

Employer-Sponsored Retirement Plan Distribution

✓ **Use this form to request:**

- A distribution from an employer-sponsored retirement plan, including a 403(b) plan, Individual 401(k) plan, profit sharing plan (PSP), or money purchase pension plan (MPP).
- A distribution from an alternate payee account awarded pursuant to a qualified domestic relations order (QDRO).
- A required minimum distribution (RMD).
- A claim of an inheritance. Transfer assets to a beneficiary's inherited account.
- A distribution from a beneficiary's inherited account.

Mail to:

T. Rowe Price
P.O. Box 17350
Baltimore, MD 21297-1350

Express mail only:

T. Rowe Price Mail Code 17350
4515 Painters Mill Road
Owings Mills, MD 21117-4903



This stamp indicates that a signature guarantee is required.



This paper clip indicates you may need to attach documentation.

1 Account Information

Complete a separate form for each plan. **Check plan type:**

- 403(b) Individual 401(k) PSP MPP

Plan Name		T. Rowe Price Plan ID	
Plan Contact Name		Plan Contact Phone	
Participant Name			
Social Security Number (SSN)		Day Phone	
Date of Birth (mm/dd/yyyy)		Evening Phone	

Investments distributing from. Check all that apply:

- Mutual Fund Account(s).**
- Brokerage Account(s).** Be sure to contact T. Rowe Price Brokerage at **800-225-7720** to discuss any holdings before submitting this form.

2 Qualification for Distribution

2A 403(b) Termination of Employment Date

If a non-ERISA 403(b) plan has an Information Sharing Agreement on file with T. Rowe Price, the termination date must be provided by the employer in Plan Sponsor Web (PSW) or in writing. The authorized person can update PSW or provide the termination date and sign below.

I certify the employee identified in Section 1 terminated employment on

(mm/dd/yyyy)

Signature and Date Required

Authorized Person	Date (mm/dd/yyyy)
X	
Print Name	

2B Distribution Eligibility

PLAN ADMINISTRATOR NOTE: The Internal Revenue Service (IRS) may consider the total distribution of all participants' plan accounts as a plan termination. You must amend your plan for any tax law changes your plan was required to implement as of your termination date. These final plan amendments maintain your plan's tax-qualified status at termination and ensure that distribution of participant assets are eligible for rollover to another qualified plan or IRA. Consult your advisor for guidance to determine if the plan must request a determination as to its tax-qualified status with respect to its termination (IRS Form 5310, Application for Determination for Terminating Plan). The IRS and Department of Labor require that a Form 5500 Series Annual Return/ Report of Employee Benefit Plan be filed for the final year of a plan's operation. For 403(b) plans, prior to submitting this form, your plan administrator must have notified T. Rowe Price of the plan termination.

Carefully read the enclosed notice titled [Your Rollover Options](#), which provides an explanation of the direct and indirect rollover rules and the tax treatment of distributions.

Check **only one** qualification for distribution. Proceed to Section 4 if **only** requesting your RMD.

- Termination of Employment** (including retirement). Some 403(b) plans require the termination date; see Section 2A.
- Attainment of Eligible Age.**
 - 59½ for 403(b) or Individual 401(k) plans
 - As specified in the adoption agreement for MPPs and PSPs
- Plan Termination.** All assets must be distributed. Complete a separate form for each participant.
- Permanent Disability.** Plan administrator must have verification of participant's disability and provide signature in Section 10B.
- Financial Hardship** (an immediate and heavy financial need as defined in the plan). Only available from Individual 401(k)s or PSPs permitting hardship withdrawals. Complete Sections 5A and 8B and any other applicable sections. Refer to your plan documents for details on hardship withdrawals.

