

# Vanguard Required Minimum Distribution Service Form



For Institutional Plan Participant Use Only

Complete this form if you are the original account owner who needs to take a required minimum distribution (RMD). This form does not apply to beneficiaries who have inherited the account and may need to take an RMD. Beneficiaries should call Vanguard at **800-523-1188** for assistance.

### Please complete this form to:

- Request RMDs from your employer plan.
- Make changes to an existing RMD payment schedule.

### Please have the following information available to complete this form:

- Employer name and plan number(s)
- For direct deposit:
  - > Vanguard non-retirement fund name and number and account number, or
  - > Bank account information including the Routing number and Account number

### Please return the completed form in the enclosed postage-paid envelope.

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

**Vanguard**  
 ATTN: DC Plan  
 P.O. Box 982902  
 El Paso, TX 79998-2902

For overnight delivery, mail to:

**Vanguard**  
 ATTN: DC Plan  
 5951 Lockett Court Suite A2  
 El Paso, TX 79932

Please allow us 30 days to process your request and mail you a confirmation.

If you have any questions or would like assistance in completing this form, please call Vanguard Participant Services at **800-523-1188** Monday through Friday from 8:30 a.m. to 9 p.m., Eastern time.

### 1. Type of request (Choose one option)

- Request RMDs from your employer plan.
- Make changes to an existing RMD payment schedule.

If you complete this form, Vanguard will calculate your RMD based on your Vanguard assets for this employer only. Vanguard's RMD calculations will be correct only if you provide complete and accurate information.

You are still responsible for ensuring that you take your RMD payments from any other retirement accounts that you may have with Vanguard or any other institution.

### 2. Identify the plan(s) from which you wish to take your RMD.

You can find your plan name and number on the first page of your quarterly account statement.

A. Employer name:  
Leidos, Inc.

B. Are you currently working for this Employer?

- Yes  No

C. Plan number: 090518

### Keep these points in mind

- If you participate in multiple plans for the same employer, unless your plans are 403(b), you must take the required minimum distribution from each plan. Therefore, you **must** list all plan numbers above in order to avoid the 50% tax penalty.



\* X 0 9 0 5 1 8 4 4 4 \*

### 3. Personal information

*This form cannot be used to change any personal or beneficiary information on Vanguard records. If you need to update any information, please visit our website at [www.vanguard.com](http://www.vanguard.com) or call Vanguard Participant Services at 800-523-1188.*

#### A. About you

Name (first, middle initial, last)

Social Security Number (SSN)

Date of birth (mm/dd/yyyy)

Daytime Phone (area code, number, extension)

#### B. Beneficiary information (if applicable)

Complete this section only if your sole primary beneficiary is your spouse or qualifying trust whose sole primary beneficiary is your spouse who is more than ten years younger than you. Vanguard will use the Joint Life Expectancy Table to calculate your RMD which results in a somewhat smaller RMD amount. Be sure to only check the box below if this exception applies to you. If you are not eligible and you check the box, you run the risk of not meeting your RMD and you may incur a tax penalty of 50% of the shortfall amount.

- My sole primary beneficiary is my spouse or a qualifying trust whose sole primary beneficiary is my spouse who is more than ten years younger than me. I confirm that my spouse has been my sole beneficiary for the entire calendar year and is on file with Vanguard or my employer.

Spouse's name (first, middle initial, last) or trust name

Spouse's date of birth (mm/dd/yyyy)

## 4. First-year distribution instructions

Generally, you must take your annual RMD by December 31 each year. However, for the year you reach your RMD age\*, or retire (whichever is later), you can delay taking your first RMD - and only your first RMD - until April 1 of the following year. Keep in mind that if you delay your first RMD, you will have to take two RMDs the following year: one by April 1 and the other by December 31.

