

DISTRIBUTION REQUEST FORM

Your plan offers you the ability to take a distribution or rollover your account to another retirement account online by going to rps.troweprice.com. If you prefer to take a distribution or rollover your account to another retirement account via paper form, please follow the instructions outlined below:

1. Participant Information
2. Type of Distribution
3. Method of Disbursement
4. Participant Authorization

Fax the completed form to 816-218-0424. (Terminated participants with a change of address may need to mail this original form for processing. Please see the address change section.)

PARTICIPANT INFORMATION

Plan Name _____ Plan ID _____

First Name and Middle Initial _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____

Evening Phone Number _____

Address _____ City _____ State _____ ZIP _____

TYPE OF DISTRIBUTION

- ☐ Termination of Employment
- ☐ Retirement
- ☐ Disability (Disability as determined by the plan administrator on the basis of written determination by the Social Security Administration that disability payments under the Social Security Act have been approved)
- ☐ Plan Termination

METHOD OF DISBURSEMENT

- ☐ Distribute 100% of my vested account balance as a cash distribution to me at the address above (this is a taxable event)
- ☐ Roll over 100% of my vested account balance to the account indicated below
- ☐ Distribute ____% of my vested account balance as a cash distribution at the address above, and roll over ____% to the account indicated below (must equal 100%)

Type of Rollover Account: IRA ☐ QUALIFIED PLAN ☐ ROTH IRA ☐

Check Payable to (Financial Institution/Plan Trustee) _____

Account Name / Retirement Plan Name _____ Account Number _____

Address _____ City _____ State _____ ZIP _____

If your qualified plan rollover includes Roth assets, will your new plan trustee accept these assets? ☐ Yes ☐ No

SHIPPING METHOD

☐ Regular Mail ☐ Express Delivery

(Please send to my address of record. I understand that the fee for express delivery mail service is \$30. This fee will be deducted from my account. I also understand that selection of this fee is optional.)

PARTICIPANT AUTHORIZATION

I understand that this distribution will be taken from all money sources and pro rata from all available investment options and will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address on this form will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory federal income tax withholding unless I directly roll over the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at the state's mandatory withholding rate, if applicable.

Withhold federal income tax at ____ % of the total distribution (20% or greater).

I have read the "**Your Rollover Options**" document attached to this form and request a distribution from the retirement plan designated above. If this form is submitted within the 30-day notice window, I recognize and wish to waive the 30-day notice requirement and have my distribution processed immediately.

Participant Signature _____ Date ____ / ____ / ____

Distribution will be processed according to the vested percentage on file. If you disagree with the vested amount, please contact your plan administrator.

ADDRESS CHANGE

Terminated, Retired, or Disabled Participants: Please be aware that if the address provided on this form is different from the address on your statement this request must contain a signature guarantee. A signature guarantee can be obtained from a financial institution (commercial bank, savings bank, credit union, or broker-dealer) that participates in one of the Medallion signature guarantee programs. We will change your address as indicated on this distribution form. All correspondence for your account will then be sent to the new address. If this form requires a signature guarantee, the original form must be mailed to us for processing at one of the addresses listed below.

Regular Mail:

T. Rowe Price Retirement Plan Services
P.O. Box 219325
Kansas City, MO 64121-6325

Overnight Mail:

T. Rowe Price Retirement Plan Services
801 Pennsylvania Ave Suite 219325
Kansas City, MO 64105-1407

Signature Guarantee (if required)

Your Rollover Options Notice

Summary Language

The IRS requires this summary notice of Your Rollover Options and notice of your consent rights to be read before you take a distribution. If the value of your includable vested plan account exceeds \$5,000, you have the right to defer distribution until you reach your plan's normal retirement age or, if later, age 62. All or any portion of your plan payment that is eligible for rollover can be either (1) directly rolled over to an IRA or eligible employer plan that accepts the rollover or (2) paid to you. If you choose a direct rollover, no income taxes will be due this year, unless you make a qualified rollover contribution of non-Roth accounts to a Roth IRA. Taxes will be due later when you take the payment from the IRA or employer plan. If you choose to have a payment made to you, 20% of the taxable amount must be withheld and sent to the IRS as credit against your taxes. You also may owe an additional 10% tax if you are under age 59½. If you receive payment and want to roll it over, you must make the rollover within 60 days of receipt. If you want to roll over the total amount eligible, you must replace the taxes that were withheld.

For a full written explanation of the tax rules that apply to your distribution, see the 2015 version of the full notice titled Your Rollover Options, which was previously delivered to you. You also may obtain a free written copy of the full notice titled Your Rollover Options and a written notice of your distribution options and consent rights at any time by calling the Plan Account Line.