



# SIMPLE IRA New Account Form

Use this form to establish a SIMPLE IRA.

Don't use this form for a traditional IRA or Roth IRA. Contact Vanguard for the appropriate form.

Print in capital letters and use black ink.

## Questions?

Call 800-992-7188.

## 1. Employee information

Provide the full legal name. >

Name <i>first, middle initial, last</i>		(MINOR)
Birth date <i>mm/dd/yyyy</i>	Email address <i>optional</i>	
Daytime phone <i>area code, number, extension</i>	Evening phone <i>area code, number, extension</i>	
Social Security number or individual taxpayer ID number		

You must complete this entire section. >

### Citizenship

☐ U.S. ☐ Resident alien ☐ Nonresident alien\*

Country of citizenship *if not U.S.*

### Tax residency

☐ U.S. ☐ Other

Country of citizenship *if not U.S.*

### Street address

Street *A P.O. box or rural route number is NOT acceptable; address can be military APO or FPO.*

City, state, zip

Country *if not U.S.*

### Mailing address

This is required if the mailing address is different from the street address. >

Street or P.O. box

City, state, zip

Country *if not U.S.*

\* If you're a nonresident alien, you must complete an IRS Form W-8BEN electronically to certify your tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once your account has been established.



## 2. Plan information

If you're transferring assets from another financial institution, complete a SIMPLE IRA Asset Transfer Form and mail it with this form.

Check and complete one of the plan options below.

Your employer must complete a SEP-IRA/SIMPLE IRA Plan Authorization Form and mail it with this form.

- ☐ New SIMPLE IRA plan.  
This is a new Vanguard SIMPLE IRA plan.

- ☒ Existing multiple-participant plan.  
This is a new SIMPLE IRA in my employer's existing Vanguard SIMPLE IRA plan.

Obtain this number from your employer.

Plan identification number  
**10256839**

If you check this box, you must also complete a SIMPLE IRA Asset Transfer Form. Skip to Section 4.

- ☐ New frozen account.  
This new account will be used solely for accepting SIMPLE IRA assets transferred from another financial institution. I won't make any current employee or employer contributions to this account.

## 3. Employer information

Name of institution <b>Information Consulting Services, LLC</b>	
Street address <b>42767 RAVENGLASS DR</b>	City, state, zip <b>ASHBURN VA 20148</b>
Phone area code, number, extension <b>703-565-3342</b>	Contact person or department, if known <b>ANIL GOEL</b>

## 4. Funds you'd like to invest in

Refer to the enclosed fund prospectus(es) or visit [vanguard.com](http://vanguard.com) for fund names, fund numbers, and minimum initial investment amounts.

If you don't specify any funds, or if your asset transfer doesn't meet the minimum investment for a fund, that money will be invested in Vanguard Federal Money Market Fund. If you don't provide percentages, your investment will be divided equally among the funds you indicate.

Fund name <b>Federal Money Market</b>	Fund number <b>0033</b>	Percentage <b>100</b> %
Fund name <b>-</b>	Fund number <b>-</b>	Percentage <b>-</b> %
Fund name <b>-</b>	Fund number <b>-</b>	Percentage <b>-</b> %
Fund name <b>-</b>	Fund number <b>-</b>	Percentage <b>-</b> %
Total		<b>100%</b>

**Note:** We charge participants a \$25 annual account service fee for each mutual fund they hold in their Vanguard SIMPLE IRA. We'll withdraw the fee directly from the fund accounts each June. This fee doesn't apply to members of Flagship\*, Voyager Select\*, and Voyager\*. (If you have a SIMPLE IRA, you must have an additional Vanguard mutual fund account relationship to qualify for these services.)

**Return ALL pages of this form, even if some sections are left blank.**



## 5. Beneficiaries you want to designate

If you wish to customize your beneficiary designations rather than choose from these standard options, skip to Section 6.

### Beneficiaries *Check all that apply.*

Those you designate as your beneficiaries will be first to inherit your IRA assets upon your death. Indicate the percentage of your assets to be distributed to each beneficiary. The minimum percentage you can leave to a beneficiary is 1%, and the total to all beneficiaries must equal 100%.

