If you have any questions while completing this form, you may contact a Vanguard Participant Services Associate Monday through Friday, between 8:30 AM and 9:00 PM Eastern time at 800-523-1188. If you wish to convert your plan assets to a Roth IRA, please contact Participant Services for the proper form.

# Vanguard Termination Request



# **Columbia University**

Please select the plan(s) you would like to be distributed.

090067 - Retirement Savings Plan for Officers

091010 - Retirement Plan for Support Staff

095960 - Retirement Plan for Support Staff Association

Please note, if your plan balance is above \$5,000 in either the 091010 - Retirement Plan for Support Staff or the 095960 - Retirement Plan for Support Staff Association, you must be 55 years or older to receive a distribution from that plan.

#### I. Account Information

Social Security #					
Name (Last, First, MI)					
Address					
City			State	Zip	
Daytime Phone #		Eveni	ng Phone #		
II. Withdrawal CI	assification				
Reason for Final I		Separation of Service Non retirement/Termination	on) Disability	Retirement	
III. Distribution R	Choose One Option				
Lump Sum D	Distribution of Total Account E	Salance Please proc	eed to Section IV, titled Dis	stribution Instructions for with	holding election.
Choose this optic	<b>ution</b> on if you wish to distribute your assets in a diff	ferent manner. <b>Please pr</b>	oceed to Section IV, title	d Distribution Instructions.	
Roll over to a Choose this optic	a traditional IRA or Employer I on to have your entire account distributed as a	Plan a direct rollover. Complet	e Section V, titled Instruc	tions for Rollovers.	
Installments	Please proceed to Section VI, titled Spousal	Consent and complete a	n Installment Payment Rec	uest Form	
Choose this option	a Vanguard traditional IRA on to have your entire account directly rolled c ciate at 800-523-1188 to obtain an IRA Adopt doption Agreement.				
Please make a copy for y	your records.				T39885_012010
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An nghta reacived.					

## **IV. Distribution Instructions**

#### **Pre-tax Plan Assets**

Roll over to a traditional IRA or Employer Plan Income Tax Withholding: By electing to have your distribution dire withheld.	\$ectly rolled over to	<b>OR</b> an IRA or emplo	yer plan, no federal	or state tax will be		
Make payable to me	\$	OR	%			
Federal Income Tax Withholding: By selecting this option, the signer understands that 20% federal tax will be withheld on the taxable portion of the distribution. This does not apply to installments.						
State Income Tax Withholding: State tax will be withheld according to your state's guidelines. For those participants who reside in states which provide the option, please indicate the appropriate dollar or percent below. This does not apply to installments.						
<ul><li>Withhold state taxes. Where applicable indicate specif</li><li>Do not withhold state taxes.</li></ul>	fic dollars \$	o	r percentage	<u>%</u> .		
* Any tax withholding will be taken from the cash portion of the di	stribution.					
 Please note that you must direct 100% in the section	n above. Failure	e to do so will	deem this reque	est not in		

# **V. Instructions for Rollovers**

good order and may result in a delay in processing.

If you wish to make a direct rollover to another institution, it is your responsibility to open an account before providing the following information. If your rollover includes Roth assets, you must establish both a traditional IRA and a Roth IRA account and provide account numbers for each.

Pre-tax Assets	Traditional IRA	Employer Plan			
Trustee/ Institution Name	(Name of company receiving v	our assets. Please show name	as check should be made payable.)		
Plan/Account Name					
Plan/Account Number	Note: If account number is n	ot provided, the Direct Rollo	ver check will be mailed to you.		
Mailing Instructions (Choose Only One)	Mail check to me.	Mail check to inst	itution at the address below.		
Mailing Address Street Address					
	City		State	Zip Code	

Please make a copy for your records.						
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# VI. Spousal Consent and Qualified Joint and Survivor Annuity Waiver

Your Retirement Plan Account is required to be distributed in the form of a qualified joint and survivor annuity (as described below) unless you waive this form of benefit with the consent of your spouse. To receive your requested withdrawal amount, you must waive the qualified joint and survivor annuity by completing this section. Your spouse (if any) must consent to your waiver and your spouse's consent must be witnessed by a notary public or plan representative.

