Vanguard®

Agent Certification for Incapacitated Person

To establish yourself as an authorized agent for an incapacitated account owner and obtain ongoing access to conduct transactions on their behalf. Vanguard defines the term "incapacity" as the inability, due to mental or physical illness/disability/impairment, of an account owner to manage their financial affairs.

Required documentation

Agents must attach both of the following documents to this form:

- Vanguard's Report of Incapacity Form signed and dated by a qualified medical or mental health professional authorized to diagnose the account owner's condition. The form must be dated within 120 days of submission to Vanguard.
- A complete and accurate original or copy of a valid Durable Power of Attorney (DPOA) authorizing the agent(s) to act on the account owner's behalf signed 30 days prior to the date the client was declared incapacitated. **Note:** A Medical Power of Attorney grants authority to make healthcare-related decisions on behalf of another individual. **Vanguard requires a DPOA** and **does not accept a Medical Power of Attorney as a substitute**.

Account owner access

Upon Vanguard's acceptance of this form with the required documents, the account owner identified in Section 2 will have restricted access to his or her accounts—as well as other accounts on which the owner has transaction authority—until this form is revoked or the account owner dies. **Note:** If the account owner has previously established checkwriting, the service will be automatically turned off when this request is processed. Checkwriting will no longer be permitted.

How to revoke this form

Submit a letter of revocation signed by the account owner, along with a physician's certification that the account owner is no longer incapacitated. The certification should be on the physician's letterhead and dated within 120 days of submission to Vanguard.

Organizations or trusts named as agents

Organizations named as agents must also complete and submit Vanguard's Organization Resolution Form. If the agent is a trust, the trustee(s) must also complete and submit Vanguard's Trustee Certification Form with supporting documents.

When this form cannot be used

- If the account owner is not incapacitated, do not use this form. Instead, review Vanguard's Full Agent Authorization Form.
- This form may only be used when the account owner executed a valid DPOA before becoming incapacitated. If the account owner is subject to a court-appointed guardianship or conservatorship, or did not establish a DPOA before becoming incapacitated, do not use this form. Instead, review Vanguard's Court-Appointed Access Form and its documentation requirements.

Multiple or successor agents

If the DPOA names multiple agents who are required to act jointly, each agent must complete a separate Section 3 and Section 4, and all pages must be submitted together.

If a successor agent is requesting access in place of the primary agent, supporting documentation must also be provided explaining why the primary agent is no longer serving.

Association and affiliation information

Where noted, each authorized agent for a Vanguard Brokerage Services® account must check one or both boxes to indicate any associations or affiliations that apply. **If the second box under "Association" in Section 3 is checked, the authorized agent must include a letter of account approval from the associated organization's compliance officer with this form.** 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 Certification for Incapacitated Person Document Checklist

To help us process your request as quickly as possible, submit all required documentation together. Requests with missing information or supporting documents cannot be processed until all required items are received.

Please note: Supporting documents **cannot be returned to sender** once received by Vanguard.

Do you have these 3 required documents?

Step 1: Obtain proof of incapacity	**Step 2: Locate the Durable Power of Attorney (DPOA)**	**Step 3: Complete the ACIP Form**
☐ Completed Vanguard Report of Incapacity Form (ROIF) **OR** ☐ Physician's Certification of Incapacity that meets Vanguard's requirements ***Start here*** Most processing delays occur because proof of incapacity is not included with the request.	☐ Complete copy of the DPOA ☐ All pages included ☐ Agent requesting access is named in the document ***Important*** The DPOA must have been executed before the account owner became incapacitated.	☐ Complete all required sections ☐ Obtain notarized signature(s) ☐ Include all pages of the form

Do any of these special situations apply?

Review the Durable Power of Attorney and check any that apply:

- ☐ **Successor agent requesting access:** Documentation showing why the primary agent cannot serve
- ☐ **Additional incapacity requirements in the DPOA:** Required medical documentation outlined in the DPOA
  Example
  The DPOA specifies that more than one physician certification is required to confirm the principal's incapacity.
- ☐ **DPOA states multiple agents must act together**: ACIP Sections 3 and 4 completed by all required agents
- ☐ **Organization is agent:** Vanguard's Organization Resolution Form and supporting documentation
- ☐ **Trust named as agent:** Vanguard's Trustee Certification Form and supporting documentation

Are you ready to submit?

