



Institutional Account Registration Form

August 2025

Use this form to open a new account. This form is for U.S. entities only. If you're a non-U.S. entity, call Vanguard at 800-950-0053 for additional information.

Print in capital letters and use black ink.

Questions?

Institutional Investment Services:
800-950-0053

Intermediary Services:
800-669-0498

Important information about opening a new account. The Vanguard Group, Inc., and certain of its affiliates (collectively, "Vanguard") are required by federal law to obtain from each person who opens an account, and in some cases, each owner or trustee, certain personal information—including name, street address, and taxpayer ID number, among other information, that will be used to verify identity. If you don't provide us with this information, we won't be able to open the account.

If we're unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.

In addition to this form and the documentation required in Section 6, you must complete the Vanguard Institutional Investor Organization Resolution Form or the Vanguard Certificate of Authority for Retirement Plans (for retirement plan trusts whose trustees are one or more individuals).

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

Account information

1. Registration type

Check only one. >

| |
|---|
| 1. Trust Go to Section 2. |
| 2. Financial intermediary Go to Section 3. |
| 3. Other institutional account Go to Section 4. |

2. Trust registrations

A. Type of trust >

Check only one.

| |
|--------------------------------------|
| Defined contribution retirement plan |
| Defined benefit retirement plan |
| Government entity/457 plan |
| Health/Welfare benefit plan |
| Deferred compensation plan |
| Discretionary bank trust |
| Other trust specify |

B. Is the new account being opened for the purpose of participating in an employee benefit plan established under ERISA? Yes No

C. Registered account owner information (*Provide all trustee information in Section 4 of the Legal Entity Beneficial Ownership/Trust Certification Form.*)

Provide your
organization's
full legal name. >

| | |
|---|----------------------------|
| Trustee name <i>required of entities</i> | |
| Plan/Trust name | |
| Trust's taxpayer ID number | |
| Mailing address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Street address <i>if different from mailing address</i> | |

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

| | |
|--|---|
| Trustee name <i>required of entities</i> | |
| City, state, zip | Country <i>if not U.S.</i> |
| Daily/Senior contact name <i>first, middle initial, last</i> | |
| Daily/Senior contact title | Phone <i>area code, number, extension</i> |
| Email | Trust's country of tax residency* |

**If the United States is not the country of tax residency, contact Vanguard for further information.
This form is only for U.S. entities.*

D. For retirement plan trust accounts, provide the following information:

Plan sponsor information

| | |
|---|---|
| Name of plan sponsor | Type of plan e.g., 401(k) |
| Contact name <i>first, middle initial, last</i> | Title |
| Trust's taxpayer ID number | |
| Mailing address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Phone <i>area code, number, extension</i> | Fax <i>area code, number, extension</i> |

Recordkeeper information

| | |
|---|---|
| Recordkeeper name | Type of plan e.g., 401(k) |
| Mailing address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Contact name <i>first, middle initial, last</i> | Phone <i>area code, number, extension</i> |

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

3. Financial intermediary registrations

Registered account owner information

| | |
|---|---|
| Name of intermediary | |
| If bank nominee, name of bank | |
| Additional registration information <i>optional: e.g., FBO information</i> | |
| Intermediary's taxpayer ID number | |
| Additional taxpayer ID number to be associated with the account <i>optional</i> | |
| Mailing address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Street address <i>if different from mailing address</i> | |
| City, state, zip | Country <i>if not U.S.</i> |
| Daily/Senior contact name <i>first, middle initial, last</i> | |
| Daily/Senior contact title | Phone <i>area code, number, extension</i> |
| Email | Intermediary's country of entity/tax residency* |

**If the United States is not the country of tax residency, contact Vanguard for further information.
This form is only for U.S. entities.*

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

4. Other institutional account registrations

A. Type of institution

Check only one. >

| |
|----------------------------|
| Foundation |
| Endowment |
| Corporation/Entity |
| Nonprofit Corporation |
| Other institution specify. |

