



Vanguard

403(b)(7) New Account Form

Use this form to establish a 403(b)(7) account.

Print in capital letters and use black ink.

Questions?

Call 800-662-2003.

If you need other forms, visit our website at www.vanguard.com/serviceforms.

1. Employee Information

Provide the full, legal name. >

Name <i>first, middle initial, last</i>	
Birth Date <i>mm/dd/yyyy</i>	E-Mail Address <i>optional</i>
Daytime Phone <i>area code, number, extension</i>	Evening Phone <i>area code, number, extension</i>
Social Security Number or Individual Taxpayer ID Number	

You must complete this entire section. >

<p>Citizenship</p> <p><input type="checkbox"/> U.S. <input type="checkbox"/> Resident alien <input type="checkbox"/> Nonresident alien</p> <p>Country of Citizenship <i>if not U.S.</i></p>	<p>Tax Residency</p> <p><input type="checkbox"/> U.S. <input type="checkbox"/> Other</p> <p>Country of Tax Residence <i>if not U.S.</i></p>
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Mailing Address

Street or P.O. Box	Country <i>if not U.S.</i>
City, State, Zip	

This is required if it is different from mailing address or if mailing address is a P.O. box. >

Street Address *A P.O. box or rural route is NOT acceptable; address can be military APO or FPO.*

Street	Country <i>if not U.S.</i>
City, State, Zip	



2. Plan Information

If you are transferring assets from another financial institution, complete a 403(b)(7) Asset Transfer Form and mail it with this form.

Check and complete one of the plan options below.

Your employer must complete a 403(b)(7) Plan Authorization Form and mail it with this form.

New multiple-participant plan.
This is a new Vanguard® 403(b)(7) program for my employer.

Existing multiple-participant plan.
My employer has an existing Vanguard 403(b)(7) program, and I am a new participant.

Obtain this number from your employer.

Plan Identification Number

3. Employer Information

Name of Institution Hope College	
Street Address 100 East 8th Street	City, State, Zip Holland, MI 49423
Phone <i>area code, number, extension</i> (616) 395-7818	Contact Person or Department <i>if known</i> Connie A. VanderZwaag/Benefits Mgr



4. Funds You Would Like to Invest In

Refer to the enclosed fund prospectus(es) or visit www.vanguard.com for fund names, fund numbers, and minimum initial investment amounts.

If you do not specify any funds, or if your asset transfer does not meet the minimum investment for a fund, that money will be invested in Vanguard Prime Money Market Fund. If you do not provide percentages, your investment will be divided equally among the funds you indicate.

If you are investing in a fund with a minimum initial investment of \$10,000 or more, you must meet the minimum investment for that fund.

Fund Name	Fund Number	Percentage
		%
		%
		%
		%

Note: Vanguard charges participants an annual account service fee of \$15 for each mutual fund they hold in their Vanguard 403(b)(7) account. We will withdraw the fee directly from the fund accounts in June each year. This fee does not apply to members of our enhanced services, which require a minimum of \$100,000 in total household assets held at Vanguard by you and your immediate family members who reside at the same address. If you have a 403(b)(7) account, you must have an additional Vanguard mutual fund account relationship to qualify for enhanced services.

Percentage
100%

5. Beneficiaries for This Account

ERISA participants: If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA), you may be required to allocate at least 50% of your account to your surviving spouse as a preretirement survivor annuity unless your spouse consents to a nonspouse beneficiary designation in the presence of a plan representative or a notary public. If you plan to name a beneficiary other than your spouse, contact your plan administrator—not Vanguard—to determine whether these annuity requirements apply to you and, if so, to obtain an explanation of the rules and a spousal consent form.

Primary Beneficiaries *Check all that apply.*

Those you designate as your primary beneficiaries will be first to inherit your 403(b)(7) plan assets upon your death. Indicate the percentages of your assets to be distributed to the designated primary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you select "To the person I am married to at the time of my death," your assets will be distributed to whomever is your spouse at that time.

Check only one option; do not check both boxes.

<input type="checkbox"/>	To the person named here		
	Name <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
	<i>or</i>		
<input type="checkbox"/>	To the person I am married to at the time of my death		%



My Descendants

If you want your assets divided into unequal amounts, list the names of the individuals below.

<input type="checkbox"/> To my descendants who survive me, per stirpes Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).	%
<input type="checkbox"/> Equally to my grandchildren who survive me	%

Individuals

<input type="checkbox"/> Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%

Trusts

This applies to existing trusts only; you cannot create a trust with this form.

<input type="checkbox"/> To the trustee of an existing trust created under an agreement		
Name of Trust	Date of Trust <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> To the trustee of a trust created under my last will		
Name of Trust <i>or</i>	Section of Will	%

Other

If you check this box, skip to Section 6.

<input type="checkbox"/> Organization or Charity <i>Provide name.</i>	%
<input type="checkbox"/> My Estate	%

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%.

Total
100%

Secondary Beneficiaries *Check all that apply.*

Those you designate as your secondary beneficiaries will inherit your assets only if there are no surviving primary beneficiaries upon your death. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. The total must equal 100%.