You should have:

- ☐ Proof of Incapacity
- ☐ Durable Power of Attorney
- ☐ Completed ACIP Form
- ☐ Any additional documents required for your situation

Important
Submit all documents together to help avoid delays.

Vanguard®

Agent Certification for Incapacitated Person

Effective August 2026

Questions?
Call 877-662-7447.

Use this form to establish yourself as an authorized agent for an incapacitated account owner and obtain ongoing access to conduct transactions on their behalf. Vanguard defines the term "incapacity" as the inability, due to mental or physical illness/disability/impairment, of an account owner to manage their financial affairs.

Important: To establish your authority as an agent, you must submit the following:

- A complete and accurate original or copy of a valid Durable Power of Attorney (DPOA) authorizing the agent(s) to act on the account owner's behalf.
- Vanguard's Report of Incapacity Form signed and dated by a qualified medical or mental health professional authorized to diagnose the account owner's condition. The form must be dated within 120 days of submission to Vanguard.
- This completed Agent Certification for Incapacitated Persons Form with the required notarized signatures.

Print in capital letters and use black ink.

1. Notice

The agent may be given authority to conduct transactions on any existing and future accounts that have the same ownership and are established under the Social Security number referenced in Section 2 by submitting this form along with the other required documents described above.

The following accounts are eligible for agent access:

- All individually owned nonretirement accounts.
- All IRAs (traditional, Roth, SEP, rollover, and inherited).
- All accounts owned jointly by the account owner listed in Section 2.

The following accounts are NOT eligible for agent access using this certification:

- Any accounts that include the account owner as a trustee, custodian, authorized person, or authorized signatory, including:
  - Trust accounts.
  - Organization accounts.
  - Estate accounts.
  - Education savings accounts.
  - UGMA/UTMA accounts.
  - Vanguard 529 College Savings Plan.
  - Guardianship or conservatorship accounts.

2. Account owner information

Provide the full legal name of the incapacitated account owner that you are requesting to be an agent for. >

Name of account owner *first, middle initial, last (suffix, if applicable)*	
Last four digits of Social Security number	Zip code

Is the account owner's address changing?

☐ **No** *continue to Section 3*

☐ **Yes** *update the account owner's address below*

Mailing address

Street address	
City, state, zip	Country *if not U.S.*

Primary residence

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

Street address *P.O. box or rural route is NOT acceptable*	
City, state, zip	Country *if not U.S.*

3. Agent information

Please review the following requirements based on the type of agent being established:

- **Multiple Agents:** If the Durable Power of Attorney requires agents to act together, each agent must complete their own **Section 3** and **Section 4**.
- **Organization as Agent:** Organizations must submit Vanguard's Organization Resolution Form along with required supporting documents.
- **Trust as Agent:** Trustees must submit Vanguard's **Trustee Certification Form** along with required supporting documents.

Provide the full legal name. >

Name of agent *first, middle initial, last* or trust or organization	
Social Security number (SSN) or employer ID number (EIN)	Birth date *mm dd yyyy*
Daytime phone *area code, number, extension*	Evening phone *area code, number, extension*

Return pages 1–5 of this form, even if some sections are left blank.

Primary residence

Primary residence *P.O. box or rural route is NOT acceptable*		
City, state, zip		Country *if not U.S.*
Email address *optional*		

Note: This Section will not update your address on any personal accounts with Vanguard. If you are an existing Vanguard client and would like to update your personal information, please visit **vanguard.com**.

Citizenship and tax residency

Check and complete only one.

☐ U.S. citizen		
☐ Resident alien	Country of citizenship	
☐ Nonresident alien*	Country of citizenship	Country of tax residence

Association

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

Check all that apply.

☐ Check this box if you are, or your spouse is, a Vanguard employee.

If you check this box, a letter of account approval from the compliance officer of the associated organization is required. >

☐ Check this box if you're associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer. If this box is checked, you must provide the names of the companies for which you're associated with.

Name of company

☐ 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 member 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 affiliate.

Name of company	Trading symbol

*If the agent is a nonresident alien, he or she must complete an IRS Form W-8BEN electronically to certify his or her tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once the account has been established.

4. Agent affidavit and indemnification

Important: The agent(s) must sign on the next page.

