

Education Savings Account Changes

✓ **Use this form to:**

- Change Beneficiary or Successor Beneficiaries.
- Change bank information or phone trading privileges.
- Change the Authorized Person.

This stamp indicates a signature guarantee is required.

Mail to:

T. Rowe Price
P.O. Box 17302
Baltimore, MD 21297-1302

Express delivery only:

T. Rowe Price Mail Code 17302
4515 Painters Mill Road
Owings Mills, MD 21117-4903

This paper clip indicates you may need to attach documentation.

1 Account Information

Complete separate forms for accounts with different Beneficiaries.

| | | |
|---------------------------|----------------|------------------------------|
| Current Beneficiary | | Social Security Number (SSN) |
| Current Authorized Person | | Phone |
| Fund Name | Account Number | |

Changes requested on this form will apply to all Education Savings Accounts (ESAs) with the same Authorized Person and Beneficiary unless you check this box and attach a separate page.

2 New Authorized Person

Complete this section to change the Authorized Person. The Authorized Person is the person who controls the ESA.

| | | | |
|--|-----------------------------|--|--|
| Name* | | Citizenship:* <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien | |
| SSN* | Date of Birth (mm/dd/yyyy)* | | |
| Residential Street Address (cannot be a P.O. box)* | | | |
| City* | State* | ZIP Code* | |
| Mailing Address (if different from residential) | | | |
| City | State | ZIP Code | |
| Day Phone | Evening Phone | | |
| E-mail | | | |

*NOTE: We are required to have this information on file.

3 Phone Trading

Phone trading privileges for exchanges and redemptions will automatically be added unless the box below is checked.

- Remove phone trading privileges for exchanges and redemptions.
I understand I must make these requests in writing and will not be able to trade via the phone.

4 New Beneficiary

An Authorized Person may change the Beneficiary to another family member (as defined by the Internal Revenue Code (IRC)) of the current Beneficiary. A new account number will be assigned.

Is the new Beneficiary a family member of the current Beneficiary as defined by the IRC? **(required to process)** Yes

| | | | |
|---------|----------------------------|---|--|
| Name | | Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien | |
| SSN | Date of Birth (mm/dd/yyyy) | | |
| Address | | | |
| City | State | ZIP Code | |

5 Successor Beneficiaries

A Successor Beneficiary receives ESA assets if the original Beneficiary dies. This will replace any Successor Beneficiary(ies) on file for all ESAs with the same Authorized Person and Beneficiary. Failure to provide the percent will result in equal allocation among all Successor Beneficiaries. A Successor Beneficiary must be family member as defined by the IRC and under age 30 or have special needs. For details on qualifying Successor Beneficiaries, see IRS publication 970 and the T. Rowe Price ESA Disclosure Statement and Custodial Agreement.

| | | |
|----------------|--------------|----------------------------|
| 1. Name | | SSN |
| Percentage (%) | Relationship | Date of Birth (mm/dd/yyyy) |
| 2. Name | | SSN |
| Percentage (%) | Relationship | Date of Birth (mm/dd/yyyy) |
| 3. Name | | SSN |
| Percentage (%) | Relationship | Date of Birth (mm/dd/yyyy) |

_____ % Must total 100%.

- For more Beneficiaries, check this box and attach a [separate page](#).



6 Bank Information

This service allows you to move money from your T. Rowe Price mutual fund account(s) to your bank account quickly and easily via the Automated Clearing House (ACH) network. Electronic funds transfers (EFTs) occur when you initiate them. This will replace any bank currently on file.

 **Enclose a voided check. Check one:**

- Checking account **or** Savings account

7 Signatures

Account Agreement


By signing this form, I certify the following:

- I received, read, and agree to be bound by the terms and conditions of the T. Rowe Price Education Savings Account Disclosure Statement and Custodial Agreement.
- I agree to be bound by the terms of the prospectus for each T. Rowe Price Fund (Fund) in which I am investing. I have the authority and legal capacity to purchase mutual funds, and am of legal age in my state.
- I authorize TRPS Services, Inc. (TRPS), the Fund, and their agents to act on any instructions believed to be genuine for any service authorized on this form, including computer/phone services. The Funds use reasonable procedures to verify the identity of the shareholder and the person(s) granted trading privileges, if applicable, when servicing an account by phone. I understand that it is TRPS' policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to TRPS to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password, to anyone. TRPS, the Fund, and their agents are not liable for any losses that may occur from acting on unauthorized instructions. All services are subject to conditions set forth in each Fund's prospectus.
- I agree that computer/phone exchange and redemption services will be activated on my account unless I checked the box in Section 3.
- By adding a bank account, I hereby authorize TRPS to initiate credit and debit entries to my account(s) at the financial institution indicated and for the financial institution to credit or debit the same to such account through the ACH network, subject to the rules of the financial institution, ACH, and the Funds. TRPS may correct any transaction error with a debit or credit to my financial institution account and/or Fund account. **This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify TRPS of its revocation by phone or in writing and TRPS has had sufficient time to act on it.**
- I understand that, to minimize Fund expenses, it is TRPS' policy to send only one copy of prospectuses, shareholder reports, and other documents (except account confirmations and statements) to all Fund shareholders residing at the same address. I also understand that this applies to all existing Fund accounts and any accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call TRPS after my account is opened.
- I authorize TRPS to obtain consumer credit reports (which contain information including my creditworthiness, credit standing, and credit capacity) and other information to help verify my identity and to determine whether to open my account(s) or, after my account(s) is (are) opened, whether to maintain my account(s) or restrict certain services. If, after making reasonable efforts, TRPS is unable to verify my identity, I understand that TRPS is authorized to take any action permitted by law, including closing my account(s) and redeeming my account(s) at the net asset value calculated the day the account is closed.
- The Funds can redeem shares from my account(s) to reimburse a fund for any loss due to nonpayment or other indebtedness.
- I understand that if my account has no activity in it for a period of time, TRPS may be required to transfer it to the appropriate state under abandoned property laws.



- All signatures on this form are genuine signatures of the respective individuals or their legal guardians or agents. If I am naming a new Beneficiary, the new Beneficiary is a member of the family (as defined by the IRC) of the current Beneficiary. It is my responsibility to maintain accurate records as may be required to substantiate this change of Beneficiary.
- My Social Security number and the Social Security number of the Beneficiary are accurate.

The IRS does not require your consent to any provision of this document other than the certification that the Social Security number(s) provided on this form is accurate.


7A Authorized Person

-  If the Authorized Person is changing, the current Authorized Person must sign in front of a signature guarantor.

Signature and Date Required

| | |
|--|-------------------|
| Current Authorized Person | Date (mm/dd/yyyy) |
|  X | |
| New Authorized Person (if applicable) | Date (mm/dd/yyyy) |
|  X | |

7B Bank Account Owner(s)

All owners of the bank account in Section 6 who are not the Authorized Person must sign in the presence of a signature guarantor. 

Signature(s) and Date(s) Required

| | |
|--|-------------------|
| Bank Account Owner | Date (mm/dd/yyyy) |
|  X | |
| Bank Account Owner | Date (mm/dd/yyyy) |
|  X | |

7C Signature Guarantee

Required if:

- The bank account added in Section 6 is owned by anyone other than the Authorized Person.
- The Authorized Person is changing, the current Authorized Person must sign in front of a signature guarantor.

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

Medallion Signature Guarantee—Place Medallion Stamp Below