I elect to have my hardship withdrawal from all eligible sources unless a box is checked below:

 - All eligible sources excluding Roth contributions
 - Roth contribution source only
- Relief Distributions.** (Only permitted by the law. For example, coronavirus related, wildfire or hurricane relief distributions). Plan administrators must confirm the option is available under the terms of the plan. Special rules may apply for MPPs.
- Alternate Payee.** Named in a QDRO. Check one eligibility for distribution.
 - Participant is age 50 or older
 - Participant is eligible for a permissible distribution
 - Qualified domestic relations order permits an immediate distribution

Additional qualifications for distributions appear on next page.



- Beneficiary.** Each beneficiary should complete a separate form. Review the enclosed [Inheritance Information](#). To claim an inheritance and reregister assets in an inherited account, complete Section 3.

3 Beneficiary of Decedent's Account

Only complete this section if you checked Beneficiary in Section 2 to claim an inheritance and the inherited assets have not been reregistered in your name. Include a certified copy of the death certificate on first request. For estate, trust, or entity beneficiary, include the appropriate documentation listed on the [Inheritance Information](#) page. Existing investments are allocated pro rata if there is more than one beneficiary. Existing investments are transferred to the same investments unless different instructions are provided. Assets will remain in an inherited account, and no distribution will occur unless you complete Section 4B and/or 5.

Relationship to Participant: Spouse Non-spouse Entity

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Beneficiary Name (estate, trust, or entity, if applicable)*		
SSN/Tax ID Number (TIN)*	Date of Birth (mm/dd/yyyy)*	% of Assets Inherited
Phone	Participant Date of Death	
Name of Executor, Trustee, or Authorized Signer (if estate, trust, or entity beneficiary)*		
Executor/Trustee/Authorized Signer SSN*	Executor/Trustee/Authorized Signer Date of Birth*	
Beneficiary/Executor/Trustee/Authorized Signer Residential Address*		
City*	State*	ZIP Code*
Mailing Address (if different from residential address)		
City	State	ZIP Code
Beneficiary E-mail		

*NOTE: We are required to have this information in order to open your account and verify your identity pursuant to the USA PATRIOT Act.

- For more executors, trustees, or authorized signers, check this box and attach a [separate page](#).

4 Required Minimum Distribution

Generally, RMDs are ineligible for a rollover to an IRA or another employer plan and must be removed prior to a rollover. Distributions will be taken proportionately from each mutual fund account unless additional instructions are attached.

For Roth Distributions: Due to complex earnings calculations, multiple Roth distributions cannot be requested on the same trade date. If the RMD includes Roth assets and must be satisfied, it will be processed upon receipt in good order. Any additional Roth distribution will receive the following business day's trade date, unless you satisfy the RMD with pretax assets.

4A Participant RMD

Check one:

- RMD Satisfied.** The RMD has been satisfied from this account or from plan assets outside of T. Rowe Price for 403(b) plans or for PSPs and MPPs that allow investments outside of T. Rowe Price.
- Distribute Current-Year RMD Now.** If a current systematic RMD program is on file, distribute any remaining RMD for this year (and any deferred RMD) upon receipt of this form according to the systematic instructions on file. If a systematic RMD program is not on file, T. Rowe Price will calculate your current-year RMD unless you provide an amount here:

\$. The RMD will be taken pro rata from all money sources unless amounts per source are provided.

Pretax Amount	Roth Amount
\$ <input type="text"/>	\$ <input type="text"/>

- Systematic RMD Program.** T. Rowe Price will recalculate your RMD annually.

Check one: Monthly Quarterly Semiannually Annually

Start Month and Year (mm/yyyy)	Day of Month [†] (defaults to 20th if blank)
<input type="text"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20

- Defer initial RMD. Generally, the first year's RMD may be deferred until April 1 of the year after reaching age 72.

Check Month to Defer to:	Check Day of Month [†] for Initial RMD Payment (defaults to 20th if blank)
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar	<input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20

[†]NOTE: If a weekend or holiday, processed on the next business day.

Transfer Assets. If assets were transferred from another financial institution to this plan account during the current year, **check one:**

- RMD was satisfied prior to the transfer.
- RMD was **not** satisfied prior to the transfer. Attach a prior year-end statement identifying the assets to include.