I, the agent identified in Section 3, being duly sworn, depose and say that:

- I have been appointed agent for the account owner identified in Section 2 under the attached durable power of attorney (the "Power of Attorney"). The attached Power of Attorney is the original, or a complete and accurate copy of the original, Power of Attorney.
- As of the date of this affidavit, the account owner is alive and I have no knowledge that the Power of Attorney has been revoked or otherwise terminated due to the death of the account owner, the filing of an action in divorce, or for any other reason. I agree that I will act within the scope of the Power of Attorney and will not exercise any power granted to me under the Power of Attorney if I know or have reason to know that the Power of Attorney has been revoked or is no longer valid for any reason.
- I confirm under penalty of perjury that to the best of my knowledge, the Power of Attorney is valid and in full force and effect and, as agent, I have the authority to conduct investment transactions and to transmit instructions to The Vanguard Group, Inc. or one of its affiliates, including but not limited to Vanguard Brokerage Services ("Vanguard") for the Vanguard mutual fund and Vanguard Brokerage Services accounts registered to this account owner and on any identically registered accounts opened after the date of this affidavit. To the extent that, under the Power of Attorney, I may engage in margin and option trading and such rights were established previously by the account owner, I may engage in margin and option trading in accordance with procedures established by Vanguard Brokerage Services. I understand that eligibility for margin and option trading will be based on the account owner's financial position and not mine, as agent. I understand that Vanguard will treat all transaction requests coming from me as if they had come directly from the account owner.
- I understand that I will be able to view the account owner's accounts, including historical account information, online at **vanguard.com** only if I am eligible to register on **vanguard.com**.
- I agree that Vanguard will not be held responsible for my decisions or my investment recommendations, and neither is under any duty to question any instruction received from me or the suitability of any transactions requested by me, as agent.
- I agree that Vanguard is not responsible for whether I am 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. Further, I attest that if I am an Investment Adviser, I am not acting in my capacity as such when serving as agent for this principal.
- I agree to indemnify and hold Vanguard and each of the investment company members of The Vanguard Group and their respective officers, employees, and agents, harmless from all losses of any kind resulting from acting upon instructions believed to have originated from me and from any and all acts or omissions involving the eligible accounts registered under the Social Security number referenced in Section 2.
- I acknowledge that I am bound by the terms and conditions of the Vanguard Brokerage Account Agreement which is incorporated by reference herein.
- As to the accounts to which this certification applies, I understand that my authority granted under the Power of Attorney and certified in this form will remain in full force and effect until Vanguard receives notice of the revocation of this form or the account owner's death. Neither revocation of this form nor the account owner's death will affect any liability resulting from transactions initiated before Vanguard receives notice of such event and Vanguard has had a reasonable amount of time to act upon such notice.

Return pages 1–5 of this form, even if some sections are left blank.

Before completing this section, please consult with an attorney if you're unsure about your authority to use the services of an investment manager. >

☐ By checking this box, I confirm the authority to use the services of an investment manager, such as Vanguard Personal Advisor Services®. This authority was granted to me by the account owner (either expressly or through applicable law) in the Power of Attorney enclosed or already on file.

DO NOT SIGN BELOW UNTIL YOU'RE IN THE PRESENCE OF A NOTARY PUBLIC.

If more than one agent signature is required, copy all pages of Section 4 for each additional agent to sign in the presence of a notary. Signature dates given by the agent and notary must match.

The agent listed in Section 3 must sign here.

If the agent is a trust or organization, the trustee/ authorized signatory should sign here. >

Signature of agent for incapacitated person	Date *mm dd yyyy*
X	M M – D D – Y Y Y Y

Name of agent listed in Section 3. >

Print name

Acknowledgment of signature

State of _____ and County of _____

The notary date must be within 120 days of submission of this document to Vanguard. >

On Date *mm dd yyyy* M M – D D – Y Y Y Y the agent 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.

Signature of notary public	Notary seal *if state requires seal*
Commission expiration date *mm dd yyyy* M M – D D – Y Y Y Y	

Mailing information

Make a copy of this completed certification form for your records.

Return pages 1–5 of this form along with all required documentation.

Mail to: >

Vanguard
P.O. Box 982901
El Paso, TX 79998-2901

For overnight delivery, mail to: >

Vanguard
5951 Luckett Court, Suite A1
El Paso, TX 79932-1882

Reminders

You MUST include or attach the following items. If any are missing upon receipt of this form at Vanguard, your request won't be processed.

