Washington University
403(b)(7) Retirement Plan

Note: New enrollments must complete a Salary Reduction Agreement Form.

Vanguard Plan # 090095

Enrollment/Change

1. Account Information

Check One: ☐ New Enrollment ☐ Change

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

Name (Last, First, MI)

Address

City **State** **Zip**

Daytime Phone # ___ — ___ — ____ **Location Code** (if applicable)

2. Investment of Contributions

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

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

Fund Names for Employer Contributions	Allocation	Fund Names for Employee Pre-Tax Contributions	Allocation	Fund Names for Employee Roth Contributions	Allocation
Your allocations must equal 100%	**1 0 0**	**Your allocations must equal 100%**	**1 0 0**	**Your allocations must equal 100%**	**1 0 0**

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. Acceptance

(1) Complete the Salary Reduction Agreement Form to indicate the percentage to be deducted from your base salary. The Salary Reduction Agreement Form is available on website http://hr.wustl.edu
(2) The completed form should be returned to your Washington University Benefits Department. Please retain a copy for your records.

(A) **Employee Acceptance:** I hereby agree to the terms and conditions of the Vanguard 403(b)(7) Custodial Account Agreement.

Signature: _____ **Date:** _____

(B) **Custodian Acceptance:** Vanguard Fiduciary Trust Company hereby accepts its appointment as Custodian under the Vanguard Section 403 (b)(7) Custodial Account Agreement for the benefit of the Employee named above, and hereby agrees to the terms and conditions of such Agreement.

Authorized Signature: _____ **Title:** *Secretary*

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