**Complete this section only if this is your first RMD and you are choosing to delay your distribution. If you do not wish to delay your first RMD, please proceed to Section 5.**

By selecting a month below, you are indicating that you would like to delay your first RMD until the year after you reach your RMD age\* or retire. Vanguard will choose a date that is administratively feasible to distribute your payment so you receive it between the 15th and 30th of the month you select.

**Note:** If you select this option, your first payment will be in the form of a check. All future payments will be paid according to your selection in Section 6.

**January**       **February**       **March**

\*RMD Age - If you reached age 70½ in 2019, you are generally required to take your first RMD by April 1, 2020. If you reach age 70½ in 2020 or later, you generally won't need to take your first RMD until age 72, because of a recent change in the law.

## 5. Ongoing distribution instructions

### A. RMD payment amount

Vanguard will recalculate your RMD at the beginning of each year based on your plan's rules.

### B. Payment frequency (Choose one option to indicate how often you wish to receive payments.)

- Monthly (12 payments per year)  
 Quarterly (4 payments per year)  
 Semiannually (2 payments per year)  
 Annually (1 payment per year)

### C. Payment date instructions

Indicate the month/year you would like your payments to begin. Vanguard will choose a date that is administratively feasible to distribute your payment so you receive it between the 15th and 30th of the month. Payments will be distributed in accordance to the frequency you stated in Section 5B.

Beginning payment date (mm/yyyy)

**Note:** Please allow Vanguard 30 days to process your request. If your request is not received prior to 30 days of your beginning payment date, you may not receive your payment until the next scheduled payment date.

**6. Payment method** (Choose one option)

Send check to my address of record on file with Vanguard.

**Deposit into a Vanguard non-retirement account.**

If you do not have an existing account, please open an account prior to completing this form. To open an account, please visit our website at <https://personal.vanguard.com/us/openaccount>, or call our Retail Client Services at 800-662-2739.

Enter your fund and account information below.

Fund number

Fund name

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Account number

**Direct deposit to a bank account.**

Please verify with your bank that it is a member of the Automated Clearing House (ACH) network, and that your account type permits electronic transfers, and furnish the following information. Your direct deposit request must be accompanied by a voided check if it is going to checking or a deposit slip or other backup from the receiving financial institution that confirms account and routing information if it is going to savings. Backup should include your name, address, routing number and account number. (If your bank account information is inaccurate or becomes inaccurate or you do not provide the noted supporting bank documentation, your required minimum distributions will be distributed by check to the address on record until the correct information is provided and verified).

Account Registration Name(s):

Bank/Credit Union Name:

Account Type:  Checking (You must provide a voided check. This could delay your request if not included.)

Savings Account (You must provide a deposit slip or other backup that confirms account or routing information. This could delay your request if not included.)

Routing #:

Account #:

If the owner of the Vanguard account(s) identified in Sections 2 and 3A is not the sole owner or authorized signer of the bank account specified above, or the signature of one or more additional bank account owners or authorized signers is required in order to authorize electronic bank transfers to or from the bank account, the owner of the Vanguard account(s) and any additional required bank account owner(s) or authorized signer(s) must sign in Section 9 and have their signatures notarized.

If the above information is inaccurate, your required minimum distributions will be made in a check until the correct information is provided and verified.

## 7. Fund distribution (Choose one option)

Vanguard will withdraw your assets proportionally from all funds (pro rata) for this and all future payments.

## 8. Income tax withholding

Distributions from your Plan will be subject to federal income tax withholding unless you elect out of withholding. If your account is registered with an invalid social security number or has an address outside the United States, special income tax withholding rules may apply. Please refer to the last page of this form for additional information. If you do not elect out of withholding, your withholding amount will be calculated based on the IRS Wage Withholding requirements. If you elect out of the withholding, you are still liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are not adequate. Your withholding election will remain in effect unless you notify us otherwise.

