



# Full Agent Authorization

*To grant one or more agents (person, organization, or trust) full authority to act on your accounts*

Review the following information carefully to determine if a full agent is appropriate for your situation.

## What your agent can do

- Your agent has the authority to update the mailing addresses of accounts for which they've been appointed as agent. They'll also have the authority to update your primary residence address. If you or your agent update your primary residence address, that change will be linked to all your accounts.
- Change your bank account information.
- Change your beneficiary designations—even designate himself or herself as beneficiary.
- Buy, sell, and exchange Vanguard mutual funds.
- Buy, sell, and trade in stocks, bonds, and other securities.
- Engage in margin and/or option trading.
- Obtain information on your accounts.
- Redeem your assets and have the proceeds mailed in anyone's name, including the agent's.
- Transfer your assets to a new or different registration.
- View beneficiary information online.\*
- View statements online.\*
- Write checks on your accounts.
- Access all your statements and transaction history—even from years prior to the agent's appointment.
- Open a new brokerage account or sign a new account application.
- Sign any tax information or reporting form required by federal or state taxing authorities.
- Conduct all other lawful transactions on your account.

## Accounts that allow full agent access

- Individually owned nonretirement accounts.
- IRAs (traditional, Roth, SEP, rollover, and inherited).
- Joint accounts.

## Accounts that don't allow full agents

- UGMA/UTMA accounts, custodial accounts, and education savings accounts.
- Trust accounts.
- Organization and corporate accounts.
- Vanguard Brokerage Option for employer-sponsored retirement plans.

\*Online access is only available to those who can register at [vanguard.com](https://www.vanguard.com).

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# Full Agent Authorization

Effective July 2024

**Questions?**  
Call 800-662-2739.

**Use this document** to grant one or more agents (person, organization, or trust) full authority to act on your accounts.

**Important:** Once this authorization is returned in its entirety and accepted in good order, this Full Agent Authorization will be a Durable Power of Attorney under Pennsylvania law, except for its conflicts of laws provisions. This means the Full Agent Authorization will remain in full force and effect in the event of your disability or incapacity.

Print in capital letters and use black ink.

## 1. Legal notice

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSONS YOU DESIGNATE (YOUR "AGENTS") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENTS TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENTS MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENTS MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENTS' AUTHORITY.

YOUR AGENTS MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENTS AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENTS IF IT FINDS YOUR AGENTS ARE NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. Ch. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE, AND I UNDERSTAND ITS CONTENTS.

The account owner listed in Section 2 must sign here. >

Signature of account owner <b>X</b>	Today's date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Name <i>first, middle initial, last</i>	

## 2. Account owner information

Provide the full legal name. >

Name <i>first, middle initial, last</i>	
Last four digits of taxpayer ID number	Zip code
Daytime phone <i>area code, number, extension</i> Mobile	Evening phone <i>area code, number, extension</i> Mobile

## 3. Revoke agents

Check all that apply. You can revoke full access at any time, either by phone or by mail.

I want to revoke all previous full agents.	
I want to revoke all previous limited agents.	
I want to revoke the following agent(s) from all my account(s):	
Name <i>first, middle initial, last</i>	
Name <i>first, middle initial, last</i>	
Name <i>first, middle initial, last</i>	
I want to revoke the following agent(s) from these specific account(s):	
Name <i>first, middle initial, last</i>	
Name <i>first, middle initial, last</i>	
Account number	Account number
Account number	Account number
Account number	Account number

**Return ALL pages of this form, even if some sections are left blank.**

## 4. Account types

### Accounts the agent is allowed to access

You may give your agent authority to conduct transactions on any existing and future accounts of the same registration type established under the Social Security number referenced in Section 2.

**Important:** Any agents you previously authorized will remain on your account(s) unless you specifically revoke in Section 3.