4B Beneficiary RMD

If the participant died on or after reaching the required beginning date, complete this section to take an RMD; otherwise, proceed to Section 5. For more information regarding RMDs for decedents, refer to [Your Rollover Options](#) and [Inheritance Information](#). Consult a tax professional before providing an RMD amount below.

RMD for deceased owner. Check one:

- Calculate or use systematic RMD program on file.
- Distribute \$. Taken pro rata from all money sources unless different amounts are provided.

Pretax Amount	Roth Amount
\$ <input type="text"/>	\$ <input type="text"/>

- RMD has been satisfied for the year of death.

Year after death RMD

Proceed to Section 5. Assets will remain in an inherited account, and no distribution will occur unless you complete Section 5.



5 Distribution Elections

An election must be made in Section 5A unless you are only requesting an RMD in Section 4. Section 5B applies only if Roth assets are in the account. Participants may choose a rollover, a cash distribution, or a combination of rollover and cash distribution. Distributions will be taken proportionately from each mutual fund account unless additional instructions are attached. For distributions from voluntary after-tax amounts, call for instructions. See Section 8 for income tax withholding requirements.

5A Pretax Elections

Check the distribution type for the portion of the account that comes from contributions (other than Roth and after-tax contributions).

- Total rollover. Complete Section 6.
- Total cash distribution. Review Section 7A.
- Systematic cash distribution. Complete Section 7B.
- Distribute \$ or %. Complete Section 7A.
- Distribute \$ or % and roll over the remaining balance. Complete Sections 6 and 7A.
- Roll over \$ or %. Complete Section 6.

5B Roth Elections

Check **only one** distribution type for the Roth portion of the account. If you have Roth amounts you wish to roll over, **you must roll over to a Roth IRA or an employer-sponsored plan that accepts Roth rollovers**. You will receive a separate IRS Form 1099-R for your Roth contribution account. Consult a tax professional about the tax consequences.

- Total rollover. Complete Section 6.
- Total cash distribution. Complete Section 7A.
- Roll over \$ or %. Complete Section 6.
- Distribute \$ or %. Complete Section 7A.

6 Rollover Instructions

Complete this section if you chose a rollover in Section 5.

6A Rollover to T. Rowe Price

Existing investments are rolled over to the **same funds** unless additional investment instructions are attached.

From Pretax Amount to (check one):

- Traditional IRA Rollover IRA Eligible Retirement Plan*
- Roth IRA Roth Rollover IRA
- Inherited IRA Roth Inherited IRA
- New IRA. Complete the [Mutual Fund IRA New Account](#) form.
- Existing IRA or plan

*NOTE: If rolling over to an eligible retirement plan, complete the *Invest Participant Rollover Assets* form. For institutional 401(k) plans, contact your plan administrator.

- To split pretax assets between account types, check here and attach instructions.

From Roth Amount to (check one):

- Roth IRA Roth Rollover IRA Roth Inherited IRA
- New IRA. Complete the [Mutual Fund IRA New Account](#) form.
- Existing IRA

6B Rollover to Another Institution

Enclose a copy of a statement from the other financial institution.

- Check one: Traditional IRA Roth IRA Eligible Retirement Plan
 Inherited IRA Roth Inherited IRA

Name of Institution (Payee)		
Account/Plan ID Number	Plan Name (if applicable)	
Address		
City	State	ZIP Code

- For more account types, check here and attach a [separate page](#).

7 Payment Options

All checks will be issued to the participant or beneficiary and mailed to the account address unless you complete Section 7A.

7A Payment Method

You may choose only one option below.

- Invest in a T. Rowe Price Taxable Account.** Signature guarantee may be required.
 - New account. Complete the [Mutual Fund New Account form](#).
 - Existing account.