### A. Federal income tax

**Yes, withhold federal taxes** using the marital status and personal withholding allowances provided in Section 8B.

In addition to any amount withheld based on marital status and withholding allowances, please withhold the following whole dollar amount in federal tax from each payment (**optional**):

\$  ,

**No, do not withhold federal taxes.**

**Note:** If you elect to decline withholding, you are still liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and the tax withheld are insufficient.

### B. Marital status and withholding allowances

Please provide your marital status and withholding allowances below.

**Married**       **Single**       **Married, but withhold at higher "Single" rate**

Please indicate the number of personal withholding allowances you are claiming:   
(You may claim fewer allowances than you are entitled to in order to increase the amount withheld.)

**Note:** If you do not specifically decline federal income tax withholding and do not provide your marital status and number of withholding allowances, Vanguard will use a married status with three withholding allowances when calculating the amount of federal income tax to withhold.

### C. State income tax (Choose one option)

**Yes, withhold the taxes required by my state** (If your state is a voluntary withholding state, we will withhold 0% state withholding unless you specify the amount to withhold on the next line.)

**Yes, withhold the following state tax** (If your state is a voluntary withholding state and you elect less than the state minimum, we will withhold the state minimum.)

\$  ,  .  or  %

**No, do not withhold state tax.**

**Note:** Depending on your state's tax rules, you may not be allowed to decline withholding or take less than required by the state. Therefore, in such case, Vanguard will withhold the applicable taxes as required by your state.

## 9. Authorization and Notarization

### A. Participant Authorization

I understand the amount calculated by Vanguard will only apply to my required minimum distribution based on my balances of the plans that I identified in Section 2, as of December 31 of the previous year and in reliance on the information I have provided to Vanguard in this form and otherwise. I understand Vanguard will not take into account any other retirement plan assets that I may have invested at any other financial institution, or any other accounts held at Vanguard, and that it is my responsibility to ensure that I have complied with federal tax law regarding required minimum distributions.

If I indicated in Section 3B that my sole primary beneficiary is my spouse or a qualifying trust whose sole primary beneficiary is my spouse who is more than ten years younger than I, I confirm that my spouse has been my sole beneficiary for the entire calendar year for the plan accounts I listed in Section 2.

*If I have chosen electronic deposit of my distribution*, I authorize Vanguard to pay amounts representing distributions from my employer-sponsored retirement plan accounts, or to secure payment of amounts requested by me, by initiating credit or debit entries to my account at the bank identified by me in Section 6. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that this authorization may be terminated by me at any time by written notification to Vanguard and the bank. The termination request will be effective as soon as Vanguard has had a reasonable amount of time to act upon it.

I represent and warrant to Vanguard that I am an owner or authorized signer on the bank account specified in Section 6, and that each other owner or authorized signer of such bank account who is required to sign in order to authorize the initiation of ACH entries to such bank account, has signed section 9B and had his/her signature notarized.

I confirm that, to the best of my knowledge, the information provided in this form is true and correct as of this date.

**X**

Participant Signature

Date

**9. Authorization and Notarization** (continued)

**B. Bank Account Owner Authorization**

This section is only required if you selected electronic transfer of distributions to a jointly owned bank account in Section 6 and the signature of one or more additional owners or authorized signers is required in order to authorize electronic transfers to or from such bank account.

**All signatures must be notarized. DO NOT sign this form until you are in the presence of the notary public.**

In accordance with the instructions in this form, I authorize Vanguard to initiate credit or debit entries to my account at the bank named in Section 6. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that Vanguard will not incur any loss, liability, cost, or expense for acting upon the instructions in this form. I understand that this authorization may be terminated by me at any time by written notification to Vanguard and to the bank. The termination request will be effective as soon as Vanguard has had a reasonable amount of time to act upon it.

I represent and warrant to Vanguard that I am an owner or authorized signer on the bank account specified in Section 6, and that each other owner or authorized signer of such bank account who is required to sign in order to authorize the initiation of ACH entries to such bank account has signed this Section 9B.