B. Registered account owner information

| | |
|--|--|
| Name of institution | |
| Institution's taxpayer ID number | |
| Mailing address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Daily/Senior contact name <i>first, middle initial, last</i> | |
| Daily/Senior contact title | Phone <i>area code, number, extension</i> |
| Email | Institution's country of entity/tax residency* |

**If the United States is not the country of tax residency, contact Vanguard for further information.
This form is only for U.S. entities.*

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

5. NSCC trading

A. Will this account be traded via the NSCC? Yes No

B. If you checked "Yes" above, provide the following:

Trading firm information

| | |
|---------------------------|-----------|
| NSCC membership ID number | Firm name |
|---------------------------|-----------|

Settling firm information

| | |
|---------------------------|-----------|
| NSCC membership ID number | Firm name |
|---------------------------|-----------|

Account networking firm information *(if applicable)*

| | | |
|---------------|--------------------|-------------------|
| Matrix level: | Level 0 Level 3 | BIN/FIN number(s) |
|---------------|--------------------|-------------------|

DTCC social code information

| |
|--|
| |
|--|

Network to: Trading firm Settling firm

6. Additional registered account owner information

A. Registered account owner description *(Choose one if it describes the entity identified in Section 3 or 4B. If any of the following are selected, disregard the Additional documentation required column in Section 6B.)*

| | |
|---|-------------------------|
| Broker-dealer | National bank |
| Investment advisor | Mutual fund |
| State-regulated bank | State insurance company |
| Government agency or instrumentality | |
| Publicly traded on the Nasdaq (except small-cap issues), NYSE, or NYSE Arca | Ticker symbol |

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

B. Registered account owner entity type (for the registered account owner identified in Section 2, 3, or 4, as applicable). Required documentation: The information in this section is required for the registered account owner.

Important: > Along with this form, send a copy of the documentation required for the entity type specified on the right to avoid delay in establishing the account or account options.

| Entity type <i>Check only one.</i> | Required documentation | Additional documentation required** |
|--|--|---|
| Trust | Pages in trust document that show the name of the trust, the trust date, a listing of the trustees' names, and the signature pages signed by the person required to sign under the law of the jurisdiction in which the trust was formed | X |
| Corporation | Articles of incorporation, state-issued charter, or certificate of good standing. Check one, or your entity will be treated as an S Corporation for tax purposes: C corporation S corporation* | X |
| Endowment | Pages in the trust document that show the endowment's name and a listing of all trustees and their signatures | X |
| Foundation* | Articles of incorporation | X |
| Partnership* | Partnership agreement | X |
| Professional association or professional corporation | Articles of association, certificate of entity, or similar document | X |
| Limited liability company (LLC) | Articles of association, certificate of entity, or similar document. Check one to indicate the federal tax classification of the LLC: C corporation S corporation* Partnership Sole proprietorship/Single member | X |
| Sole proprietorship* | Document filed to form the proprietorship | |
| Unincorporated enterprise | Document providing evidence of the existence of the enterprise, such as the charter or resolution | |
| Bank nominee | Document filed to form the entity | |
| School district, municipality | Document filed to form the entity | |
| Nonprofit corporation | Articles of incorporation, state-issued charter, or certificate of good standing | X |
| Other Specify type. | Document filed to form the entity (if a legal entity), or entity bylaws or similar document (if not a legal entity) | X |


*See Section 11.

**See *Legal Entity Beneficial Ownership/Trust Certification Form* at the end of this document.

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

C. Government entity clients

Securities industry regulations require investment advisory firms to maintain a list of all government entity clients that invest in any participant-directed investment program or plan sponsored or established by a state or political subdivision or any agency, authority, or instrumentality thereof, including but not limited to 529 college savings programs, 403(b) and 457 retirement plans, or similar programs or plans.

Important:
Check if  applicable.

The registered owner of this account is one of the entities described above.

D. Exempt payee codes for entities

If the entity is exempt from backup withholding, provide the applicable exempt payee code from the list below.

