
**Vanguard®**

# IRA Beneficiary Designation Form

Use this form to designate one or more beneficiaries who will inherit your IRA assets upon your death. In accordance with your designation, your assets will pass directly to your chosen beneficiaries.

When you submit this form, it will completely replace any prior designations for the IRA types you specify in Section 2. Therefore, it's important that you list all the primary and secondary beneficiaries you want to designate, even if you're only updating information for one beneficiary.

Provide the full, legal name for each person you designate.

Print in capital letters and use black ink.

**Do this online**  
Log on to your account at vanguard.com.

Questions? Call 800-662-2739.

## 1. Your information

Provide your full legal name. >

First name	Middle name	Last name	Suffix
Judith	R	Porter	
Birth date: mm dd yyyy			
03 - 26 - 1940			
Daytime phone: area code, number	Extension	Evening phone: area code, number	Extension
6106427597		6106427597	
Last four digits of Social Security (SSN) number or taxpayer ID (TIN)		Zip code	
7069		19003	

If you've applied for an SSN or a TIN but haven't received it, enter the date on which you applied. >

## 2. Types of IRAs for which you want to designate beneficiaries

Your beneficiary designations on this form will apply to all of the holdings in the IRA types filled in below that are registered under the SSN or TIN listed in Section 1.

### Change all of my IRA beneficiaries

If you fill in this circle, skip to Section 3. >

- All IRA types I currently hold at Vanguard  
New designations won't apply to annuities held in IRAs.

### Change my beneficiaries only in these IRA types *Fill in all that apply.*

Your designations will apply to ALL Vanguard mutual fund and brokerage accounts held within the selected plan type(s). >

- |                                       |                                    |   |   |
|---------------------------------------|------------------------------------|---|---|
| <input type="radio"/> Traditional IRA | <input type="radio"/> Rollover IRA | <input type="radio"/> Roth IRA                  | <input type="radio"/> Inherited Roth IRA* |
| <input type="radio"/> SIMPLE IRA      | <input type="radio"/> SEP-IRA      | <input type="radio"/> Inherited traditional IRA |   |

\*Estates, trusts, or charities that inherit IRAs can't designate beneficiaries.



### 3. Beneficiaries you want to designate

#### Primary beneficiaries *Fill in all that apply.*

Those you designate as your primary beneficiaries will be first to inherit your IRA assets upon your death. Indicate the percentages of your assets to be distributed to the designated primary beneficiaries upon your death. 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, fill in only one of these options.*

- To my spouse named here

First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	

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.

%

Fill in only  
one option; don't fill >  
in both circles.

%

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

- To my descendants who survive me, per stirpes

Your assets will be divided equally among your 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.

%

- Equally to my grandchildren who survive me

%

#### Individuals *If you need more space to list additional beneficiary designations, copy pages 2-5.*

Provide the full legal  
name and birth date. >

First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	
First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	
First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	

Continued on the next page



**Individuals** If you need more space to list additional beneficiary designations, copy pages 2-5.

Provide the full legal name and birth date. >

First name	MI	Last name	%
Birth date mm dd yyyy			
—	—		
First name	MI	Last name	%
Birth date mm dd yyyy			
—	—		

**Trusts**

- To the trustee of an existing trust created under an agreement

Name of trust	%
Date of trust mm dd yyyy	
—	

- To the trustee of a trust created under my last will

Name of trust	%
or	
Section of will	

**Other** If you need more space to list additional beneficiary designations, copy pages 2-5.

- Organization or charity

Provide the proper name for each entity > you designate.

Name of organization or charity	%
<input type="radio"/> 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	1	0	0	%



### Secondary beneficiaries *Fill in all that apply.*

Those you designate as your secondary beneficiaries will inherit your assets only if there are no surviving primary beneficiaries upon your death. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. 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, fill in only one of these options.*

- To my spouse named here

First name	Middle initial	Last name	%
Birth date mm dd yyyy			
—	—	—	

Fill in only  
one option; don't fill >  
in both circles.

- 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.

%

%

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

- To my descendants who survive me, per stirpes

Your assets will be divided equally among your 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.

%

- Equally to my grandchildren who survive me

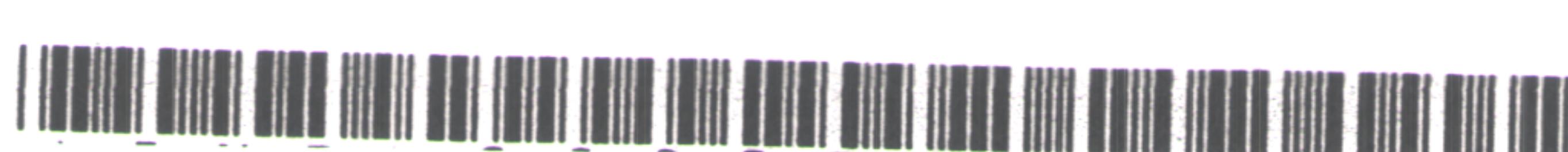
%

#### Individuals *If you need more space to list additional beneficiary designations, copy pages 2-5.*

Provide the full legal  
name and birth date. >

First name	Middle initial	Last name	%
Birth date mm dd yyyy			
—	—	—	
First name	Middle initial	Last name	%
Birth date mm dd yyyy			
—	—	—	
First name	Middle initial	Last name	%
Birth date mm dd yyyy			
—	—	—	

Continued on the next page



**Individuals** If you need more space to list additional beneficiary designations, copy pages 2-5.

Provide the full legal name and birth date.

First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	—
First name	MI	Last name	%
Birth date mm dd yyyy			
—	—	—	—

### Trusts

- To the trustee of an existing trust created under an agreement

Name of trust	%
Date of trust mm dd yyyy	
—	—

- To the trustee of a trust created under my last will

Name of trust	%
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Section of will	

**Other** If you need more space to list additional beneficiary designations, copy pages 2-5.

- Organization or charity

Name of organization or charity	%
<input type="radio"/> My estate Assets will be transferred to your estate at the time of your death.	
%	

Provide the proper name for each entity you designate.

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

Total	1	0	0	%



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

I agree to be bound by the terms and conditions established by Vanguard Fiduciary Trust Company (VFTC), the custodian of my IRA, for an IRA beneficiary designation. I understand that this designation will supersede any previous designation I have made and will become effective upon receipt in good order as determined by VFTC.

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 applicable Vanguard IRA Custodial Account Agreement in effect at the time of my death.

I acknowledge that VFTC may require additional information upon my death to determine the identity or interest of the beneficiary or beneficiaries. In such event, I acknowledge that VFTC shall have no independent duty to obtain or verify such information but may instead rely upon the representations of an authorized party such as the executor or administrator of my estate or, if a trust beneficiary, the trustee of that trust (my fiduciary). I agree that VFTC shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good-faith reliance on such representations. If no such fiduciary is appointed or if my fiduciary is unable to provide the required information, VFTC reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.

You must sign with today's date here. >  
If the IRA owner is a minor, a legal guardian or custodian must sign.

Signature of account owner		Date mm dd yyyy
<input checked="" type="checkbox"/> Judith R. Porter		04 - 19 - 2021
First name	MI	Last name
Judith	R	Porter
		Street

#### Mailing information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you don't have a postage-paid envelope, mail to:

Vanguard  
P.O. Box 1110  
Valley Forge, PA 19482-1110

For overnight delivery, mail to:

Vanguard  
455 Devon Park Drive  
Wayne, PA 19087-1815

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

