

4. Investment Election

I hereby direct all amounts be invested in the following manner. Allocations must be in whole % and the total must equal 100%.
If you would like to elect additional Funds, please attach a separate sheet.

- Current Allocation on file
 Use allocations indicated below.

Fund Code	Fund Name	Allocation															
_____	_____	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>															
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Your allocations must total 100%

1	0	0
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5. Participant Authorization

I have read and acknowledge the certifications above. I understand that if any of the certifications made above are incorrect, my distribution is not eligible for rollover and I may be subject to adverse tax consequences as a result of the improper rollover. I agree to promptly notify my employer if I later discover that any certifications are incorrect.

Signature of Participant

Date

6. Employer Authorization

I am a representative of this employer. I certify this participant is eligible for the requested transaction.

Signature

Title

Date

Please make a copy for your records.

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