



Authorised Representative Form

Vanguard INVESTMENTS®

Vanguard® Wholesale Index Funds

Please complete the relevant sections in BLOCK letters.

4. Declaration

I/We authorise the above named person(s) to act on my/our behalf to operate my/our investments with Vanguard. The authorised person(s) can do everything an investor can do, except appoint another authorised representative. I/We are aware that I/we are responsible for the actions of the authorised representative(s). I/We also release, discharge and agree to indemnify Vanguard and the Funds for any losses, liabilities, actions, proceedings, accounts, claims and demands in respect of any liabilities arising out of this respect. This arrangement will continue until I/we cancel it by notifying Vanguard in writing. The cancellation will take effect from the date of receipt by Vanguard.

5. Signatures (must be completed by all new and existing signatories)

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.

Authorised representative 1 (new)

Signature _____
 Name _____
 Date _____
 Position (please tick ✓ one option)
 Investor Director Trustee
 Other (please state) _____

Authorised representative 2 (new)

Signature _____
 Name _____
 Date _____
 Position (please tick ✓ one option)
 Investor Director Trustee
 Other (please state) _____

Signatory 1 (existing)

Signature _____
 Name _____
 Date _____
 Position (please tick ✓ one option)
 Investor Director Trustee
 Other (please state) _____

Signatory 2 (existing)

Signature _____
 Name _____
 Date _____
 Position (please tick ✓ one option)
 Investor Director Trustee
 Other (please state) _____