

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.

- A. *Required Certification To Be Completed By Non-Married Employee.*
I hereby represent and certify that I am not married.
- B. *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*

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

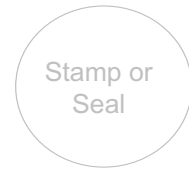
Date (mm/dd/yyyy)

Notary

I _____, a notary public, do hereby certify that _____ did personally appear before me and did acknowledge that she/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 _____



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 Participant

Date

To Be Completed by Plan Sponsor		Vested Percentages:	
_____ Signature of Plan Sponsor	_____ Date	<input type="text"/> Date of Hire	<input type="text"/> Support Staff 091010
		<input type="text"/> Date of Termination	<input type="text"/> Support Staff Association 095960
			<input type="text"/> Officer 090067

Please make a copy for your records.
(01/27/2010)

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