Code

| Type of entity | Exempt payee code |
|--|-------------------|
| An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2) | 1 |
| The United States or any of its agencies or instrumentalities | 2 |
| A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, agencies, or instrumentalities | 3 |
| A foreign government or any of its political subdivisions, agencies, or instrumentalities. | 4 |
| A corporation | 5 |
| A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States | 6 |
| A futures commission merchant registered with the Commodity Futures Trading Commission | 7 |
| A real estate investment trust | 8 |
| An entity registered at all times during the tax year under the Investment Company Act of 1940 | 9 |
| A common trust fund operated by a bank under section 584(a) | 10 |
| A financial institution | 11 |
| A middleman known in the investment community as a nominee or custodian | 12 |
| A trust exempt from tax under section 664 or described in section 4947 | 13 |

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

The following chart shows types of payees that are exempt from backup withholding.

| If the payment is for... | Then the payment is exempt for... |
|--|--|
| Interest and dividend payments | All exempt payees except for 7. |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they're exempt only for sales of noncovered securities acquired before 2012. |
| Payments more than \$600 required to be reported | Generally, exempt payees 1 through 5. |

Investment options

7. Indicate the fund name, fund number, ticker/CUSIP, and initial investment amount below.

| | | | |
|-----------|-------------|--------------|---------------------------|
| Fund name | Fund number | Ticker/CUSIP | Initial investment amount |
| Fund name | Fund number | Ticker/CUSIP | Initial investment amount |
| Fund name | Fund number | Ticker/CUSIP | Initial investment amount |
| Fund name | Fund number | Ticker/CUSIP | Initial investment amount |

The initial funding for the account will be by:

Wire

NSCC

Delivering from _____

Other *specify*. _____

Account nature and purpose

(Disregard this section if financial intermediary is selected as the registration type in Section 1.)

8. Investment objective

| | | | | |
|--|--------|--------|----------------------|--|
| | Growth | Income | Capital preservation | |
|--|--------|--------|----------------------|--|

9. Source of income

| | | | | |
|--|------------------|-------------------|-----------------|---------------------|
| | Corporate income | Investment income | Working capital | Gift or inheritance |
|--|------------------|-------------------|-----------------|---------------------|

10. Purpose of account

| | | | | |
|--|--------------------------------|-------------------|----------------------------|--------------------------|
| | Investment for estate planning | General investing | Business operating account | Investing for retirement |
|--|--------------------------------|-------------------|----------------------------|--------------------------|

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

Account options

11. Cost basis method

- If your entity type is marked (*) in Section 6B, you must check one of the following; cost basis election is optional for all other entities.
- Cost basis is not available for retirement assets, banks, bank nominees, broker-dealers, or other financial intermediary registrations.
- Your cost basis election applies to holdings acquired on or after January 1, 2012.

Check one. >

| | |
|------------------------------|--|
| Average cost | Shares are sold using an average share price of the total number of shares acquired. |
| First in, first out (FIFO) | Shares are sold in the order in which they were acquired. |
| Highest in, first out (HIFO) | Shares with the highest adjusted basis are sold first. |
| Minimum tax (MinTax) | Shares are sold to result in the most favorable tax rates through the prioritization of short-term losses over long-term losses and long-term gains over short-term gains. |
| Maximum gain (MaxGain) | Shares featuring the lowest adjusted basis are sold first, with the intention of maximum gain. |

12. Dividend payment option

Check one. >

| |
|--|
| Reinvest dividends and capital gains in additional shares of the same fund. |
| Pay dividends and capital gains in cash. |
| Pay dividends in cash, and reinvest capital gains in additional shares of the same fund. |
| Reinvest dividends in additional shares of the same fund, and pay capital gains in cash. |

If no box is checked, all dividends and capital gains distributions will be reinvested in additional shares of the same fund.

Note: If the entity selects to have dividends and/or capital gains paid in cash, choose one of the following methods:

Wire*

EBT**

Networking

Check

*If selected, bank account information must be provided in Section 13.

**This form is for wire instructions only. To provide electronic bank transfer (EBT) instructions, fill out the Institutional Bank Transfer Form.

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

13. Wire instructions *optional*

Complete this section to wire to a U.S. bank account.