### Future accounts you establish

- If you open an account under a different registration type (e.g., a nonretirement account when you currently own an IRA), you'll need to submit a new agent authorization.
- If you add a Vanguard Brokerage Account to an existing registration, we may contact your agent directly to collect associated and control status prior to opening the account.
- Trust accounts or any other accounts where you are acting in a fiduciary capacity are not eligible.

**Account type** *Copy this page if additional space is needed for account numbers.*

**Note:** Please note joint owners already have full authority of the joint account. If adding the joint account owner as agent, this may impact transactions on that account.

**Personal accounts** *Select one option below.*

All accounts where I am an account owner	
Only the accounts listed below	
Account number	Account number
Account number	Account number
Account number	Account number

## 5. Agent authority

- A full agent may not appoint another agent to act on your behalf, register you for online access, or change your online access.
- Online access is only available to those who can register at **vanguard.com**. If the agent isn't a Vanguard client, he or she should call us at 800-662-2739 to review our options for online access.

**Subject to Vanguard policies and procedures, by my selection on the following page, I grant my agent the authority to perform the following transactions by mail, by phone, and online on my Vanguard accounts:**

1. Buy, exchange, and sell Vanguard mutual funds.
2. Buy, sell (including short sales), and trade in stocks, bonds, and other securities and contracts relating to the same.
3. Update the mailing addresses of accounts for which they've been appointed as agent. They'll also have the authority to update your primary residence address. If you or your agent update your primary residence address, that change will be linked to all your accounts.
4. Change the bank account information.
5. Engage in margin and/or option trading.
6. Obtain information on my Vanguard mutual fund and Vanguard Brokerage Accounts, including historical account information.
7. Add, change, or delete any beneficiary designation I have on file with Vanguard, including the authority to name the agent as my beneficiary.
8. Request distributions from my accounts be payable to anyone, including the agent, and sent to any address or any bank account the agent designates.
9. Transfer securities (including Vanguard mutual funds) from my accounts to anyone, including accounts in the agent's name, or direct that sales or redemption proceeds be made payable to anyone, including the agent, and sent to any address or any bank account the agent designates.
10. Make, draw, sign, endorse, initiate, cash, deliver, and stop payment on any checks drawn on an account with checkwriting.
11. Sign a new account application or otherwise open a new brokerage account on my behalf under my Social Security number.
12. Sign any tax information or reporting form required by federal or state taxing authorities, including IRS Form W-9 and any substitute IRS Form W-9.
13. Enter into all other lawful transactions on any account to which this authorization applies. Notwithstanding this authorization, while I have the capacity to manage my financial affairs, the agent will not be authorized to consent to or enter into a contract for any advice service offered by Vanguard, including, but not limited to, Vanguard Person Advisor Services®. However, if I no longer have the capacity to manage my financial affairs, and by providing sufficient evidence of that incapacity to Vanguard, the agent will be authorized to consent to or enter into a contract for any such service.

**Return ALL pages of this form, even if some sections are left blank.**

## 6. Agent information

The agent must complete, sign, and return this section with the rest of the document.

- **If you're naming more than one agent, copy this section for each agent to complete, sign, and mail with this document.** Once we process this authorization, we'll require the signature of only one of the agents on written transaction requests unless you notify us otherwise in writing. Phone and online requests can be made by any one of the agents.
- **Each agent must sign their own Section 6 of this form.** We must have the signatures of all agents on file.
- If you're naming an organization as agent, the organization must also complete and submit our Organization Resolution form and supporting documents.
- If you're naming a trust as agent, the trustee(s) must also complete and submit our Trustee Certification form and supporting documents.
- **Note:** If the agent named in this section is already a full agent on your account(s), this form will replace the form on file and their access to granted account(s) from previous forms.

Provide the full legal name. >

Name of individual, trust, or organization	
Social Security number or employer ID number	Birth date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Daytime phone <i>area code, number, extension</i> Mobile	Evening phone <i>area code, number, extension</i> Mobile
Primary residence <i>P.O. box or rural route is NOT acceptable.</i>	
City, state, zip	Country <i>if not U.S.</i>

Check this box if you would like to change the mailing address of the agent with the address above.

