

# Vanguard® Institutional Checkwriting Form

Vanguard®

- This form is used to establish checkwriting for Vanguard® Money Market Funds and Bond Funds with the exception of Vanguard High Yield Corporate Fund. **Important note:** Signatories authorized to write checks must have signed the Vanguard Institutional Certificate of Authority for Retirement Plans or Vanguard Institutional Asset Management/Financial Advisor Services Organization Resolution.
- This form is also used to add or change additional signer(s) not listed in Vanguard Institutional Certificate of Authority for Retirement Plans or Vanguard Institutional Asset Management/Financial Advisor Services Organization Resolution. It will remain in effect until Vanguard has been notified that it has been revoked or a new Vanguard Institutional Checkwriting Form has been submitted.
- Through this option, you may redeem shares from your Vanguard accounts by writing a check. Upon receipt of a check, shares are redeemed at the fund's next-determined net asset value.
- Your Vanguard checks work in much the same way as regular bank checks: You may write a Vanguard check to pay your bills or to make purchases. Each month, you will receive a statement listing checkwriting redemptions and showing electronic images of all checks that cleared your account during the previous month.
- Vanguard's checkwriting service is free. The only requirement is that each check be payable for a minimum amount of \$250. A checkbook for each of your Vanguard accounts will be mailed to you within three weeks.

Most forms can be downloaded from our website at [www.institutional.vanguard.com](http://www.institutional.vanguard.com). To order this form by mail or for assistance in filling it out, call Vanguard at **800-950-0053**. Mail the completed form and any other required documents to **Vanguard Institutional Investor Group, 5951 Lockett Court, Suite A3, El Paso, TX 79932**.

## 1. Account Owner Information

| Fund Number                             | Fund Name            | Account Number (if known) |
|---|----------------------|---------------------------|
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>      |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>      |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>      |
| <input type="text"/>                    |                      |                           |
| Name of Plan/Organization/Account Owner |                      |                           |
| <input type="text"/>                    |                      |                           |
| Underlying Client (if applicable)       |                      |                           |
| <input type="text"/>                    |                      |                           |
| Street Address                          |                      |                           |
| <input type="text"/>                    |                      |                           |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>      |
| City                                    | State                | Zip                       |
| <input type="text"/>                    |                      |                           |
| Employer/Taxpayer Identification Number |                      |                           |

