



Retirement and Savings Plan

VISTA # 090487

Beneficiary Designation

Account Information Please check one: New Designation Change

Social Security # -- Location Code (RUI)

Name (Last, First, MI)

Address

City State Zip

Check here if address listed above is a new address.

Date of birth (mm/dd/yyyy) -- Date of hire (mm/dd/yyyy) --

Beneficiary Information Please indicate the percentage of your balance to be allocated to each beneficiary. Percentages for primary and secondary beneficiaries must each total 100%.

| | |
|--|--|
| <p>Primary Beneficiary(ies)</p> <p>Name _____</p> <p>Relationship _____</p> <p>Social Security # <input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>Percentage _____ %</p> <p>Name _____</p> <p>Relationship _____</p> <p>Social Security # <input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>Percentage _____ %</p> <p><input type="checkbox"/> I hereby represent and certify that I am not married.</p> | <p>Secondary Beneficiary(ies)</p> <p>Name _____</p> <p>Relationship _____</p> <p>Social Security # <input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>Percentage _____ %</p> <p>Name _____</p> <p>Relationship _____</p> <p>Social Security # <input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>Percentage _____ %</p> |
|--|--|

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse unless your spouse executes the notarized consent below. Please refer to the Summary Plan Description for further details.

Spousal Consent (If applicable)

I hereby consent to the designation by my spouse of the primary beneficiary(ies) 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 may not be entitled to any benefits from the Plan upon my spouse's death.

Name _____

Social Security # -- Date of birth (mm/dd/yyyy) --

Signature _____ Date _____

The foregoing "Spousal Consent" was acknowledged before me.

Notary Public _____ Date _____

Authorization I make the Designation of Beneficiary specified above and revoke any previous Designations made under the Plan. I understand that the Beneficiaries' names may be revoked at any time by filing a new Designation in writing with my Employer.

Please sign and return to : The Vanguard Group Inc.
100 Vanguard Blvd
Malvern, PA 19355-2331
Att: Plan # 090487

Signature of Employee _____ Date _____