Account Number	Fund Name
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- Electronic Funds Transfer (EFT).**

Check EFT method: (if blank, defaults to ACH)

- Automated Clearing House (ACH) (maximum \$250,000)
 - Wire (only available for single-sum distributions of \$5,000 or more)
- Distributions are sent to the bank on file unless you check below.**
- New bank account. Signature guarantee may be required.
 - Enclose a voided check or a letter signed by a bank officer on bank letterhead, which provides the account number, registration, and ACH instructions.
 - Checking account or Savings account
 - Only use for this distribution. Do not link this bank to my account.
 - Establish bank services or replace current bank account.
 - Issue a Check to the Name and Address Below.** Signature guarantee is required.

Name		
Street Address or P.O. Box		
City	State	ZIP Code



7B Systematic Distribution

The distribution will be one payment unless you complete this section. For beneficiary payments, systematic payments can only be elected before December 31 of the year following the year of death.

Check one: Monthly Quarterly Semiannually Annually

Start Month and Year (mm/yyyy)	Day of Month ¹ (defaults to 20th if blank)
	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20

NOTE: If a weekend or holiday, processed on the next business day. January is not processed prior to the second business day for certain account types.

Calculation Method Options

- 10 years or more (You should confirm that this number does not exceed the time limits prescribed by law.) **Years:**
Withholding election in Section 8B applies.
- Less than 10 years. (You should confirm that this number does not exceed the time limits prescribed by law.) **Years:**
As an eligible rollover distribution, 20% mandatory withholding applies.
- Substantially equal period payments based on life expectancy. (Not for RMD or beneficiaries.) Payments will be calculated using the life expectancy box checked. Withholding election in Section 8B applies.
- Your life expectancy
- Life expectancy of you and your oldest primary beneficiary
Relationship: Spouse Non-spouse

Name of Oldest Primary Beneficiary	Date of Birth (mm/dd/yyyy)

8 Income Tax Withholding

Review and complete applicable sections. Distributions are subject to federal income tax withholding. Your distribution also may be subject to an additional 10% penalty tax if you are under age 59½, unless certain exceptions apply. (See the notice titled [Your Rollover Options](#) for more information.) Withholding will apply only to the portion of the distribution that is included in your taxable income. If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. Any distribution that is eligible for rollover requires 20% federal income tax withholding, regardless of an election made on this form. Mandatory income tax withholding may not apply if distributions for the plan year are less than \$200. The provisions below provide notice of the specific income tax withholding rules for different types of distributions.

8A Eligible Rollover Distribution

Most distributions are eligible rollover distributions. Exceptions include certain periodic payments made over a specified period of 10 years or more or over your lifetime, required minimum distributions, and hardship distributions. (See the notice titled [Your Rollover Options](#) for more information.) If your distribution is an eligible rollover distribution, 20% federal income tax withholding (and any applicable state income tax withholding) is required on the taxable portion of the payment, unless you elect to have the eligible rollover distribution paid directly to a qualified employer-sponsored plan that accepts the rollover or to an IRA. You must have income tax withheld for eligible rollover distributions that are paid to you.

8B Noneligible Rollover Distributions

You may elect not to have tax withholding applied to the portion of your distribution that is not an eligible rollover distribution by completing the election section of this form. The applicable rate of federal income tax withholding is a flat 10%. Your withholding election for periodic payments will remain in effect until you revoke it. You may revoke your withholding election at any time by submitting a new distribution form. Any election or revocation will be put into effect as soon as possible, but no later than five business days after receipt of the form. You may make and revoke elections not to have withholding apply to noneligible rollover distributions as often as you wish.

If you elect not to have federal income tax withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **If you do not check a box, we withhold 10%. The latest election replaces the prior election.**

Federal Tax Withholding Election

- I **do not** want federal income tax withheld from the taxable portion of the distribution. I understand that I am responsible for payment of federal income tax on the taxable portion of the distribution, and I may incur penalties under the estimated tax payment rules if the withholding and estimated tax payments are not sufficient.
- I **want** federal income tax withheld from the taxable portion of the distribution and understand that withholding will be done at a rate of 10% unless a greater percentage is specified.