**Association** *If the agent is authorized to transact on a Vanguard Brokerage Account, check all affiliations that apply, regardless of employment or retirement status. If any of this information changes after this form is submitted, you must notify Vanguard promptly.*

Check all that apply.

If this box is checked, the agent must include with this form a letter of account approval from the affiliated organization's compliance officer. >

Check this box if you are, or your spouse is, a Vanguard employee.	
Check this box if you are associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.	
Check this box if you are, or a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (this would include, but is not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.	
Name of company	Trading symbol

**The following statement applies to agents who may engage in options trading on behalf of the owner(s):**

I understand the investment objectives and trading plan of the registered account owner(s) and will only use trading strategies that are consistent with these objectives and plans. I acknowledge that I have received from the registered account owner(s) (or I already possess) copies of the Vanguard Brokerage Option Application and Vanguard Brokerage Option Account Agreement (Option Agreement), and I have read and understand them. I also acknowledge that if the registered account owner(s) are approved for options trading, they will be sent the booklet, *Characteristics and Risks of Standardized Options*. I agree to read the booklet prior to conducting any trades in the account of the registered account owner(s). I also accept all the terms and conditions of the Option Agreement.

I acknowledge receiving a copy of the Option Agreement, which contains a predispute arbitration clause highlighted in paragraphs 14 and 15 on page 4. By signing this authorization, I agree to be bound by the terms of the Option Agreement.

**Agent acknowledgement** *The agent must sign below.*

**Important:** If you're naming more than one agent, copy this page for each agent to complete, sign, and mail with this document.

I, the agent identified in Section 6 of this Full Agent Authorization, have read this power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that, in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa.C.S. Ch. 56, when I act as agent, I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney. I attest that if I am an Investment Adviser (as defined in Section 202(a)(11) of the U.S. Investment Advisers Act), I am not acting in my capacity as such when serving as agent for this principal.

I understand that I may resign my position as agent at any time by notifying the principal and Vanguard in writing.

The agent must sign here. >

If the agent is a trust or an organization, the trustee/organization representative should also complete these boxes.

Signature of agent, trustee, or organization representative <b>X</b>	Today's date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Name <i>first, middle initial, last</i>	
Name of trust or organization	

**Return ALL pages of this form, even if some sections are left blank.**



## 7. Authorization of account owner

I agree that neither The Vanguard Group, Inc., Vanguard Fiduciary Trust Company, Vanguard Marketing Corporation, nor any of their respective affiliates will be held responsible for my decisions or for the investment recommendations or decisions of my agent(s), and are under no duty whatsoever to question any instructions received from the agent(s) or the suitability of any transactions requested by him/her/them.

I agree that neither The Vanguard Group, Inc., Vanguard Fiduciary Trust Company, Vanguard Marketing Corporation, nor any of their respective affiliates are responsible for monitoring whether my agent is an Investment Adviser (as defined in Section 202(a)(11) of the U.S. Investment Advisers Act) or properly registered as an Investment Adviser with the SEC or state(s). I understand that none of these entities, nor their respective affiliates, perform any services for Investment Advisers to satisfy their custody rule requirements 17 CFR § 275.206(4)-2.

I agree to indemnify and hold The Vanguard Group, Inc., Vanguard Fiduciary Trust Company, Vanguard Marketing Corporation, their affiliates, and each of the investment company members of The Vanguard Group and their respective officers, employees, and agents (collectively, Vanguard) harmless from acting on instructions, whether oral, written, or online, reasonably believed by Vanguard to have originated from my agent(s), and from all acts of my agent(s) involving the Vanguard mutual fund accounts or Vanguard Brokerage Accounts covered by this authorization.

