

The Vanguard Group, Inc. Benefit Plan

AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNER BENEFITS

Use this Affidavit of Termination of Domestic Partner Benefits ("Affidavit") if you would like to remove your domestic partner and/or their child(ren) from The Vanguard Group, Inc. Benefit Plan ("Plan").

You must complete this Affidavit in the presence of a notary public and send the completed Affidavit to the Benefits Unit, mailstop M22. Upon receipt, Benefits will review the Affidavit and will notify you if any further information or action is required.

Please keep a copy of all materials presented for your own records.

Name of Crew Member:	Crew ID:
Name of Domestic Partner:	
Name of Domestic Partner's child(ren):	

____ I wish to terminate benefits coverage for the individual named as domestic partner

and / or (please check one)

____ I wish to terminate benefits coverage for the children of the individual named as domestic partner

I understand that:

- Benefits under The Vanguard Group, Inc., Benefit Plan (the "Benefit Plan") shall terminate as of the date hereof for the individual named as domestic partner above and any children of theirs who do not continue to be my dependents.
- The termination of my domestic partner benefits will not alter any beneficiary designations in effect for my life insurance, accidental death and dismemberment insurance, and business travel accident insurance, nor will it alter any beneficiary designation in effect for the Vanguard® Retirement and Savings Plan (the "Retirement Plan").
- In the event that I wish to elect benefits for my domestic partner in the future, coverage under the Benefit Plan will not be available to my domestic partner or their children unless I complete an Affidavit of Domestic Partnership and satisfy the requirements of the Affidavit as well as that I have resided in the same primary residence with my domestic partner in an exclusive relationship for six months, disregarding periods prior to the date hereof.
- A copy of this form will be sent to the individual named as domestic partner above who can receive mail at the following address:

Street Address:		
City:	State:	Zip Code:

Crew Member's Signature

Date

Sworn to and subscribed before me on this ____ day of _____, 20__.

Notary Public

My Commission Expires: