

Employer-Sponsored Retirement Plan Participant Account

✓ **Employees use this form to:**

- Open a new participant account in an employer-sponsored retirement plan (Individual 401(k), 403(b)(7), SEP-IRA, SIMPLE IRA, Profit Sharing Plan (PSP), or Money Purchase Pension Plan (MPP)).
- Make changes to your plan account (Individual 401(k), 403(b)(7), SEP-IRA, SIMPLE IRA, PSP, or MPP).

Provide the original form to your employer and retain a copy for your records.

✓ **Employers use this form to:**

- Establish the participant account on the Plan Sponsor Web site.
- Update existing participant account information on the Plan Sponsor Web site.
- Retain in your permanent plan file.

✍ Attach documentation when this symbol appears.

1 Employer Information

Complete a separate form for each plan type.

Check plan type: Individual 401(k) 403(b)(7) PSP
 SEP-IRA SIMPLE IRA MPP

Check to update an existing account:

Updates will be made according to any completed sections.

Name of Employer Sponsoring Plan		T. Rowe Price Plan ID
Name of Contact		Phone
Street Address or P.O. Box		
City	State	ZIP Code

2 Participant Information

Provide the information below.

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

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

If the participant is a minor, complete the above required information for the minor. The same required information also must be provided for the parent or guardian before an account can be opened. Copy this page or attach a page with this information. ✍ Plan administrators will need to forward the form with attachments to T. Rowe Price for processing.

Go Paperless and Qualify for a Fee Waiver

For mutual fund accounts below the minimum balance, going paperless means we waive the annual account service fee. Statements, confirmations, prospectuses, and shareholder reports are available online for your convenience. Visit rps.troweprice.com/enotify for details.
 Send an e-mail with a link to sign up for paperless.

3 Investments

List the T. Rowe Price mutual fund(s) ("Price Fund") for investment of your plan contributions and the percent to be allocated to each Price Fund. The allocation will be used for all plan contribution types. Contributions must be remitted to T. Rowe Price by your employer.

Visit troweprice.com/funds to review your Price Fund options and to obtain Price Fund prospectuses. Consider the investment objectives, risks, and charges and expenses carefully before investing. (If you are a participant in a 403(b) plan sponsored by a political subdivision of the state of CT, you can find fee ratio and returns, net of fees, for your Price Fund options, in the Price Fund prospectuses.)

Price Fund	Percent

Total = 100%

To list more Price Funds, check this box and attach a [separate page](#). ✍

4 Salary Reduction Agreement

Only complete this section if your plan permits salary reduction and your employer does not provide its own salary reduction form.

Salary reduction may apply to the following plan types:

- 403(b)(7) • Individual 401(k) • SIMPLE IRA • SAR-SEP

The information in this section represents an agreement between you and your employer. The amount of your annual contribution for this plan cannot exceed the current IRS dollar limits for elective deferrals. Consult a tax professional to determine how the limits apply to you. Take extra caution if you participate in any other salary reduction plan(s).

I hereby agree to have my eligible salary or wages for each payroll period reduced by the amount below and direct my employer to contribute this amount on my behalf as a salary reduction contribution to the investment options that I have selected for this plan. I understand that if I enter a percent, the dollar amount will fluctuate with each salary adjustment.

Pretax Amount: \$ or %

Individual 401(k) Roth Amount: \$ or %

Start Date (mm/dd/yyyy):



I understand that my pretax and/or Individual 401(k) Roth salary reduction contributions will start as soon as permitted under the plan and administratively feasible unless I have indicated a later start date. I understand the date must be later than the signature date on this form.

The salary reduction agreement established here replaces any earlier salary reduction agreement I have made and will remain in effect as long as I remain an eligible employee under the plan or until I provide my employer with a request to end my contributions or provide a new salary reduction agreement as permitted under the plan.

The salary reduction agreement is not a contract of employment between the employer and employee, and no provision shall restrict the right of the employer to discharge the employee or the right of the employee to terminate his or her employment. If this salary reduction agreement is terminated, restrictions to entering into another salary reduction agreement in the same tax year may apply.

5 Beneficiaries

Complete this section to name your beneficiaries. Check the appropriate box for spouse, non-spouse, or entity. A spouse is any individual who is your spouse under federal law. This will replace any beneficiaries currently on file with T. Rowe Price within the same employer plan. If there are no beneficiaries on your account, inheritance will be determined according to the provisions of the applicable custodial account agreement or plan document. Failure to provide a percentage for each named beneficiary or if the percentages provided do not total 100% will result in equal allocation.

If a primary beneficiary dies before you, the percentages will be recalculated proportionately among the surviving primary beneficiaries unless you instruct otherwise. Similar rules apply to secondary beneficiaries. Secondary beneficiaries inherit assets only if no primary beneficiaries survive you. You may wish to speak to an estate planner about your personal situation. Unless otherwise indicated, T. Rowe Price will distribute to your beneficiaries on a per capita basis.

