



**IV. Investment Election** Please invest the enclosed rollover check in the following manner. Allocations must be in increments of 1%.  
Make one of the two choices below.

- Please invest my qualified rollover money using my current fund allocations.  
**-OR-**  
 Choose new fund allocations for your rollover in the boxes below.

Fund Number	Fund Name	Allocations
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<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.

**VI. Authorization and Employee Certification**

**Employee certification for indirect rollover**

I hereby certify the following:

1. I was entitled to the distribution from the prior plan as an employee or spouse beneficiary.
2. The distribution was **not** one of a series of periodic payments.
3. I received the distribution not more than 60 days before the intended rollover contribution to the new plan.
4. The entire amount of this rollover contribution would be taxable to me if it were not rolled over or if it is from a Roth account under a qualified plan.

**If the rollover is from a conduit IRA, I hereby further certify that:**

5. I originally rolled over the distribution from the prior plan to the IRA within 60 days of my receipt of the distribution.
6. The entire amount of the rollover contribution to the IRA would have been taxable to me if it were not rolled over.
7. No amount other than a rollover contribution from a qualified plan was contributed to the IRA.
8. I received the distribution from the IRA not more than 60 days before the intended rollover contribution to the new plan.

**Note:** It is important that **all** of the certifications you have made above are true and accurate. If any of the certifications are not accurate please do not attempt to rollover your distribution to the plan.

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

**Please return this form to:**

**Overnight**

Vanguard  
 Attn: Plan # 099015  
 400 Devon Park Drive  
 Wayne, PA 19087

**U.S. Mail**

Vanguard  
 Attn: Plan # 099015  
 P.O. Box 1101  
 Valley Forge, PA 19482