#### My spouse *If completing this section, check only one of these options.*

☐ Spouse by name

Name first, middle initial, last	Birth date mm/dd/yyyy	%
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or

☐ To the person I'm married to at the time of my death

If you select this option, your assets will be distributed to whoever is your spouse at that time. You don't need to provide a name.

%

Check only one option; don't check both boxes.

#### Family

☐ My descendants

Your assets will be divided into equal shares for your surviving children and each predeceased child who left surviving children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any). This designation excludes stepchildren and stepgrandchildren.

%

☐ Grandchildren only

Your assets will be divided equally among all of your grandchildren who survive you.

%

If you select one of these designations, don't list the names of your descendants/grandchildren below.

**Individuals by name** *You can name any person as your beneficiary. If you would like to name your stepchildren as beneficiaries, you can add them here. If you need more space to list additional beneficiary designations, copy pages 3-5.*

Name first, middle initial, last	Birth date mm/dd/yyyy	%
Name first, middle initial, last	Birth date mm/dd/yyyy	%
Name first, middle initial, last	Birth date mm/dd/yyyy	%
Name first, middle initial, last	Birth date mm/dd/yyyy	%
Name first, middle initial, last	Birth date mm/dd/yyyy	%
Name first, middle initial, last	Birth date mm/dd/yyyy	%

#### Trusts

☐ To a trust you've already created

Your assets will transfer to the trustee you designate

Name of trust	Date of trust mm/dd/yyyy	%
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☐ To a trust that will be created under your last will

Your assets will transfer to the trustee you designate

Name of trust or section of will	%
----------------------------------	---

This applies to existing trusts only; you can't create a trust with this application.



Attach a separate sheet if you want to list more names. >

### Other

<input type="checkbox"/> Organization or charity <i>Provide name.</i>	%
<input type="checkbox"/> My estate Assets will be transferred to your estate at the time of your death	%

If the percentages don't total 100%, we'll allocate equal percentages totaling 100%. >

Total  
100%

### Backup beneficiaries *Check all that apply.*

Those you designate as your backup beneficiaries will inherit your assets only if there are no surviving beneficiaries upon your death. Indicate the percentage of your assets to be distributed to each beneficiary. The minimum percentage you can leave to a backup beneficiary is 1%, and the total to all backup beneficiaries must equal 100%.

#### My spouse *if completing this section, check only one of these options.*

Check only one option; don't check both boxes. >

<input type="checkbox"/> Spouse by name	
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i> %
<i>or</i>	
<input type="checkbox"/> To the person I'm married to at the time of my death If you select this option, your assets will be distributed to whoever is your spouse at that time. You don't need to provide a name.	%

### Family

If you select one of these designations, don't list the names of your descendants/grandchildren below. >

<input type="checkbox"/> My descendants Your assets will be divided into equal shares for your surviving children and each predeceased child who left surviving children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any). This designation excludes stepchildren and stepgrandchildren.	%
<input type="checkbox"/> Grandchildren only Your assets will be divided equally among all of your grandchildren who survive you.	%

**Individuals by name** *You can name any person as your beneficiary. If you would like to name your stepchildren as beneficiaries, you can add them here. If you need more space to list additional beneficiary designations, copy pages 2-5.*

Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%
Name <i>first, middle initial, last</i>	Birth date <i>mm/dd/yyyy</i>	%

Return ALL pages of this form, even if some sections are left blank.





**Trusts**

This applies to existing trusts only; you can't create a trust with this application.

<input type="checkbox"/> To a trust you've already created Your assets will transfer to the trustee you designate		
Name of trust	Date of trust mm/dd/yyyy	%
<input type="checkbox"/> To a trust that will be created under your last will Your assets will transfer to the trustee you designate		
Name of trust or section of will		%

Attach a separate sheet if you want to list more names.

**Other**

<input type="checkbox"/> Organization or charity <i>Provide name.</i>	%
<input type="checkbox"/> My estate Assets will be transferred to your estate at the time of your death	%

If the percentages don't total 100%, we'll allocate equal percentages totaling 100%.