**X**

Signature of Participant

Date

The notarization must be dated within 30 days of receipt of this document by Vanguard.

On _____ of _____	Date <i>mm/dd/yyyy</i>	Name of Person Signing
	County and State	

has personally appeared before me, a notary public, has satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that (s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

Signature of Notary Public	Notary Seal 
Commission Expiration Date <i>mm/dd/yyyy</i>	

**X**

Signature of Joint Bank Account Owner

Date

The notarization must be dated within 30 days of receipt of this document by Vanguard.

On _____ of _____	Date <i>mm/dd/yyyy</i>	Name of Person Signing
	County and State	

has personally appeared before me, a notary public, has satisfactorily proven to be the person whose name is signed to the within instrument, and has acknowledged that (s)he executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

Signature of Notary Public	Notary Seal 
Commission Expiration Date <i>mm/dd/yyyy</i>	

**PLEASE READ - Special Federal Income Tax Withholding Rules Apply if you have a Missing or Invalid U.S. SSN or an Address outside the U.S.**

If your retirement account is registered with:

- a) an invalid looking U.S. social security number (SSN);
- b) an address outside the U.S.; or
- c) your payment is being directed outside the U.S.,

you will need to complete either a valid Form W-9 to certify your tax status as a U.S. person or a valid Form W-8 to certify your tax status as a foreign person and claim a reduced rate of withholding under an income tax treaty, if applicable. You will not need to complete a form if we already have a valid Form W-8 or W-9 on file for you.

You must complete one of these forms online before sending the ***Vanguard Required Minimum Distribution Service Form*** to us. If Vanguard does not have a valid Form W-8 or W-9 on file at the time of distribution, Vanguard is required to presume your tax status to be foreign and we must withhold 30% federal income tax from the taxable portion of your required minimum distribution, even if you elect "No, do not withhold federal taxes" or elect an amount that would result in less than 30% withholding.

- If you are a U.S. person, once your Form W-9 has been validated, please complete the "Income tax withholding" section to make your applicable federal and state income tax withholding elections. Please note however, if you have an address outside the U.S., you will not be able to choose "No, do not withhold federal taxes".
- If you are a foreign person and you are claiming a treaty benefit, once your Form W-8 has been validated and approved for the treaty claim, if applicable, the federal tax withholding percentage will automatically be adjusted to reflect your claimed treaty rate.

**Caution:** In some instances, you may need to provide additional documentation to support the claims made on Form W-8. For example, if you requested direct deposit to a bank account as your payment method, you must provide a U.S. bank account. Vanguard cannot establish direct deposit to a foreign bank. If you selected this method, you will need to provide additional proof to support that you are a resident of the treaty country for which you are claiming treaty benefits. If additional information is required, we will attempt to contact you to provide further instruction. To check on the status of your Form W-8 or W-9, follow the same steps outlined below to access your completed form.

To Complete a Form W-8 or W-9 Online by Following These Steps:

1. Log on to your retirement account at [vanguard.com/retirementplans](http://vanguard.com/retirementplans).
2. Use the search bar and search for "Tax forms."
3. When the results are returned, select the "Tax Forms" result.
4. Click the link in the Forms W-8 or W-9 information box to view the form instructions.
5. Complete your form by using the "Access your Form" icon.

You'll be given a brief overview of how to complete your tax form online, and receive a Personal Identification Number (PIN) for e-signing your tax form.

Once you submit your completed Form W-8 or W-9, you will be able to save and print your completed tax form for your personal records.

If you have questions, please contact Vanguard Participant Services at 800-523-1188. For international calls, please use the AT&T Direct Access Number 1-800-10 and enter Vanguard's toll-free number, 1-800-523-1188, when prompted. Hearing-impaired participants may call 800-749-7273. (Para los participantes que hablen español, llame al 800-828-4487.) Associates are available to assist you Monday through Friday from 8:30 a.m. to 9 p.m., Eastern time.