

2. Investment of Contributions

Specify individual Vanguard fund(s) and allocations percentage(s) below. Your total fund allocation percentage must equal 100%.

Target Retirement Funds If you choose this investment approach, you may want to consider investing 100% of your contributions in one Vanguard Target Retirement Fund.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
00V009	Vanguard Target Retirement 2070 Fund	<input type="text"/>	000696	Vanguard Target Retirement 2040 Fund	<input type="text"/>
001791	Vanguard Target Retirement 2065 Fund	<input type="text"/>	000305	Vanguard Target Retirement 2035 Fund	<input type="text"/>
001691	Vanguard Target Retirement 2060 Fund	<input type="text"/>	000695	Vanguard Target Retirement 2030 Fund	<input type="text"/>
001487	Vanguard Target Retirement 2055 Fund	<input type="text"/>	000304	Vanguard Target Retirement 2025 Fund	<input type="text"/>
000699	Vanguard Target Retirement 2050 Fund	<input type="text"/>	000682	Vanguard Target Retirement 2020 Fund	<input type="text"/>
000306	Vanguard Target Retirement 2045 Fund	<input type="text"/>	000308	Vanguard Target Retirement Income Fund	<input type="text"/>

Core Funds Or for the following list of funds, specify percentages in 1% increments.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
000084	Vanguard Total Bond Market Index Fund	<input type="text"/>	000024	Vanguard Explorer Fund	<input type="text"/>
000040	Vanguard 500 Index Fund	<input type="text"/>	00001C	Vanguard Total International Stock Index Fund	<input type="text"/>
000073	Vanguard Windsor II Fund	<input type="text"/>	000029	Vanguard High-Yield Corporate Fund	<input type="text"/>
00009U	Vanguard Selected Value Fund	<input type="text"/>	0000XT	Vanguard Inflation-Protected Securities Fund	<input type="text"/>
000098	Vanguard Extended Market Index Fund	<input type="text"/>	003776	New York Life Guaranteed Interest Account	<input type="text"/>
000021	Vanguard Wellington Fund	<input type="text"/>	003771	PIMCO Total Return ESG Fund	<input type="text"/>
00001L	Vanguard Real Estate Index Fund	<input type="text"/>	006379	Parnassus Core Equity Fund	<input type="text"/>
000080	Vanguard U.S. Growth Fund	<input type="text"/>	007331	DFA International Sustainability Core 1 Portfolio	<input type="text"/>

Your allocations must total 100%

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the appropriate Vanguard Target Retirement Fund based on your age.

3. Beneficiary Designation

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiaries, if any. Your contingent beneficiary(ies) will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Primary Beneficiaries

Beneficiary Type Spouse Individual(s) Trust(s) My Estate Charity/Entity
Choose all that apply.

Requires last 4 digits of SSN or address

Requires last 4 digits of SSN or address

To the trustee of an existing trust created under agreement

To the trustee of a trust created under my last will

No additional information required

Requires Tax Identification Number (TIN) Charity/Entity Address is optional

Complete all applicable fields below.

Section of Will

1) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

 City, State, Zip Country (if not U.S.)

2) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

 City, State, Zip Country (if not U.S.)

3. Beneficiary Designation (continued)

3) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required Street or P.O. Box

City, State, Zip Country (if not U.S.)

Total **100%** < Percentages must total 100%.

Contingent Beneficiaries Contingent beneficiaries receive distributions only if no primary beneficiaries survive you.

Beneficiary Type Spouse Individual(s) Trust(s) My Estate Charity/Entity
Choose all that apply. Requires last 4 digits of SSN or address Requires last 4 digits of SSN or address To the trustee of an existing trust created under agreement No additional information required Requires Tax Identification Number (TIN) Charity/Entity Address is optional

To the trustee of a trust created under my last will

Complete all applicable fields below.

Section of Will

1) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required Street or P.O. Box

City, State, Zip Country (if not U.S.)

2) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required Street or P.O. Box

City, State, Zip Country (if not U.S.)

3) %
 Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

Last 4 Digits of SSN or 9 Digit Tax Identification Number required Street or P.O. Box

City, State, Zip Country (if not U.S.)

Total **100%** < Percentages must total 100%.

4. Signatures and Acceptance

Please sign the application below and return to the Benefits Office for signature.

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

Signature: _____ Date: _____ Please confirm your SSN _____ - _____ - _____

(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: President