



Streamlined Hardship Withdrawal Service Letter of Instruction

Dear Plan Participant:

You have requested a hardship withdrawal from your Plan account. Only individuals who have an immediate and heavy financial need are eligible for hardship withdrawals. Hardship withdrawals are limited to the amount necessary to satisfy that need. Before you go further, you should understand your responsibilities in requesting the hardship withdrawal and completing the enclosed form:

1. Your Plan restricts hardship withdrawals to certain specific hardship circumstances. Your hardship must be due to one of those circumstances.
2. You must provide certain facts about your hardship.
3. You must have supporting documents that prove your specific hardship.
4. You must retain and, if asked, present those documents.

If you wish to complete a hardship withdrawal request, please read this letter carefully, complete the enclosed form, and submit it to your employer (without additional documents) for approval.

Hardship Circumstances

Consistent with Plan provisions and Internal Revenue Service (IRS) guidelines, in order to receive a withdrawal from your Plan account due to a financial hardship, your hardship must be due to one or more of the following circumstances:

- Medical expenses for you, your spouse, a qualifying dependent,* and/or your primary Plan beneficiary* * that are not reimbursed by insurance and are otherwise deductible for federal income tax purposes under Internal Revenue Code Section 213(d) (regardless of whether the expenses exceed 7.5% of adjusted gross income)
- Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of your principal residence
- Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for you, your spouse, your child, a qualifying dependent,* and/or your primary Plan beneficiary* *
- Payments necessary to prevent eviction from, or foreclosure on the mortgage of, your principal residence
- Payment for burial or funeral expense for your deceased parent, your spouse, your child, a qualifying dependent,* and/or your primary Plan beneficiary* *
- Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165 (regardless of whether the loss exceeds 10% of your adjusted gross income)

*Qualifying dependent is an individual that meets the definition of "dependent" as set forth in Internal Revenue Code Section 152 as either a qualifying child or a qualifying relative.

Generally, a qualifying child is an individual (i) who is your child (or a descendant of such a child), a brother, sister, stepbrother, or stepsister of the participant, or a descendant of any such relative; (ii) who has not attained age 19 as of the close of the calendar year in which the taxable year of the participant (taxpayer) begins or is a student who has not attained age 24 as of the close of such calendar year; (iii) who has lived with you for more than half of the year; (iv) who has not provided more than half of his or her own support; and (v) who is not filing a joint return for the year with a spouse (other than only for a claim for refund). The age requirement in (ii) shall be treated as met in the case of a dependent who is permanently and totally disabled at any time during such calendar year.

Generally, a qualifying relative is an individual (i) who is a child (or a descendant of a child), brother, sister, stepbrother, stepsister, father, mother (or ancestor of father or mother), stepfather, stepmother, son or daughter of a brother or sister of the participant, brother or sister of the father or mother of the participant, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, or an individual who, for the taxable year of the participant, has the same principal place of abode as the participant and is a member of the participant's household; (ii) with respect to whom the participant provides over one-half of the individual's support for the calendar year; and (iii) who is not a qualifying child of such participant or of any other taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

The information above is meant to be a general description. Please consult your professional tax advisor regarding your particular situation.

**Primary Plan beneficiary is the individual that you designated as the primary beneficiary of your Plan account in case of death, as reflected on T. Rowe Price's recordkeeping system on the day that your hardship withdrawal request is processed. Please refer to your Plan's document to determine if your Plan allows hardship withdrawals by primary Plan beneficiaries.

Supporting Document Requirements

In order for your hardship withdrawal request to be processed, you must complete the information requested on the form that describes your financial hardship. In addition, **you must have appropriate supporting documents that prove the existence and amount of your financial hardship.** The enclosed document, Examples of Hardship Withdrawal Supporting Documents, includes examples of the types of supporting documents that you are required to have at the time of your hardship withdrawal request to prove your financial hardship. **DO NOT submit supporting documents along with this withdrawal form; however, you MUST maintain them for at least four (4) years from the date your hardship withdrawal request is processed. You will be required to produce those documents** upon request of your Plan Administrator, its agent, or the IRS. Misrepresentation of a hardship or providing false or misleading information in connection with a hardship withdrawal request from the Plan is serious and could subject you to personal liability, disciplinary action, and/or claims for restitution.

Additional Requirements

Prior to requesting a hardship withdrawal from your Plan account, you must first take all other currently available withdrawals and all nontaxable loans allowed under the Plan and all other plans in which you participate, to the extent such withdrawal or loan would not increase your financial hardship. Hardship withdrawals cannot be made from earnings on elective contributions or from Qualified Nonelective Contributions (QNEC) or Qualified Matching Contributions (QMAC) accounts, if applicable.

The amount of your hardship withdrawal may not exceed the amount necessary to satisfy your financial need. If the amount requested is greater than the current amount you have available for a hardship withdrawal under the Plan's guidelines, 100% of what is available for a hardship withdrawal from your Plan account will be distributed. To obtain the amount you have available for a hardship withdrawal, please contact T. Rowe Price at 1-800-354-2351. Representatives are available business days between 7 a.m. and 10 p.m. eastern time. You may also contact your Plan Administrator.