Withholding Percentage: %

8C Voluntary Income Tax Withholding Election (Only for non-Roth amounts rolled over to a Roth IRA)


Income tax withholding is NOT required on amounts rolled over from non-Roth (employee pretax and/or employer contributions) accounts in the plan to a Roth IRA in a qualified rollover contribution. T. Rowe Price will not withhold income taxes on the amount rolled over unless you elect voluntary income tax withholding.

- I want federal income tax withheld and understand that the withholding will be done at a rate of 10% unless a greater percentage is specified. I also understand that the amount withheld may be subject to a premature distribution penalty.

Withholding Percentage: %

8D Foreign Address Special Rule

If your address on record is outside the United States or its possessions, we must withhold federal income taxes described below:

- If you are a U.S. citizen or other U.S. Person as described on IRS Form W-9, we must withhold federal income tax at a rate of 10%. You may not elect out of this withholding requirement.
- For nonresident aliens, federal income tax withholding, at a rate of 30%, is required; however, you may be able to elect a reduced rate of withholding, if your country has a treaty with the U.S., if you complete and attach IRS Form W-8 BEN. 

NOTE: IRS forms are available at [irs.gov](https://www.irs.gov) or by calling **800-TAX-FORM**.



9 Qualified Joint and Survivor Annuity

Review this section and obtain the required signatures if you are married AND your plan is subject to the qualified joint and survivor annuity requirements.

If unmarried, check the box below and proceed to Section 10.

I am not married.

Distributions from profit sharing and Individual 401(k) plans normally are not subject to the qualified joint and survivor annuity requirements unless (1) assets have been transferred into the plan from a plan that was subject to the requirements or (2) a married participant does not elect a life annuity as the distribution method. **Consult your plan administrator.**

Money purchase pension plans and 403(b) plans subject to ERISA are subject to special annuity payment requirements.

Under these rules, your vested account balance will be used to purchase a qualified joint and survivor annuity that will pay you monthly benefits for life. After your death, an annuity amount (no less than one-half of the monthly amount paid to you) will be paid to your surviving spouse monthly for his or her lifetime. See your plan administrator to request a qualified joint and survivor annuity. However, **by completing this form, you have elected to waive the qualified joint and survivor annuity form of payment.**

Spouse's Waiver: As the spouse of the participant named in Section 1, I have read and understand the preceding explanation. I voluntarily consent to the election by my spouse not to have benefits paid under the qualified joint and survivor annuity method. I understand that all benefits will be distributed to my spouse as requested on this form and that I am not required to sign this consent but that, once I do, I cannot change my election to waive the qualified joint and survivor annuity.

Witness of Signature. Spouse's consent must be witnessed by a plan administrator **OR** notary public.

Signature(s) and Date(s) Required

Spouse Date (mm/dd/yyyy)

 X

Witness of Spouse's Signature

Plan Administrator Date (mm/dd/yyyy)

 X

OR Notarization of Spouse's Signature—Sworn to and subscribed before me,

this day of , .

Notary Public

Notary Public Stamp

My Commission Expires

10 Signature(s)

10A Participant/Beneficiary Signature

If requesting a distribution, by signing this form, I certify the following:

