

Primary Beneficiaries Continued.

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

OR
 Last Four Digits of SSN 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
 Choose all that apply. Spouse Individual(s) Trust(s) My Estate

To the trustee of an existing trust created under agreement
 To the trustee of a trust created under my last will

Section of Will

Complete all applicable fields below.

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

OR
 Last Four Digits of SSN Street or P.O. Box

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

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

OR
 Last Four Digits of SSN Street or P.O. Box

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

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

OR
 Last Four Digits of SSN Street or P.O. Box

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

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

4. Account Owner Signature

This designation will completely replace any prior designations for the plan(s) listed at the top of this form. Therefore, it is important that you list all the primary and contingent beneficiaries you want to designate, even if you are only updating information for one beneficiary. This designation becomes effective upon receipt in good order as determined by Vanguard.

 Account Owner Signature Date (mm/dd/yyyy)

5. Spousal Consent (if applicable) This is required in order to designate someone other than your spouse as a primary beneficiary.

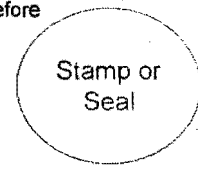
I, the undersigned spouse of the Account Owner named in Section 1, hereby voluntarily consent to the designation in Section 3 of a primary beneficiary other than me.

 Spouse's Name Spouse's Signature Date (mm/dd/yyyy)

Notary

I _____, a notary public, do hereby certify that _____ did personally appear before me and did acknowledge that she/he signed this Spousal Consent as her/his free act and deed. Subscribed and sworn to before me this _____ day of _____.

 Notary Public Signature My commission expires _____



Mail to: Vanguard, P.O. Box 1101, Valley Forge, PA 19482