In the event of my disability or incapacity, this authorization will remain in full force and effect. This authorization will terminate when one of the following occurs:

- **Vanguard receives notice of my revocation.** I understand that I have the right to revoke this authorization at any time and, if I have named multiple agents, I understand that I must specifically identify each agent whose authority I am revoking. I further understand that each authorization covering the same accounts and the same level of authority submitted to Vanguard will revoke any prior authorization only to the extent indicated in such subsequent authorization. Any revocation will not affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon such notice.
- **Vanguard receives notice of my death.** I understand that the authority granted under this authorization terminates at my death. My death will not affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon such notice.

I understand that Vanguard reserves the right to reject, at any time, instructions that Vanguard believes to be suspicious, fraudulent or otherwise unauthorized, or illegal.

**A notarized signature is required on the next page.**

I have read this authorization in its entirety or had it explained to me, and I understand its contents.

**DO NOT SIGN BELOW UNTIL YOU'RE IN THE PRESENCE OF A NOTARY PUBLIC AND TWO ADDITIONAL WITNESSES, EACH OF WHOM IS 18 YEARS OF AGE OR OLDER.**

- The agent named in Section 6 cannot sign as a witness or notarize the form.
- An agent under a power of attorney can't sign as the account owner.
- The notary public cannot sign as a witness.
- The account owner's signature must be notarized with two witnesses present.
- All four signature dates must match.

You **MUST** follow all of these instructions exactly. Otherwise, this form cannot be processed.

The account owner listed in Section 1 (except minors) must sign here.

Signature of account owner X	Today's date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Name <i>first, middle initial, last</i>	

Witness signature required here (cannot be the agent in Section 6 or the notary).

Signature of witness X	Today's date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Name <i>first, middle initial, last</i>	

Witness signature required here (cannot be the agent in Section 6 or the notary).

Signature of witness X	Today's date <i>mm dd yyyy</i> M M - D D - Y Y Y Y
Name <i>first, middle initial, last</i>	

### Acknowledgment of signature

State of	and	County of
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On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the account owner whose name is signed above has appeared before me, proven to be the person whose name is signed above and acknowledged that this authorization is their wish.

The notary must be dated within 90 days of receipt of this document by Vanguard.

Signature of notary public	Notary seal
Commission expiration date <i>mm/dd/yyyy</i>	

**Return ALL pages of this form, even if some sections are left blank.**

## Mailing information

Make a copy of your completed form for your records.

**Return ALL pages of this document together.** Mail your completed form and any attached information in the enclosed postage-paid envelope.

**Mail to:** > Vanguard  
P.O. Box 982901  
El Paso, TX 79998-2901

**For overnight delivery, mail to:** > Vanguard  
5951 Lockett Court, Suite A1  
El Paso, TX 79932-1882

## Reminders

You **MUST** include or attach the following items. If any are missing when we receive this form, your request won't be processed.

**Review all of these requirements before returning this authorization to Vanguard.** >

- **Last four digits of the account owner's taxpayer ID number.**
- **The accounts on which the agent is authorized in Section 4.**
- **The full Social Security number or employer ID number and the primary residence of the agent in Section 6.**
- **Letter of account approval (if applicable).** If you filled in the second circle under Association in Section 6, you must attach a letter of account approval from the associated organization's compliance officer. Upon written request of the member firm, we'll automatically send them duplicate copies of confirmations, statements, and other information. Failure to include an approval letter may delay the processing of your form. An account approval letter isn't needed for FINRA, New York Stock Exchange, or Vanguard employees.
- **Agent's signature in Section 6.** The agent must sign. If you're naming an organization as agent, please attach a completed Organization Resolution form. If you're naming a trust as agent, please attach a completed Trustee Certification form.
- **Account owner's signature in Section 1.**
- **Account owner's signature in Section 7.** The account owner's signature needs to be notarized with two witnesses. The agent and notary cannot be a witness. All four signature dates must match.

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