- I hereby certify that the above information and elections are true and accurate. I authorize T. Rowe Price to act upon my instructions provided on the form.
- If I elected a direct rollover, I hereby certify to the best of my knowledge and belief that the account(s) designated by me on this form as the recipient(s) of the direct rollover is (are) (i) an individual retirement account or annuity; (ii) a defined contribution plan qualified under Section 401(a) or 403(a) of the Internal Revenue Code (Code); (iii) an annuity contract or custodial account described under Section 403(b) of the Code; or (iv) a plan described in Section 457 of the Code that is sponsored by a government, a governmental agency, or subdivision that accepts direct rollovers of eligible rollover distributions from a plan described in (ii), (iii), or (iv).
- If I elected to directly roll over my after-tax contributions or Roth contributions to a plan described in (ii), (iii), or (iv), I certify that the plan designated by me accepts direct rollovers of after-tax contributions.
- I understand that a qualified distribution from my Roth contribution is tax-free if it is taken at least five years after the year of my first Roth contribution and I am 59½ or older or permanently disabled. If it is not a qualified Roth distribution, earnings are taxable.
- I have read and understand the explanation in the Qualified Joint and Survivor Annuity section. I elect not to have any benefits in the form of a qualified joint and survivor annuity. I certify that the information and selections made on the form are correct, and I elect to have my benefits distributed as requested on this form.
- I understand that I am responsible for calculating and withdrawing my RMD amounts under Internal Revenue Code Section 401(a)(9). I hereby indemnify and hold T. Rowe Price Trust Company, its parent and affiliates, successors, and employees harmless from any and all liability should I fail to receive the correct RMD amount in any calendar year.
- I accept sole responsibility for my elections, which are based on my individual situation. I acknowledge that I have read and understand the [Your Rollover Options](#) notice. I have not relied on any tax or investment advice furnished by the plan, T. Rowe Price Group, Inc., or any of its subsidiaries or affiliates.

If a beneficiary claiming an inheritance, by signing this form, I certify the following:

- 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.
- For 403(b)(7) plans, I have accessed the T. Rowe Price 403(b)(7) Custodial Account Agreement or, for Individual 401(k) plans, I have accessed the T. Rowe Price Individual 401(k) Plan Basic Plan Document and I agree to the terms and conditions set forth in the governing documents for my plan type and this form, and I establish this account pursuant to such terms and conditions.
- I authorize T. Rowe Price 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 Fund and TRPS use reasonable procedures to verify the identity of the participant and the person(s) granted trading privileges, if applicable, when servicing an account by computer/phone. I understand that it is TRPS policy to accept transaction instructions from and provide account information to the participant only, unless the participant has provided authorization to TRPS, in a form acceptable to TRPS, to grant trading privileges or to provide (or permit access to) account information to another person. Plan administrator approval is required for MPP, PSP, and Individual 401(k) plans. Participants in 403(b) plans should contact their plan administrator to determine if approval is required. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online username 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 phone/computer exchange services will be activated automatically upon the establishment of my account(s). If I do not want these services, I will contact T. Rowe Price to terminate these services.
- By adding a bank account, I authorize TRPS to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the ACH network, subject to the rules of the financial institution, ACH, and the Fund. TRPS may correct any transaction error with a credit or debit 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 the 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.
- The account I am opening may be a qualifying account under the T. Rowe Price Summit Program as available from time to time, with benefits determined based on asset levels in qualifying accounts, plus certain types of other accounts maintained by T. Rowe Price that I and members of my household have (as applicable). I understand I can go to troweprice.com/summit to learn more about the Program, including qualifying and other account types, benefits, how households are determined, information that may be disclosed to members of the household and their agents, and how I can opt out of certain householding features.
- 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 establish my account(s) or, after my account(s) is 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 the day the account is closed.
- The Fund can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or other indebtedness.
- EXCEPT for plans covered by ERISA, 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.
- If spouse is checked in section 4A, I certify I am the surviving spouse under federal law.
- I certify under penalty of perjury that my Social Security number provided on this form is correct. The Internal Revenue Service does

not require your consent to any provision of this document other than the certification that the Social Security/Tax Identification number provided is accurate.

Sign in the presence of a signature guarantor if required.

Signature and Date Required

Participant/Beneficiary (Executor or Trustee, if applicable) Date (mm/dd/yyyy)

X

Signature guarantee is required if the distribution is: (not required for direct rollovers)

- Sent to a bank not currently on file unless solely owned by the participant
- Payable to someone other than the participant or beneficiary
- Mailed to an address other than the address on file
- Claiming an inheritance as a non-spouse beneficiary
- Invested in an account not owned by the participant or beneficiary

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.

