

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.

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.

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 tax or legal professional 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.

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 of the plan 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 5 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, 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

☐ **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.

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



FRP4RPDT

6/24_w

Questions? troweprice.com/smbforms | 800-492-7670

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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 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 Section 5.

Relationship to Participant. If you do not check a box, we will be unable to process your request.

- ☐ Non-spouse individual
☐ Entity (estate, trust, charity)


Eligible designated beneficiary

- ☐ Spouse
☐ Individual who is not more than 10 years younger than the account owner
☐ Individual who is chronically ill or disabled (as defined by the IRS)
☐ Minor child of owner

Citizenship: ☐ U.S. Citizen ☐ Resident Alien ☐ Nonresident 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 Email		

***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](#). 

3A Spousal Election

If you are the surviving spousal beneficiary, check a box below to indicate the receiving account type. If no election is made, the assets will stay in the plan.

- ☐ Roll over to an IRA (complete Section 6).
☐ Roll over to a qualified retirement plan (complete Section 6).
☐ Stay within the plan.
☐ In the event I receive or elect to receive required minimum distributions (RMDs) over my life expectancy, I elect to have RMDs calculated using the Uniform Lifetime Table rather than the Single Life Table. I understand that this election is irrevocable.

4 Required Minimum Distribution

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. 

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:

\$

- ☐ **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="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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- ☐ **Defer initial RMD.** Generally, the first year's RMD may be deferred until April 1 of the year after reaching RMD age.

Check Month to Defer to: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar	Check Day of Month' for Initial RMD Payment (defaults to 20th if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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***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 \$
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- ☐ 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. Complete 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 - Liquidation

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](#).

6C Rollover to Another Institution - In Kind

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

Enclose a letter of acceptance from the other financial institution that identifies the receiving account(s).

Name of Institution

Account/Plan ID Number

Plan Name (if applicable)

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

- ☐ **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"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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¹**NOTE:** If a weekend or holiday, processed on the next business day.

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)
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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.) State income tax will be withheld from your distribution under the applicable state law if your address of record is in a state that defaults to withholding. If you elect a direct rollover to an eligible employer-sponsored retirement plan, you understand that income taxes will not be withheld. 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 following provisions 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 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

For each distribution form you submit, please review and complete the attached IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, located at the end of this distribution form. If we do not receive a properly completed, signed, and dated IRS Form W-4R with your distribution request, we are required to withhold federal income tax at the rate of 10%, unless you are a nonresident alien.

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.

If you wish to elect federal income tax withholding, please review and complete the attached IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, located at the end of this distribution form.

8D Special Rule for Foreign Addresses and/or Nonresident Aliens

If your address on record is outside the United States or its possessions, do not fill out IRS Form W-4R; we must withhold federal income tax as 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% unless 20% applies. You may not elect out of this withholding requirement. You may use Form W-4R to elect a withholding percentage greater than 10%.
- If you are a nonresident alien, you are required to complete and submit [IRS Form W-8BEN](#) (or, if applicable, an [IRS Form W-8BEN-E](#)). This form identifies you as a nonresident alien and may allow you to elect out of the 30% default withholding applicable to nonresident aliens, or elect a reduced rate of withholding (if your country has a treaty with the U.S. that permits reduced withholding).

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/Alternate Payee/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).
- I have received and reviewed IRS Form W-4R. A copy of which was provided when I received this T. Rowe Price form.
- 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's liability for unauthorized transactions is subject to the terms and conditions of its Account Protection Program. 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](https://www.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.
- To help the Federal government fight financial crimes, TRPS is required to obtain, verify, and record information that identifies each person who opens a TRPS account, in accordance with Federal law and regulations. Identifying information includes your name, address, date of birth, and other information that will allow us to identify you. You acknowledge that if TRPS is unable to verify your identity after making a reasonable effort, which may be through a third party, TRPS may take action, including but not limited to, not opening your account(s); restricting certain services; and closing and redeeming your account(s) at the net asset value next calculated after the account is closed, which may result in tax consequences.
- 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 3, 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/Alternate Payee/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, alternate payee 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, alternate payee 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/Alternate Payee/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.



General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.