



Tax File Number Notification Form

Vanguard INVESTMENTS®

Vanguard® Investor Index Funds

Complete this form if you wish to notify us of your Tax File Number.
Please complete the relevant sections in BLOCK letters.

Valid instructions received by 2.00 pm (Melbourne Time) will be processed on that business day. Please refer to the Product Disclosure Statement for further details.

1. Investor details (must be completed)

Investor number V

Investor name

Contact phone no./s*

*To assist Vanguard in assuring that accurate information about your Tax File Number is given to the Australian Tax Office, it would be helpful if you give your daytime telephone number in case we need to contact you about this form. The telephone number you quote on this form will only be used by Vanguard for this purpose.

2. Tax File Number (TFN) notification or exemption

You may choose to quote your TFN or claim an exemption in relation to your investment in the Vanguard Investor Index Funds by completing this form. Collection of TFNs are authorised, and its use and disclosure are strictly regulated, by the tax laws and the Privacy Act 1988. It is not compulsory to quote your TFN or TFN exemption, however, we may be required to deduct tax from gross payments including your income distribution at the prescribed rate (at the issue date of this form, this was the highest marginal rate plus Medicare Levy) if you choose not to quote your TFN or claim an exemption.

For more information about the use of TFNs, please contact the Australian Tax Office on 13 28 61.

Investor 1

Investor name

I wish to quote my TFN — TFN:

I do not wish to quote a TFN — Reason for exemption (please tick ✓ and provide details)

Pensioner Name of pension

Non-resident Country of residence

Organisation Reason for exemption

Other Include relevant details

I do not wish to quote a TFN exemption

Investor 2

Investor name

I wish to quote my TFN — TFN:

I do not wish to quote a TFN — Reason for exemption (please tick ✓ and provide details)

Pensioner Name of pension

Non-resident Country of residence

Organisation Reason for exemption

Other Include relevant details

I do not wish to quote a TFN exemption



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Please complete the relevant sections in BLOCK letters.

3. Signatures (must be completed)

Applicant signature/s

Each signatory below confirms that they have been duly authorised to execute this application on behalf of the applicant/s and that the signing authorities specified below have also been duly authorised.

Signatory 1

Signature _____

Name _____

Date _____

Position (please tick one option)

Investor Director Trustee

Other (please state) _____

Signatory 2

Signature _____

Name _____

Date _____

Position (please tick one option)

Investor Director Trustee

Other (please state) _____

Contacting Vanguard

You can return this form by fax or post.

Fax
1300 765 712

Mail
Vanguard Investor Index Funds
GPO Box 3006FF
Melbourne Vic 3001

More information

1300 655 101
Vanguard Client Services are available from 8.00 am to 6.00 pm
Monday to Friday (Melbourne Time)