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

Vanguard®

Columbia University

Plan # 096141

Voluntary Retirement Savings Plan

I. Account Information

Social Security # ___ — ___ — ___

Name (Last, First, MI)

Address

City State Zip

Daytime Phone # Evening Phone #

II. Withdrawal Classification

Reason for Final Distribution: *(choose one)*

☐ Separation of Service (Non retirement/Termination) ☐ Disability ☐ Retirement

III. Distribution Request

Choose One Option

☐ **Lump Sum Distribution of Total Account Balance** Please proceed to Section IV, titled Distribution Instructions for withholding election.

☐ **Split Distribution**
Choose this option if you wish to distribute your assets in a different manner. **Please proceed to Section IV, titled Distribution Instructions.**

☐ **Roll over to a traditional IRA or Employer Plan**
Choose this option to have your entire account distributed as a direct rollover. **Complete Section V, titled Instructions for Rollovers.**

☐ **Installments** Please proceed to Section VI, titled Spousal Consent and complete an Installment Payment Request Form

☐ **Roll over to a Vanguard traditional IRA**
Choose this option to have your entire account directly rolled over to a Vanguard traditional IRA. **Proceed to Section VI, titled Authorization. Please call a Vanguard Associate at 800-523-1188** to obtain an IRA Adoption Agreement where a specialist will assist you. Please complete and send this form with a completed IRA Adoption Agreement.

Please make a copy for your records.

T39897_102009

(10/13/2009)

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IV. Distribution Instructions

Pre-tax Plan Assets

☐ **Roll over to a traditional IRA or Employer Plan** **$** ______ **OR** ______ **%**

Income Tax Withholding: By electing to have your distribution directly rolled over to an IRA or employer plan, no federal or state tax will be withheld.

☐ **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.

☐ Withhold state taxes. Where applicable indicate specific dollars $________________ or percentage _________%.

☐ Do not withhold state taxes.

* Any tax withholding will be taken from the cash portion of the distribution.

Please note that you must direct 100% in the section above. Failure to do so will deem this request not in good order and may result in a delay in processing.

V. Instructions for Rollovers

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 your assets. Please show name as check should be made payable.)

Plan/Account Name ______

Plan/Account Number ______

Note: If account number is not provided, the Direct Rollover check will be mailed to you.

Mailing Instructions
(Choose Only One) ☐ Mail check to me. ☐ Mail check to institution at the address below.

Mailing Address
Street Address
City State Zip Code

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XXXXXXXXXXXXXXX09614104

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 _____, _____ .

_____ My commission expires _____
Notary Public Signature

Stamp or 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 Participant _____ Date _____

Please return form to:

Vanguard: Attention Plan 096141
400 Devon Park Drive
Wayne, PA 19087

Please make a copy for your records.

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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 life, with no survivor 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.

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