

Vanguard Asset Transfer Authorization



Columbia University Defined Contribution Plan for Supporting Staff

Plan # 091010

I. Account Information

Social Security #	<input type="text"/>		
Name (Last, First, MI)	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Date of Birth: (mm/dd/yyyy)	<input type="text"/>		
Date of Hire: (mm/dd/yyyy)	<input type="text"/>		
Daytime Phone #:	<input type="text"/>	Evening Phone #:	<input type="text"/>

II. Current Investment Company

Current Investment Company (Where your 403(b) account is presently). For transfers out of CREF, simply indicate "TIAA-CREF" below. For all other transfer, please provide the company's address. If you are transferring assets to Vanguard from more than one organization, you will need to complete separate forms. (This form cannot be used for TIAA Basic RA transfers. Please contact TIAA for form F6969.)

<input type="text"/>		
Name of Current Investment Company		
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

III. Account Information

Type of Account	<input type="checkbox"/> Basic	<input type="checkbox"/> Supplemental
Account/Fund Name	<input type="text"/>	
Account Number	<input type="text"/>	
Transfer Amount	<input type="checkbox"/> Entire Account	<input type="checkbox"/> Partial Account
<input type="checkbox"/> Employee Pre-tax Amount	\$	<input type="text"/>
<input type="checkbox"/> Employer Amount	\$	<input type="text"/>

If you are transferring assets to Vanguard from more than two accounts/funds please complete additional forms.

Type of Account	<input type="checkbox"/> Basic	<input type="checkbox"/> Supplemental
Account/Fund Name	<input type="text"/>	
Account Number	<input type="text"/>	
Transfer Amount	<input type="checkbox"/> Entire Account	<input type="checkbox"/> Partial Account
<input type="checkbox"/> Employee Pre-tax Amount	\$	<input type="text"/>
<input type="checkbox"/> Employer Amount	\$	<input type="text"/>

Please make a copy for your records.
(01/18/2022)

T39972_012022



IV. Investment Instructions to Vanguard

Please invest the enclosed rollover check in the following manner. Allocations must be in increments of 1%. Make one of the two choices below.

- ☐ Please invest my asset transfer money using my current fund allocations.
- OR-**
- ☐ Choose new fund allocations for my asset transfer in the space below.

Please allocate my Asset Transfer, in whole percentages, to the Vanguard Fund(s) listed below.

Vanguard Portfolio Name (Fund Name)	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
Total must equal 100%	

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the appropriate Vanguard Target Retirement Fund based on your age.

V. Acceptance

(a) **Individual Acceptance:** I hereby agree to the terms and conditions set forth in this Asset Transfer Authorization, and acknowledge having established a Vanguard Section 403(b)(7) Custodial Account through execution of an Enrollment form for a Vanguard Section 403(b)(7) Custodial Account. I hereby direct the investment company named in section 2 above to liquidate the designated amount of the account listed in Section 3, and to transfer the proceeds to my Vanguard Section 403(b)(7) Custodial Account.

I also acknowledge that I have read the prospectus(es) for the Vanguard Fund(s) into which I am transferring my 403(b)(7) assets.

Individual SignatureDate

(b) **Custodian Acceptance:** Vanguard Fiduciary Trust Company hereby agrees to accept the transfer described above and upon receipt will deposit the proceeds into the Vanguard Section 403(b)(7) Custodial Account established on behalf of the Individual.

Authorized Signature

PresidentTitle

Please return form and check to:
Vanguard
ATTN: DC Plan
P.O. Box 982902
El Paso, TX 79998-2902

Please make a copy for your records.