## The University of Colorado 403(b) Retirement Plan

## Vanguard Plan # 091624

Enrollment/Change Form

Personal Information - All information in this section mu	800-523-1188
	ist be provided. Please print clearly in black ink.
Social Security #	_
Name (Last, First, M.I.)	
Address	
City	State Zip
Date of Birth	Date of Hire
Daytime Telephone #	_ Plan Entry Date
Investment of Contributions - Select investment(s) from	ONE option ONLY.
Option I. Pick a Single Vanguard Target Retirement Fund. Che retirement (use age 65 as your guideline). 100% of your contri	
Vanguard Target Retirement 2005 Fund	uard Target Retirement 2035 Fund
Vanguard Target Retirement 2010 Fund	uard Target Retirement 2040 Fund
Vanguard Target Retirement 2015 Fund	uard Target Retirement 2045 Fund
Vanguard Target Retirement 2020 Fund	uard Target Retirement 2050 Fund
Vanguard Target Retirement 2025 Fund Vangu	uard Target Retirement Income
Vanguard Target Retirement 2030 Fund	
Option II. Create your own portfolio Specify individual Vanguard fund(s) and allocation percentage Fund Name Allocation Fun	e(s) below: d Name Allocation %
	%
%%	% %
Note: Ineligible fund selections will be allocated to the default fund,       TOTAL       100%         Vanguard Target Retirement Fund based on your age.       100%	
Beneficiary Information Primary Benefi	
	ficiary(ies)
Name	
Name	Name
Spouse Non-Spouse	Name Spouse Non-Spouse
	Name
Spouse         Non-Spouse           Social Security #	Name
Spouse       Non-Spouse         Social Security #	Name
Spouse       Non-Spouse         Social Security #	Name         Spouse       Non-Spouse         Social Security #       -       -         Percentage
Social Security #  Percentage% Date of Birth  Total of all Primary Beneficiaries p  Contingent Ben  Name SpouseNon-Spouse	Name
Spouse       Non-Spouse         Social Security #	Name
Spouse Non-Spouse   Social Security #	Name
Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Primary Beneficiaries p Contingent Ben Name Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Contingent Beneficiaries	Name
Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Primary Beneficiaries p Contingent Bene Name Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Contingent Beneficiaries Note: If you wish to name more than two Primary or Contingent Beneficiaries Acceptance	Name         Spouse       Non-Spouse         Social Security #
Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Primary Beneficiaries p Contingent Bene Name Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Contingent Beneficiaries Note: If you wish to name more than two Primary or Contingent Beneficiaries Acceptance	Name         Spouse       Non-Spouse         Social Security #
Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Primary Beneficiaries p Contingent Ben Name Spouse Non-Spouse Social Security # Percentage% Date of Birth Total of all Contingent Beneficiarie Note: If you wish to name more than two Primary or Contingent Beneficiarie AtTN: 091624 Vang After completing this	Name         Spouse       Non-Spouse         Social Security #       -         Percentage       % Date of Birth         rovided must equal 100%         eficiary(ies)         Name         Spouse       Non-Spouse         Social Security #       -         Spouse       Non-Spouse         Social Security #       -         Percentage       % Date of Birth         Percentage       % Date of Birth         Percentage       % Date of Birth         Spouse       % Date of Birth         Percentage       % Date of Birth         Spouse       % Date of Birth         Percentage       % Date of Birth         Spouse       % Date of Birth         Spouse       % Date of Birth         Percentage       % Date of Birth         Spouse       % Date of Birth         Spouse       % Date of Birth         Name       -         Percentage       % Date of Birth         Spouse       % Date of Birth         Name       -
Spouse Non-Spouse   Social Security #	Name         Spouse       Non-Spouse         Social Security #
Spouse Non-Spouse   Social Security # -   Percentage % Date of Birth   Percentage % Date of Birth   Total of all Primary Beneficiaries p   Contingent Ben   Name   Spouse Non-Spouse   Social Security #   Percentage   % Date of Birth   Y   Y   Social Security #   Percentage   % Date of Birth   Y   <	Name         Spouse       Non-Spouse         Social Security #
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