Α.		Required Certification To Be Completed By Non-Married Employee. I hereby represent and certify that I am not married.
В.		Election To Waive Qualified Joint and Survivor Annuity I hereby elect to waive the payment of my withdrawal under the Retirement Plan in the form of a qualified joint and survivor annuity.
C.		Required Spousal Consent To Be Completed By Spouse of Married Employee
Lan	n lea	ally married to the employee identified in Section 1. Lhave read and Lunderstand the Notice of Joint and Survivor Annuity Rights

I am legally married to the employee identified in Section 1. I have read and I understand the Notice of Joint and Survivor Annuity Rights as provided by law, and I hereby consent to the election by my spouse to (1) waive the payment of his or her benefits in the form of a qualified joint and survivor annuity, and (2) to receive the payment of his or her benefits in the form designated in Section 2, entitled "Withdrawal Method." I hereby acknowledge that by signing this consent, and for as long as the election remains in effect, I am releasing and relinquishing my right to have my spouse's withdrawal from the Retirement Plan Account paid in the form of a qualified joint and survivor annuity. My consent applies, however, only to the specific withdrawal amount requested by my spouse on this form.

Spouse's Name	Spouse's Signature	Date (mm/dd/yyyy)
Notary		
Ι,	a notary public, do hereby certify that	did personally appear before
me and did acknowledge that sh	ne/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	Stamp or Seal
		Seal

### **VII.** Authorization

I hereby acknowledge that I have received and read the "Special Tax Notice Regarding Plan Payments" and realize that 20% of my distribution will be withheld if it is not transferred in a direct rollover.

Signature of Particip	pant		Date			
To Be Comple	eted by Plan Spons	or		Vested Perce	entages:	
TO Be comple	ted by Flan Spons		Date of Hire		Support Staff 091010	
			Date of Termination		Support Staff Association	n 095960
Signature of Plan Spor	nsor	Date			Officer 090067	
Please make a copy for	your records.				Т398	85_012010
(01/27/2010)						
	Connect with Van	guard <sup>®</sup> >	www.vanguard.com	ו <mark>&gt; 8</mark> 00	0-523-1188	
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### Form of Final Distribution / Withdrawal Classification

Lump Sum Cash - By selecting this option you will receive your entire eligible cash balance.

Split Distribution - By selecting this option, you will be able to specify how the money will be distributed.

**Roll over to a traditional IRA or Employer Plan -** By selecting this option you may have all or a portion of your eligible cash balance and/or company stock rolled over to an eligible IRA or employer plan. In addition, it is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

Installments - By selecting this option you will receive a series of payments over a period of time.

Roll over to Vanguard Traditional IRA - By selecting this option you may choose to have all or a portion of your eligible balance rolled over to a Vanguard traditional IRA. Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement.

#### Vanguard 403(b)(7) Custodial Account Notice of Joint and Survivor Annuity Rights

By law, your Retirement Plan Account may be required to be distributed in the form of a qualified joint and survivor annuity, unless you (and your spouse, if married) waive this form of benefit. The Employee Retirement Income Security Act (ERISA) mandates that if you do not waive your right to a qualified joint and survivor annuity, your distribution must be used to purchase an annuity contract. Furthermore, if you are married, your qualified joint and survivor annuity contract must provide you with regular payments for the rest of your life and, if your spouse survives you, your spouse must receive not less than 50 percent of the payments you were receiving for the rest of his or her life. If you are not married, the annuity contract must provide you with regular payments for the rest of your benefits payable upon your death.

If you do not wish to receive your Retirement Plan Account in the form of a qualified joint and survivor annuity (as described above), you may elect to waive this form of benefit by completing the Waiver of Qualified Joint and Survivor Annuity in Section 3 of this form. If you are married, your spouse must consent to your election to waive the qualified joint and survivor annuity, and your spouse's consent must be witnessed by a notary public or plan representative. You may revoke any prior election to waive the qualified joint and survivor annuity form of benefit at any time prior to the distribution of your account.

Please make a copy for your records.
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