Vanderbilt University 403(b)(7) Plan

Plan # 090721

Check: ☐ EE Mandatory & ER Matching Contributions ☐ Basic & Supplemental Contributions

Enrollment/Change

1. Account Information

Check One: ☐ New Enrollment ☐ Change

Social Security # ___ — ___ — ____

Name (Last, First, M.I.)

Address

City **State** **Zip**

Date of birth (mm/dd/yyyy) ___ — ___ — ____

For Vanderbilt Use Only

Plan EntryDate (mm/dd/yyyy) ___ — ___ — ____

Employment Date (mm/dd/yyyy) ___ — ___ — ____

Location Code (if applicable)

Daytime Telephone # ___ — ___ — ____

2. Investment of Contributions

If you would like to elect additional Funds, please attach a separate sheet.

Future contributions to the Vanguard Section 403(b)(7) Custodial Account on behalf of the Employee shall be invested in the Vanguard Funds as follows:

EE Mandatory and ER Matching Contributions	Pre-tax Allocation
Your allocations must equal 100%	**100**

Basic & Supplemental Contributions	Pre-tax Allocation	Roth Allocation
Your allocations must equal 100%	**100**	**100**

3. Beneficiary Information

Note: If you are married and you designate someone other than your spouse as your primary beneficiary, generally 50% of your Account is required by law to be distributed in the form of a qualified joint and survivor annuity to your surviving spouse if you die prior to retirement and your spouse has not completed the waiver below (regardless of your beneficiary designation below). Please refer to the plan document for further details.

Primary Beneficiary ***If you would like to elect additional primary or secondary beneficiaries, please attach a separate sheet.***

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) ___ — ___ — ____

Secondary Beneficiary (In the event your Primary Beneficiary predeceases you.)

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) ___ — ___ — ____

☐ I hereby represent and certify that I am not married.

Spousal Consent: *I hereby consent to the designation by my spouse of the primary beneficiary set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I am releasing and relinquishing my rights to any benefits from the Plan upon my spouse's death.*

Name _____

Social Security # ___ — ___ — ____ Date of birth (mm/dd/yyyy) ___ — ___ — ____

Signature _____ Date _____

Notary or Plan Representative Signature _____ Title _____ Date _____

4. Authorization

Please sign the application below and return to the Vanderbuilt University Benefits Office.

Employee Signature: _____ **Date:** _____

Authorized Signature: _____ **Title:** _____ **Date:** _____

(12/24/2008)

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