Yale University
457(b) Deferred Compensation Plan

Vanguard Plan # 078014

Enrollment/Change

1. Account Information

Check One: ☐ **New Enrollment** ☐ **Change**

Social Security # ☐☐☐ – ☐☐ – ☐☐☐☐

Name (Last, First, M.I.)

Address

City **State** **Zip**

Date of birth (mm/dd/yyyy) ☐☐ – ☐☐ – ☐☐☐☐

Daytime Telephone # ☐☐☐ – ☐☐☐ – ☐☐☐☐ **Location Code** (if applicable) ☐☐☐☐

2. Investment of Contributions

If you would like to elect additional Funds, please attach a separate sheet.

Contributions to the Vanguard Section 457(b) Account on behalf of the Employee shall be invested in the Vanguard Funds as follows:

Fund Name	Allocation %	Fund Name	Allocation %

Your allocations must equal 100% **1 0 0**

3. Beneficiary Information

Primary Beneficiary ***If you would like to elect additional primary or secondary beneficiaries, please attach a separate sheet.***

Name _____ Social Security # ☐☐☐ – ☐☐ – ☐☐☐☐

Relationship _____ Percent ☐☐☐ % Date of birth (mm/dd/yyyy) ☐☐ – ☐☐ – ☐☐☐☐

Secondary Beneficiary (In the event your Primary Beneficiary predeceases you.)

Name _____ Social Security # ☐☐☐ – ☐☐ – ☐☐☐☐

Relationship _____ Percent ☐☐☐ % Date of birth (mm/dd/yyyy) ☐☐ – ☐☐ – ☐☐☐☐

4. Authorization

Signature of Employee Date Signature of Plan Administrator Date

(04/19/2002)

Please return form to Yale University Benefits Office
155 Whitney Avenue, Room 130
New Haven, CT 06520
or fax to 203-432-6241

T18951_042002