5A Primary Beneficiaries

1. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)
2. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)
3. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)

_____ % Must total 100%.

403(b)(7) ERISA, Individual 401(k), PSP, or MPP

If the plan is a 403(b)(7) subject to ERISA, an Individual 401(k) plan, a PSP, or a MPP and you have not listed a spouse as the sole primary beneficiary, then you must check one:

- I am not married. I understand that if I become married in the future, my spouse will be my primary beneficiary unless I request a different beneficiary and my spouse provides written consent.
- I am married and have NOT named my spouse as my sole primary beneficiary. If I am a participant in an Individual 401(k) plan or PSP subject to QJSA, or a MPP, I elect to waive the Qualified

Preretirement Survivor Annuity (QPSA), and I have received and read the attached Qualified Preretirement Survivor Annuity Notice. My spouse's signature is provided and witnessed by a notary public or plan administrator in Section 6.

5B Secondary Beneficiaries

1. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)
2. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)
3. Name		Date of Birth (mm/dd/yyyy)
Percentage (%)	Relationship Check one: <input type="checkbox"/> Non-spouse <input type="checkbox"/> Entity	SSN (if known)

_____ % Must total 100%.

- For more beneficiaries, check this box and attach a [separate page](#).
Changing your beneficiary could affect your required minimum distribution (RMD). For RMD questions, visit troweprice.com/rmd.

6 Signatures

6A Participant or Parent/Guardian

I agree to be bound by the terms of the prospectus for each T. Rowe Price mutual fund (Fund) in which I am investing. I have the authority and legal capacity to purchase mutual fund shares and, am of legal age in my state.

I agree that phone/computer exchange and redemption services (for SEP-IRAs and SIMPLE IRAs) 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.

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. Account owners 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 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.



Opening a new account: For SEP-IRAs and SIMPLE IRAs, I have accessed and read the T. Rowe Price Traditional and Roth IRA Disclosure Statement and Custodial Agreement or the T. Rowe Price SIMPLE IRA Summary and Agreement. I consent to opening an IRA in my name subject to the terms and conditions of these documents, as they may be amended from time to time.

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.

- As a feature of my account, I understand that my account qualifies for the T. Rowe Price Summit Program as available from time to time, with benefits determined based on asset levels in this account, plus certain types of other accounts maintained by T. Rowe Price that I and members of my household have (as applicable). I understand that 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 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 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.
- 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.

Making changes to an existing account: I have indicated changes to my existing account at T. Rowe Price on this form and understand that any changes will be made to the account within a reasonable amount of time after my employer receives this form.

I certify that the Social Security number provided in Section 2 of this form is accurate.

Signature and Date Required

Participant or Parent/Guardian Date (mm/dd/yyyy)

X

6B Spousal Consent

If the plan is a 403(b)(7) subject to ERISA, an Individual 401(k) plan, a PSP, or a MPP, consent of spouse is required for a married participant to name someone other than his or her spouse as the sole primary beneficiary. To be effective, the spouse's signature must be witnessed by a plan administrator or a notary public.

I, the undersigned, being the lawful spouse of the participant named in Section 2, do hereby consent to the designation by my spouse of the person(s) and/or entities designated herein as beneficiary(ies) to receive any benefit becoming payable by reason of the death of the participant. I also acknowledge the right of the beneficiary(ies) to elect the method of payment of the death benefit.

If my spouse is a participant in an Individual 401(k) plan or a PSP subject to QJSA or an MPP, I irrevocably consent to the waiver by my spouse of the QPSA as described in the Basic Plan Document, Joint and Survivor Annuity Requirements section. I understand that by consenting to my spouse's waiver, I am forfeiting my right to receive plan benefits in the form of a life annuity if my spouse dies before benefits under the Plan have begun and I survive my spouse.

I understand that, if this consent is in effect at the time of my spouse's death, I have waived (given up) any right I might then have to any benefit payable under this plan account due to my spouse's death, except to the extent that my spouse may name me specifically as the beneficiary herein. I also understand that, had I not granted this consent, I would have had a right protected by law to have benefits payable to me if my spouse dies while married to me but prior to my spouse's commencement of benefits.

This consent and waiver is my free and voluntary act. I understand that the consent and waiver set forth herein is irrevocable and will continue to be in effect in the event of my incompetency. I understand that my spouse may not change this designation of beneficiary without my further consent.

Spouse's Signature

Must be witnessed by the plan administrator or a notary public.

Signature and Date Required

Spouse Date (mm/dd/yyyy)

X

Witness or Notarization of Spouse's Signature

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

6C

Plan Administrator

A plan administrator signature is required for all Individual 401(k), PSP, MPP, and 403(b)(7) plans subject to ERISA. The plan administrator acknowledges receipt of this form by signing below. If the plan is an Individual 401(k) plan or PSP, by signing below you have determined that the Notice of Qualified Preretirement Survivor Annuity does not apply to this plan or has been satisfied by the participant.

Signature and Date Required

Plan Administrator Date (mm/dd/yyyy)

X



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.