Total  
100%



## 6. Signature of account owner *Read carefully before signing.*

**Important information about opening a new account.** Vanguard is required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.

I hereby adopt the Vanguard SIMPLE IRA Custodial Account Agreement that is incorporated herein by reference and that I acknowledge having received and read. I further acknowledge having received and read the Vanguard SIMPLE IRA Disclosure Statement and a prospectus for each Vanguard fund I selected under this agreement.

I agree to be bound by the terms and conditions established by Vanguard Fiduciary Trust Company (VFTC), the custodian of my SIMPLE IRA, for an IRA beneficiary designation. If, for any reason, I do not have a beneficiary at the time of my death, my beneficiary will be what is stated as the default under the Vanguard SIMPLE IRA Custodial Account Agreement in effect at the time of my death.

I understand that if I have completed Section 5, the new beneficiary designations will apply to all of my Vanguard SIMPLE IRAs.

If I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I certify under penalties of perjury that:

1. The taxpayer ID number I have given on this form is correct (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**Important:** Cross out item 2 if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest or dividends on Your tax return.

3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its Form W-9 instructions).
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I am not a U.S. person, I will complete the appropriate Form W-8BEN electronically to certify my foreign status, including my FATCA status, and to claim treaty benefits if applicable.

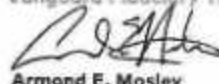
The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

*Custodian*

Sign with today's  
date here. >

Account owner's signature	Date mm dd yyyy
X	- -

Vanguard Fiduciary Trust Company

  
Armond E. Mosley

Title

Officer

*Custodian info:*

Name:

SSN:

DOB:

*Citizenship:*

*Phone:*

*Address*

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VSAAF 102022

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Mailing address: The Vanguard Group  
P.O. Box 982901, EL PASO TX

## Model Notification to Eligible Employees

7998-2901

### I. Opportunity to Participate in the SIMPLE IRA Plan

You are eligible to make salary reduction contributions to the \_\_\_\_\_ SIMPLE IRA plan. This notice and the attached summary description provide you with information that you should consider before you decide whether to start, continue, or change your salary reduction agreement.

### II. Employer Contribution Election

For the \_\_\_\_\_ calendar year, the Employer elects to contribute to your SIMPLE IRA (employer must select either (1), (2), or (3)):

- ☐ (1) A matching contribution equal to your salary reduction contributions up to a limit of 3% of your compensation for the year;
- ☐ (2) A matching contribution equal to your salary reduction contributions up to a limit of \_\_\_\_\_ % (employer must insert a number from 1 to 3 and is subject to certain restrictions) of your compensation for the year; or
- ☐ (3) A nonelective contribution equal to 2% of your compensation for the year (limited to compensation of \$250,000\*) if you are an employee who makes at least \$ \_\_\_\_\_ (employer must insert an amount that is \$5,000 or less) in compensation for the year.

### III. Administrative Procedures

To start or change your salary reduction contributions, you must complete the salary reduction agreement and return it to \_\_\_\_\_ (employer should designate a place or individual) by \_\_\_\_\_ (employer should insert a date that is not less than 60 days after notice is given).

## Model Salary Reduction Agreement

### I. Salary Reduction Election

Subject to the requirements of the SIMPLE IRA plan of \_\_\_\_\_ (name of employer) I authorize \_\_\_\_\_ % or \$ \_\_\_\_\_ (which equals \_\_\_\_\_ % of my current rate of pay) to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

### II. Maximum Salary Reduction

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the applicable amount for that year. See instructions.

### III. Date Salary Reduction Begins

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA plan and as soon as administratively feasible or, if later, \_\_\_\_\_. (Fill in the date you want the salary reduction contributions to begin. The date must be after you sign this agreement.)

### IV. Duration of Election

This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE IRA plan or until I provide my Employer with a request to end my salary reduction contributions or provide a new salary reduction agreement as permitted under this SIMPLE IRA plan.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

\* This is the amount for 2012. For later years, the limit may be increased for cost-of-living adjustments. The IRS announces the increase, if any, in a news release, in the Internal Revenue Bulletin, and on the IRS website at [IRS.gov](http://IRS.gov).