Participant/Beneficiary (Executor (estate beneficiary)/Trustee (trust beneficiary))

Medallion Signature Guarantee—Place Medallion Stamp Below

10B Plan Administrator/Executor Signature
(PSP, MPP, Individual 401(k) plan, or ERISA 403(b)(7) plan)

I certify that the participant's account balance is 100% vested unless I have entered a different vested percentage %. The participant, or his or her beneficiary(ies), is entitled to the percentage. Transfer the remaining (forfeited) amount to:

Existing forfeiture account New forfeiture account*

Fund Name
Account Number/or TIN*



*NOTE: If new forfeiture account is checked, enter the TIN above.

As the Plan administrator or Executor, I certify that the information supplied and selections made by the participant, beneficiary, or alternate payee on this form are correct and that this distribution complies with the requirements of the plan document for the plan identified. I also certify that the plan is qualified under the Internal Revenue Code and any amount so identified constitutes an eligible rollover distribution. The participant, beneficiary, or alternate payee identified on this form is eligible to receive this distribution and I understand I am responsible for confirming that he or she satisfies the requirements for this distribution. If the participant's spouse has




not consented to this distribution, the distribution is not subject to the qualified joint and survivor annuity requirements due to one or more of the following reasons:

- The participant is not married, or his or her spouse cannot be located.
- The value of the participant’s total vested plan benefits at this or any prior distribution is equal to or less than any cash-out amount provided in an employer plan.
- The distribution is exempt from the qualified joint and survivor annuity requirements under Section 401(a)(11)(B)(iii) of the Internal Revenue Code. (This exemption does NOT apply to MPPs.)

When the plan administrator is deceased with no successor plan administrator, the executor of the deceased plan administrator’s estate is providing authorization. Include a copy of appointment of executor certified within 120 days of receipt by T. Rowe Price.  A signature guarantee is required for the executor. 

I hereby instruct T. Rowe Price to make the distribution in accordance with the selections made by the participant, beneficiary, or alternate payee on this form.

Signature and Date Required	
Plan Administrator/Executor	Date (mm/dd/yyyy)
 X	
Print Name	

Executor of Deceased Plan Administrator

Medallion Signature Guarantee—Place Medallion Stamp Below

T. ROWE PRICE PRIVACY POLICY

In the course of doing business with T. Rowe Price, you share personal and financial information with us. We treat this information as confidential and recognize the importance of protecting access to it.

You may provide information when communicating or transacting with us in writing, electronically, or by phone. For instance, information may come from applications, requests for forms or literature, and your transactions and account positions with us. On occasion, such information may come from consumer reporting agencies and those providing services to us.

We do not sell information about current or former customers to any third parties, and we do not disclose it to third parties unless necessary to process a transaction, service an account, or as otherwise permitted by law. We may share information within the T. Rowe Price family of companies in the course of providing or offering products and services to best meet your investing needs. We may also share that information with companies that perform administrative or marketing services for T. Rowe Price; with a research firm we have hired; or with a business partner, such as a bank or insurance company, with whom we are developing or offering investment products. When we enter into such a relationship, our contracts restrict the companies’ use of our customer information, prohibiting them from sharing or using it for any purposes other than those for which they were hired.

We maintain physical, electronic, and procedural safeguards to protect your personal information. Within T. Rowe Price, access to such information is limited to those who need it to perform their jobs, such as servicing your accounts, resolving problems, or informing you of new products or services. Our Code of Ethics, which applies to all employees, restricts the use of customer information and requires that it be held in strict confidence.

The Privacy Policy applies to the following T. Rowe Price companies: T. Rowe Price Associates, Inc.; T. Rowe Price Advisory Services, Inc.; T. Rowe Price Investment Services, Inc.; T. Rowe Price Trust Company; and the T. Rowe Price Funds.