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

- **A complete and accurate original or copy of the incapacitated account owner's Durable Power of Attorney that authorizes the agent identified in Section 3 to act on the account owner's behalf.**
- **Vanguard's Report of Incapacity Form signed and dated by a qualified medical or mental health professional authorized to diagnose the account owner's condition. The form must be dated within 120 days of submission to Vanguard.**
- **Last four digits of account owner's Social Security number in Section 2.**
- **The full taxpayer ID number, date of birth, and primary residence of the agent in Section 3.**
- **Letter of account approval (if applicable).** If you checked the first box under "Association" in Section 3, you must attach a letter of account approval from the affiliated organization's compliance officer. *See the instructions page for more information.*
- **Agent signature with notarization in Section 4.** *Dates given by agent and notary must match.*
- **If the agent is a trust or organization, Vanguard's Trustee Certification Form or Organization Resolution Form, along with all required supporting documentation, must be submitted with this request.**

Return pages 1–5 of this form, even if some sections are left blank.

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Vanguard

Report of Incapacity

Effective August 2026

Questions?
Call 877-662-7447.

Use this form to provide certification that the individual identified in Section 1 is incapacitated. The form **must be completed by a qualified medical or mental health professional who is licensed and authorized to provide diagnoses**. This form serves as formal proof of incapacity for Vanguard.

Important:

- Vanguard defines incapacity as an individual's inability to manage their financial affairs due to a mental or physical illness, disability, or impairment.
- This form must be completed, signed, and submitted to Vanguard within 120 days of completion.
- This form serves as Vanguard's proof of incapacity and is a required part of the process to establish agent, trustee, or custodian access on behalf of an incapacitated individual. Additional Vanguard forms and supporting documentation may also be required.
- Receipt of this form notifies Vanguard that the individual identified in Section 1 is incapacitated. If the required access documentation has not yet been submitted, Vanguard may place temporary restrictions on all applicable accounts associated with that individual, including accounts they own and accounts on which they serve in a fiduciary capacity. These restrictions will remain in place until all required forms and supporting documentation have been received and approved.
- Once the required documentation has been approved, Vanguard will establish the appropriate authorized access and adjust the incapacitated individual's account authority as applicable.
- Depending on the incapacitated individual's role, additional forms may be needed to establish access:
  - **Account Owner (Individual Nonretirement/Retirement Accounts, Joint Accounts):** Review Vanguard's Agent Certification for Incapacitated Person (ACIP) requirements.
  - **Trustee of a Trust Account:** Review Vanguard's Trustee Certification Form requirements.
  - **Custodian of a Minor Account:** This may require a Change of Ownership.
  - **Court-Appointed Guardian or Conservator:** Review Vanguard's Court-Appointed Access Form requirements.
  - **Note:** If the incapacitated individual did not establish a Durable Power of Attorney before becoming incapacitated, the Court-Appointed Access process may be required.

Print in capital letters and use black ink.

1. Information about the incapacitated individual

This Section collects information about the **Vanguard client who has become incapacitated**.

Provide the full legal name. >

Name of incapacitated owner, trustee, custodian, or authorized person *first, middle initial, last*	
Last 4 digits of Social Security number	Date of birth *mm dd yyyy*
Zip code	

A signature is required on the next page.

2. Healthcare professional information

The healthcare professional listed below must be a **qualified medical or mental health professional who is licensed and authorized to provide diagnoses**. The healthcare professional identified in this Section must **sign and date Section 3**.

Provide the full legal name. >

Name of healthcare professional *first, middle initial, last*
Name of medical facility or practice
Professional designation *e.g., physician, psychologist, nurse practitioner*

3. Certification of incapacity

In my professional opinion, as of the date of my signature below, the individual identified in Section 1 is incapacitated and cannot manage their financial affairs. I am qualified to provide this opinion.

Signature	Today's date *mm dd yyyy*
X	M M – D D – Y Y Y Y

Mailing information

Mail your completed form to:

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

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

Reminders

Verify that the following information has been provided, and that pages 1–2 of this form are returned to Vanguard. **If any of this information is missing when Vanguard receives this form, we won't be able to process your request.**

- Professional designation must be listed on the form.
- Name of professional needs to be listed.
- Signature and date of healthcare professional are required in Section 3.

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