouse as your primary beneficiary for at least 50% of your vested account balance in the form of a preretirement survivor annuity, then your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about spousal consent and any additional beneficiary requirements specific to your plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which I attain age 35, my spouse will become the beneficiary of the percentage above on the earlier of (1) the first day of the plan year in which I attain age 35, or (2) the date that I separate from service with the employer sponsoring the retirement plan. I understand that if I do not wish for my spouse to be my beneficiary at that time, I need to complete a new beneficiary designation.

3. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

You are not limited to two primary and two contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

Please check here if you have more than two primary or contingent beneficiaries.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my 403(b) accounts under the plan upon my death.

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: -- Relationship to Applicant:
 Spouse OR Trust OR Other
2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: -- Relationship to Applicant: _____
 Spouse OR Trust OR Other Total = 100%

Unless otherwise specified by the plan, if more than one person is named and no percentages are indicated, I understand that payment will be made in equal shares to my primary beneficiaries who survive me. If a percentage is indicated and any primary beneficiary does not survive me, the percentage of that beneficiary's designated share shall be divided proportionally among the surviving primary beneficiary(ies).

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my 403(b) accounts is to be distributed to my contingent beneficiary(ies) listed below.

Contingent Beneficiary(ies)

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: -- Relationship to Applicant:
 Spouse OR Trust OR Other
2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: -- Relationship to Applicant: _____
 Spouse OR Trust OR Other Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

4. SPOUSAL CONSENT

This section does not need to be completed if you are single, or your spouse is your primary beneficiary for at least 50% of your vested account balance as described in Section 3.

I am the spouse of the participant named in Section 1. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death, (2) that my spouse's waiver is not valid unless I consent to it, (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse completes a new beneficiary designation, and (5) that my consent (signature) must be witnessed by a notary public or plan representative.



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4. SPOUSAL CONSENT (CONTINUED)

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant attains age 35, then my rights to receive the death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (1) the first day of the plan year in which the participant attains age 35, or (2) the date the participant separates from service with the employer sponsoring the retirement plan.

Signature of Participant's Spouse:

Date:

X

□□-□□-□□□□

Sworn before me this day □□-□□-□□□□

In the State of □□ County of □□□□

Notary Public Signature:

X

Notary stamp must be in the above box

My Commission Expires:

□□-□□-□□□□

Witnessed by Plan Representative:

Date:

X

□□-□□-□□□□

5. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form

- I understand that my employer and Fidelity Management Trust Company have executed a Fidelity Investments Section 403(b)(7) Group Custodial Account Agreement ("the Program") and that an account under the Program has been established on my behalf;
- I certify under penalties of perjury that my Social Security number in Section 1 is correct;
- I acknowledge that I have read the prospectuses for any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms;
- I understand that upon the full withdrawal of my account, it may be subject to a liquidation or surrender fee;
- I understand that I may designate a beneficiary for my assets accumulated under the Program and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the plan;
- I recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b)(7) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC;
- To the extent that the investment options I have specified in Section 2 include an annuity option, I understand that my employer has previously adopted The Principal fixed annuity 403(b)(1) contract in which I am enrolling;
- I understand the guarantee of an annuity is the sole obligation of the annuity provider, which, in this case, is Principal Life Insurance Company;
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver to Fidelity another completed and signed Beneficiary Designation Form with a later date;
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity 403(b)(7) accounts for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b)(7) accounts, as applicable) acts as custodian and to The Principal fixed annuity contract and shall replace all previous designation(s) I have made on any of my 403(b) accounts.

Your Signature:

X

Date:

□□-□□-□□□□



Des Moines, Iowa 50392-0001
Fidelity Investments Institutional Services Company, Inc., is not affiliated with Principal Life Insurance Company.

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