



# 403(b)(7) Salary Reduction Agreement

Use this agreement to authorize or change salary reduction contributions to your Vanguard 403(b)(7) individual custodial account.

After signing this agreement, submit it to your plan administrator to keep with the plan records; don't send it to Vanguard.

Print in capital letters and use black ink.

### Questions?

Call 800-662-2739.

If you need additional forms, go to [vanguard.com/serviceforms](http://vanguard.com/serviceforms).

## 1. Employee information

Name of employee *first, middle initial, last*

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Street or P.O. box

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City, state, zip

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Social Security number or individual taxpayer ID number

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## 2. Employer information

Name of employer *Don't use acronyms.*

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Street or P.O. box

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City, state, zip

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## 3. Contribution amount


I want to reduce the compensation I receive each regular pay period by the following amount and have that amount contributed to my Vanguard 403(b)(7) individual custodial account:

Amount	or	Percentage	Start date
\$		%	mm/dd/yyyy

## 4. Signatures

As the employee, I understand that:

- This agreement will be renewed automatically at the start of each plan year unless my employer and I agree in writing to amend it.
- My employer or I can terminate this agreement at any time with respect to compensation I haven't yet earned.
- I'm solely responsible for ensuring that my contributions to this account don't exceed the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Section 402(g) and the annual additions limitations in Section 415(c).

Both employee and  
plan administrator  
must sign here. 

Signature of employee	Date <i>mm/dd/yyyy</i>
Signature of plan administrator	Date <i>mm/dd/yyyy</i>

**Important:** Submit this agreement to your plan administrator; don't send it to Vanguard.