My Spouse

If you select "To the person I am married to at the time of my death," your assets will be distributed to whomever is your spouse at that time.

Check only one option; do not check both boxes.

<input type="checkbox"/> To the person named here		
Name <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
<i>or</i>		
<input type="checkbox"/> To the person I am married to at the time of my death		%



My Descendants

If you want your assets divided into unequal amounts, list the names of the individuals below.

<input type="checkbox"/> To my descendants who survive me, per stirpes Your assets will be divided equally among your children. If a child is deceased, the entire portion due to that child will be divided equally among his or her children (if any).	%
<input type="checkbox"/> Equally to my grandchildren who survive me	%

Individuals

<input type="checkbox"/> Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> Name of Individual <i>first, middle initial, last</i>	Birth Date <i>mm/dd/yyyy</i>	%

Trusts

This applies to existing trusts only; you cannot create a trust with this form.

<input type="checkbox"/> To the trustee of an existing trust created under an agreement		
Name of Trust	Date of Trust <i>mm/dd/yyyy</i>	%
<input type="checkbox"/> To the trustee of a trust created under my last will		
Name of Trust <i>or</i>	Section of Will	%

Other

If you check this box, provide the percentage, then skip to Section 6.

<input type="checkbox"/> Organization or Charity <i>Provide name.</i>	%
<input type="checkbox"/> My Estate	%

If the percentages do not total 100%, Vanguard will allocate equal percentages totaling 100%.

Total
100%

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[Handwritten Signature]



6. Signature of Account Owner *Read carefully before signing.*

Important information about opening a new account. Vanguard is required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.

I hereby adopt the Vanguard 403(b)(7) Custodial Account Agreement that is incorporated herein by reference and that I acknowledge having received and read. I further acknowledge having received and read a prospectus for each Vanguard fund I elected under this agreement.

I agree to be bound by the terms and conditions established by Vanguard Fiduciary Trust Company (VFTC), the custodian of my 403(b)(7), for a 403(b)(7) beneficiary designation. If, for any reason, I do not have a beneficiary at the time of my death, my beneficiary will be what is stated as the default under the Vanguard 403(b)(7) Custodial Account Agreement in effect at the time of my death.

I acknowledge that VFTC may require additional information upon my death to determine the identity or interest of the beneficiary or beneficiaries. In such event, I acknowledge that VFTC shall have no independent duty to obtain or verify such information but may instead rely upon the representations of an authorized party such as the executor or administrator of my estate or, if a trust beneficiary, the trustee of that trust (my fiduciary). I agree that VFTC shall have no liability for, and shall be fully indemnified against, any cost or damage it incurs in connection with its good-faith reliance on such representations. If no such fiduciary is appointed or if my fiduciary is unable to provide the required information, VFTC reserves the right to request whatever documentation it deems appropriate before making distributions or transferring ownership to a beneficiary.

I understand that if I have elected to have the 403(b)(7) contributions added to an existing Vanguard 403(b)(7) account and have not completed Section 5, the beneficiary designations on my existing Vanguard 403(b)(7) account will remain in effect.

- If I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I certify under penalty of perjury that:
 1. The taxpayer ID number I have given on this form is correct.
 2. I am a U.S. citizen or other U.S. person (as defined by the IRS in its W-9 instructions).
- If I am a nonresident alien, I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that I am not under penalty of perjury certifying the above information.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign in the center of the box. ➤

Account Owner's Signature	Date mm/dd/yyyy
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Vanguard Fiduciary Trust Company 	Title Senior Vice President
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7. Signature of Employer or Plan Administrator *if required*

The employer named in Section 3 hereby agrees to the terms and conditions of the Vanguard 403(b)(7) Custodial Account Agreement and certifies that it is an educational institution or tax-exempt organization as described in Section 403(b)(1)(A) of the Internal Revenue Code. The employer recognizes that if the accounts established under this application are part of an employee benefit plan subject to Title I of ERISA, it is the responsibility of the employer or plan administrator to ensure that the plan complies with Title I of ERISA, including the qualified joint and survivor annuity and preretirement survivor annuity requirements.

Check with your employer or plan administrator to determine whether this signature is required for your plan.

Employer's or Plan Administrator's Signature <i>Crandywaay</i>	Date <i>mm/dd/yyyy</i>
Title <i>Benefits manager</i>	

Mailing Information

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid envelope.

