

# Emory University

## 457(b) Plan

Vanguard Plan # 078015

### Enrollment/Change

#### Account Information

Check one:  New Enrollment  Change

Social Security # --

Name (Last, First, MI)

Address

City  State  Zip

Date of birth (mm/dd/yyyy) --

Date of hire (mm/dd/yyyy) --

Daytime phone # --

Check here if address listed above is a new address.

#### Investment Directions

I hereby direct that all amounts withheld from my compensation be invested in the following manner. Contributions must be in increments of 1% and the total must equal 100%.

| Fund Name            | Allocation %         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| Fund Name            | Allocation %         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Your allocations must equal 100%

#### Beneficiary Information

Please indicate the percentage of your balance to be allocated to each beneficiary. Percentages for primary and secondary beneficiaries must each total 100%.

##### Primary Beneficiary

Name

Birthdate --

Social Security # --

Percentage \_\_\_\_\_ %

Name

Birthdate --

Social Security # --

Percentage \_\_\_\_\_ %

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

Name

Birthdate --

Social Security # --

Percentage \_\_\_\_\_ %

Name

Birthdate --

Social Security # --

Percentage \_\_\_\_\_ %

#### Authorization

Signature of Employee

Date

Signature of Plan Administrator

Date

Distribution: White - Vanguard (07/10/2002)

Yellow - Employer

Pink - Employee

T19879\_072002

