For questions on this form please call Vanguard's Participant Services at 800-523-1188.

New York University
Retirement Plan

Check: ☐ Retirement Plan ☐ STDA

Plan # 090789

Enrollment/Change

1. Account Information

Check One: ☐ New Enrollment ☐ Change

Social Security # ☐☐☐ – ☐☐ – ☐☐☐☐

Name (Last, First, M.I.)

Address

City **State** ☐☐ **Zip** ☐☐☐☐☐

Date of birth (mm/dd/yyyy) ☐☐ – ☐☐ – ☐☐☐☐

Daytime Telephone # ☐☐☐ – ☐☐☐ – ☐☐☐☐

2. Investment of Contributions

I hereby direct that all future amounts withheld from my compensation and all employer contributions be invested in the following manner.

Target Retirement Funds

Check the box next to the fund closest to your anticipated year of retirement (use age 65 as your guideline). 100% of your contributions will be invested in that fund.

Fund Code	Fund Name	Retirement Plan	STDA
000308	Vanguard Target Retirement Income Fund	☐	☐
000302	Vanguard Target Retirement 2005 Fund	☐	☐
000681	Vanguard Target Retirement 2010 Fund	☐	☐
000303	Vanguard Target Retirement 2015 Fund	☐	☐
000682	Vanguard Target Retirement 2020 Fund	☐	☐
000304	Vanguard Target Retirement 2025 Fund	☐	☐
000695	Vanguard Target Retirement 2030 Fund	☐	☐
000305	Vanguard Target Retirement 2035 Fund	☐	☐
000696	Vanguard Target Retirement 2040 Fund	☐	☐
000306	Vanguard Target Retirement 2045 Fund	☐	☐
000699	Vanguard Target Retirement 2050 Fund	☐	☐

Create your own portfolio. Specify individual Vanguard fund(s) and allocations percentage(s) below. Your total fund allocation must equal 100%.

If you would like to elect additional Funds, please attach a separate sheet.

Fund Name for Retirement Plan	Allocation
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐
Your allocations must equal 100%	**1 0 0**

Fund Name for STDA	Allocation
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐
Your allocations must equal 100%	**1 0 0**

☐ Check here if investment directions listed above are changes from previous directions.

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the Vanguard Target Retirement fund closest to your anticipated year of retirement - Age 65.

Please make a copy for your records.

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(05/08/2008)

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3. Beneficiary Information

Note: If you are married and you designate someone other than your spouse as your primary beneficiary, generally 50% of your Account is required by law to be distributed in the form of a qualified joint and survivor annuity to your surviving spouse if you die prior to retirement and your spouse has not completed the waiver below (regardless of your beneficiary designation below). Please refer to the plan document for further details.

If you would like to elect additional primary or secondary beneficiaries, please attach a separate sheet.

Primary Beneficiary

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) __ __ — __ __ — ____

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) __ __ — __ __ — ____

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

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) __ __ — __ __ — ____

Name _____ Social Security # ___ — ___ — ____

Relationship _____ Percent ___ % Date of birth (mm/dd/yyyy) __ __ — __ __ — ____

☐ I hereby represent and certify that I am not married.

Spousal Consent: *I hereby consent to the designation by my spouse of the primary beneficiary set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I am releasing and relinquishing my rights to any benefits from the Plan upon my spouse's death.*

Name _____

Social Security # ___ — ___ — ____ Date of birth (mm/dd/yyyy) __ __ — __ __ — ____

Signature _____ Date _____

Notary or Plan Representative Signature _____ Title _____ Date _____

4. Acceptance

Please sign the application below and return to the Benefits office for signature.

(A) **Employee Acceptance:** I hereby agree to the terms and conditions of the New York University Retirement Plan.

Signature: _____ **Date:** _____

(B) **Custodian Acceptance:** Vanguard Fiduciary Trust Company hereby accepts its appointment as Custodian under the New York University Retirement Plan for the benefit of the Employee named above, and hereby agrees to the terms and conditions of such Agreement.

Authorized Signature: _____ **Title:** *Secretary*