If you do not have a postage-paid envelope, mail to:

Vanguard
P.O. Box 1106
Valley Forge, PA 19482-1106

For overnight delivery, mail to:

Vanguard
Small Business Services
455 Devon Park Drive
Wayne, PA 19087-1815



Vanguard® Funds for Small Business Retirement Plans

Fund Name	Number	Ticker	Fund Name	Number	Ticker
Money Market Funds					
Admiral™ Treasury Money Market Fund (\$50,000)	0011	VUSXX	Prime Money Market Fund	0030	VMMXX
Federal Money Market Fund	0033	VMFXX	Treasury Money Market Fund	0050	VMPXX
Bond Funds					
Short-Term					
Short-Term Bond Index Fund	0132	VBISX	Short-Term Investment-Grade Fund	0039	VFSTX
Short-Term Federal Fund	0049	VSGBX	Short-Term Treasury Fund	0032	VFISX
Intermediate-Term					
GNMA Fund	0036	VFIX	Intermediate-Term Investment-Grade Fund	0071	VFICX
High-Yield Corporate Fund	0029	VWEHX	Intermediate-Term Treasury Fund	0035	VFITX
Intermediate-Term Bond Index Fund	0314	VBIIIX	Total Bond Market Index Fund	0084	VBMFX
Long-Term					
Long-Term Bond Index Fund	0522	VBLTX	Long-Term Treasury Fund	0083	VJUSTX
Long-Term Investment-Grade Fund	0028	VWESX			
Inflation-Indexed					
Inflation-Protected Securities Fund	0119	VIPSX			
Balanced Funds					
Asset Allocation Fund	0078	VAAPX	Target Retirement 2005 Fund	0302	VT0VX
Balanced Index Fund	0002	VBINX	Target Retirement 2015 Fund	0303	VTXVX
LifeStrategy® Conservative Growth Fund	0724	VSCGX	Target Retirement 2025 Fund	0304	VTTVX
LifeStrategy® Growth Fund	0122	VASGX	Target Retirement 2035 Fund	0305	VTTXHX
LifeStrategy® Income Fund	0723	VASIX	Target Retirement 2045 Fund	0306	VTIVX
LifeStrategy® Moderate Growth Fund	0914	VSMGX	Target Retirement Income Fund	0308	VTINX
STAR® Fund	0056	VGSTX	Wellesley® Income Fund	0027	VWINX
			Wellington™ Fund	0021	VWELX

- For 403(b)(7) Plans no minimum investment applies, except where noted.
- For Vanguard Retirement Investment Plans no minimum investment applies, except where noted. Please see the "How to Enroll" section of the Vanguard Retirement Investment Program booklet for more information.

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although a money market fund seeks to preserve the value of your investment at \$1 per share, it is possible to lose money by investing in such a fund.

Fund Name	Number	Ticker	Fund Name	Number	Ticker
Stock Funds					
Domestic					
General Funds					
500 Index Fund	0040	VFINX	PRIMECAP Core Fund (\$10,000)	1220	VPCCX
Calvert Social Index Fund	0213	VCSIX	Strategic Equity Fund	0114	VSEQX
Convertible Securities Fund (closed to new accounts)	0082	VCSVX	Total Stock Market Index Fund	0085	VTSMX
Dividend Growth Fund	0057	VDIGX	U.S. Growth Fund	0023	VWUSX
Equity Income Fund	0065	VEIPX	U.S. Value Fund	0124	VUVLX
Growth and Income Fund	0093	VQNPX	Value Index Fund	0006	VIVAX
Growth Index Fund	0009	VIGRX	Windsor™ Fund	0022	VWNDX
Large-Cap Index Fund	0307	VLACX	Windsor™ II Fund	0073	VWNFX
Morgan™ Growth Fund	0026	VMRGX			
More Aggressive Funds					
Capital Opportunity Fund (closed to new accounts)	0111	VHCOX	Mid-Cap Index Fund	0859	VIMSX
Capital Value Fund	0328	VCVLX	PRIMECAP Fund (closed to new accounts)	0059	VPMCX
Explorer™ Fund	0024	VEXPX	Selected Value Fund (\$25,000)	0934	VASVX
Extended Market Index Fund	0098	VEXMX	Small-Cap Growth Index Fund	0861	VISGX
Growth Equity Fund (\$10,000)*	0544	VGEQX	Small-Cap Index Fund	0048	NAESX
Mid-Cap Growth Fund (\$10,000)*	0301	VMGRX	Small-Cap Value Index Fund	0860	VISVX
Industry-Specific Funds					
Energy Fund (closed to new accounts)	0051	VGENX	Precious Metals and Mining Fund (\$10,000)	0053	VGPMX
Health Care Fund (closed to new accounts)	0052	VGHGX	REIT Index Fund	0123	VGSIX
International/Global					
Developed Markets Index Fund	0227	VDMIX	International Growth Fund	0081	VWIGX
Emerging Markets Stock Index Fund	0533	VEIEX	International Value Fund	0046	VTRIX
European Stock Index Fund	0079	VEURX	Pacific Stock Index Fund	0072	VPACX
Global Equity Fund (\$1,000)	0129	VHGEX	Total International Stock Index Fund	0113	VGTSX
International Explorer™ Fund (closed to new accounts)	0126	VINEX			

Questions? Visit our website at www.vanguard.com/visit/funds, or call a Vanguard retirement specialist at 800-662-2003 on business days from 8 a.m. to 7 p.m., Eastern time.

*The minimum investment for 403(b)(7) accounts is \$1,000.

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For more information about Vanguard funds, visit www.vanguard.com, or call 800-662-7447, to obtain a prospectus. Investment objectives, risks, charges, expenses, and other important information about a fund are contained in the prospectus; read and consider it carefully before investing.