Bank account information

| | |
|--|----------------------------|
| Bank name | ABA number |
| Street address | |
| City, state, zip | Country <i>if not U.S.</i> |
| Bank account registration <i>Identify bank account owner</i> | |
| Bank account type Checking Savings | Bank account number |
| Beneficiary name | Beneficiary account number |

14. Additional statements *optional*

Vanguard can send duplicate statements to up to three recipients.

| | |
|------------------|----------------------------|
| Name | |
| Street address | |
| City, state, zip | Country <i>if not U.S.</i> |

| | |
|------------------|----------------------------|
| Name | |
| Street address | |
| City, state, zip | Country <i>if not U.S.</i> |

| | |
|------------------|----------------------------|
| Name | |
| Street address | |
| City, state, zip | Country <i>if not U.S.</i> |

15. Online access *optional* To establish online access to your account, complete the Institutional Website Access Authorization Form available on our website.

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

16. Checkwriting *optional* To establish checkwriting on your account, complete the Vanguard Institutional Checkwriting Form available on our website.

Signatures of authorized signers

17. Certification and signatures

By signing below, you understand, agree, and certify to The Vanguard Group, Inc., and any of its affiliates or subsidiaries ("Vanguard") that:

- You've been duly authorized by the registered owner identified in Section 2, 3, or 4 to execute and deliver documents on behalf of the registered owner, including this Institutional Account Registration Form ("form").
- You've full authority and legal capacity to purchase fund shares and to select the account options and features noted on this form.
- You've received a current prospectus for each fund in which the registered owner is investing and agree to be bound by its respective terms.
- If you're signing this form as a trustee of a trust identified in Section 2, the trust is valid and in full force and effect as of the date you sign this form, the trustee(s) has/have full authority under the trust document and applicable law to enter into investment transactions on behalf of the trust, including the purchase, sale, exchange, transfer, and redemption of mutual funds, and the trustee(s) may issue general instructions.
- If you're signing this form on behalf of an entity identified in Section 3 or 4, the entity is in existence as of the date you sign this form, and you've been duly authorized to enter into investment transactions on behalf of the entity.
- Vanguard may accept telephone instructions and online instructions from any one authorized person, and Vanguard will not incur any loss, liability, cost, or expense in connection with an authorized telephone or online request.
- If the trust or entity identified in Section 2 or 4 of this form is investing in a state tax-exempt fund, the trust or entity is a legal resident of the state identified in the prospectus, although it may occasionally use an out-of-state address.
- If the financial intermediary identified in Section 3 is investing in a state tax-exempt fund, each beneficial owner of the shares of that fund is a legal resident of the state identified in the prospectus, although each such beneficial owner may occasionally use an out-of-state address.
- If bank account information was provided on this form, Vanguard is authorized to wire proceeds of redemptions requested by an authorized person to that bank account.
- All instructions on this form will remain in full force and effect until Vanguard receives, and has had a reasonable opportunity to act upon, written notice to change such instructions.
- All information on this form is true, correct, and complete.

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

I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, and certify under penalties of perjury that:

1. The taxpayer ID number I have given on this form is correct (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Important: Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its Form W-9 instructions).
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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

Name of trustee or authorized signatory of entity

Name *first, middle initial, last*

Title

IMPORTANT:
Sign here.Copy this page,
and attach it if
additional
signatures are
required. >**Signature of trustee or authorized signatory
of entity**Date *mm/dd/yyyy*

Name of trustee or authorized signatory of entity

Name *first, middle initial, last*

Title

IMPORTANT:
Sign here.Copy this page,
and attach it if
additional
signatures are
required. >**Signature of trustee or authorized signatory
of entity**Date *mm/dd/yyyy*

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

Submitting to Vanguard

Make a copy of the completed form for your records. This form must be signed by an authorized signatory on behalf of your firm.

Submit the completed, signed, and dated form to Vanguard via one of the methods below. If you're an existing web user, you may upload the form directly.

Fax: 484-582-2806

P.O. box address > Vanguard
(all USPS mail) P.O. Box 982903
El Paso, TX 79998-2903

Street address > Vanguard
(all FedEx or UPS mail) 5951 Lockett Court, Suite A3
El Paso, TX 79932

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