



ACCOUNT HOLDER CHANGE

✓ USE THIS FORM TO:

- Change the Account Holder or Custodian.

✗ DO NOT USE THIS FORM TO:

- Remove a Custodian or rename the Custodian as the Account Holder. Use the [Custodian](#) form.

-  This stamp indicates a signature guarantee is required.
 This paper clip indicates you may need to attach documentation.

RETURN THIS FORM TO:

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

EXPRESS MAIL ONLY:

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

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.


1 RELINQUISHING ACCOUNT

If the Account Holder is changing because the current Account Holder is deceased or legally incompetent, call for required documentation.

Account Holder		Social Security Number (SSN)
Beneficiary		SSN
Custodian/Trustee (if applicable)		SSN
Day Phone	Evening Phone	

Provide the Account number and portfolio to be transferred.


1. Portfolio Name		Account Number	
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR	%
2. Portfolio Name		Account Number	
<input type="checkbox"/> Full Amount	<input type="checkbox"/> Partial Amount: \$	OR	%

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

2 RECEIVING ACCOUNT HOLDER OR CUSTODIAN

Name	<input type="checkbox"/> Account Holder <input type="checkbox"/> Custodian	SSN (last 4 digits)
------	--	---------------------

Check one:

- ☐ **New Account.** The new Account Holder or Custodian (if applicable) must complete and enclose a [New Account Agreement](#) form. 
- ☐ **Existing Account.** Provide the existing Account number for reference. Portfolio(s) will remain the same as the relinquishing Account.

Account Number

3 SIGNATURE

By signing this form, I understand and hereby certify that:

- I authorize the transfer from my Account(s) based on the information on this form and any attachments.
- The information on this form is accurate, and I agree to hold harmless the Trust, T. Rowe Price, and the University of Alaska for any claims arising as a result of misrepresentations made by me or breach of acknowledgments contained in this request.
- If I am transferring my entire balance, I understand that my Account(s) will be closed.
- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this change.
- All signatures on this form are genuine signatures of the respective individuals or their legal guardians.

 A Medallion signature guarantee is required if:

- The transfer amount is \$100,000 or more.

SIGNATURE AND DATE REQUIRED

Relinquishing Account Holder, Custodian (if Account Holder is a minor), or Trustee(s) _____ Date (mm/dd/yyyy) _____

X

Print Name

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

MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