If your hardship withdrawal request is accepted, the actual amount of the withdrawal may vary from the amount initially requested due to changes in the securities market that impact the value of your Plan account. If market fluctuations cause the amount available to be lower than the amount of your hardship withdrawal request, your hardship withdrawal will be processed at the lower amount. Your hardship withdrawal will be processed pro rata from all available investments in your plan.

Please note that some fund families assess redemption fees on withdrawals if shares are held for less than a designated period. The amount of the redemption fees may vary. For more information on redemption fees, please consult each fund's prospectus or call 1-800-354-2351. When you request a hardship withdrawal from a fund that assesses a redemption fee, any redemption fee paid to the fund will be deducted from your requested withdrawal amount. The redemption fee paid to the fund is not treated as a distribution to you for tax purposes.

Designated Roth Account

If all or a portion of your hardship withdrawal is from a designated Roth account, please note the following: A qualified Roth distribution is tax-free only if taken at least five years after the year of your first Roth contribution to the Plan **and** if it is either (i) made on or after you have reached age 59½, (ii) attributable to you being totally disabled, or (iii) made after your death. If any part of your hardship withdrawal taken from your Roth account is not qualified, any earnings on the withdrawal from your Roth account will be taxable.

Income Tax and Withholding

If your hardship withdrawal request is approved, the money you will receive is not eligible for rollover and the taxable portion is subject to 10% federal income tax withholding unless you elect otherwise, as indicated on the form. Your withdrawal may also be subject to state income tax withholding based on your address of record. Withholding will apply only to the taxable portion of your hardship withdrawal.

In addition, your withdrawal may be subject to a 10% penalty tax if you are under age 59½. You should consult a tax advisor with specific questions about your personal situation if you are considering a hardship withdrawal from your Plan account.

Gross-Up Elections

You may request that the amount of your hardship withdrawal be increased to cover the amount of federal and state income tax withholding on your hardship withdrawal. If the amount requested, plus the gross-up for income tax withholding (if applicable), is greater than the current amount you have available for a hardship withdrawal under the Plan's guidelines, 100% of what is available for a hardship withdrawal from your Plan account will be distributed.

Suspension and Future Contributions

If your hardship withdrawal request is accepted, your salary deferral contributions to the Plan will be suspended for a period of six (6) consecutive months. Salary deferral contributions to the Plan will resume after the hardship suspension period unless you actively elect otherwise.

Please review this letter and the instructions on the form carefully prior to completing the form. **Make a copy of the completed and signed form; keep a copy of the completed form, along with your supporting documents, in your records for at least four (4) years; and be prepared to provide those documents upon request.** Once your employer reviews and approves your hardship request, the completed form (with no additional documents) should be returned to:

Regular Mail:

T. Rowe Price Retirement Plan Services, Inc.
P.O. Box 219325
Kansas City, MO 64121-9325

Overnight/Express Mail:

T. Rowe Price Retirement Plan Services, Inc.
430 W 7th Street Suite 219325
Kansas City, MO 64105-1407

If your hardship withdrawal request is accepted, the withdrawal will be processed and a check/electronic deposit will be mailed/deposited to your address of record/bank account, respectively. The timing for delivery will be based on the shipping method selected in the form.

If your hardship withdrawal request is denied, you will be notified accordingly.

If you have any questions, please contact T. Rowe Price at 1-800-354-2351. Representatives are available business days between 7 a.m. and 10 p.m. eastern time. You may also access your account by visiting the T. Rowe Price website at **rps.troweprice.com**, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.

A service fee per hardship withdrawal will be charged to and withdrawn from your Plan account. To learn more about the specific fee amount, reference the Plan and Investment Disclosure.

Plan Information

Plan Name

Plan ID

Participant Information (Please print clearly)

First Name

MI

Last Name

Social Security Number

Street Address

City, State, ZIP

Daytime Phone Number

Evening Phone Number

Date of Birth

Hardship Withdrawal Request Certification

Prior to requesting a hardship withdrawal from your Plan account, you must first take all other currently available withdrawals and all nontaxable loans allowed under the Plan and all other plans maintained by the Plan sponsor in which you participate, to the extent such withdrawal or loan would not increase your financial hardship. **Do not proceed with completion of this form if you have not taken all available withdrawals in the Plan.**

*Check here to certify that you have taken all other currently available withdrawals and all nontaxable loans allowed under the Plan.

To confirm the maximum withdrawals allowed in the Plan and the number of loans you currently have outstanding access your account by visiting the T. Rowe Price website at rps.troweprice.com. You can also refer to your Summary Plan Document for more details.

You are responsible for completing this form accurately. You must maintain supporting documents for at least four (4) years from the date your hardship withdrawal request is processed and produce those documents upon request of your Plan Administrator, its agent, or the IRS. **Misrepresentation of a hardship is serious and could subject you to disciplinary action as well as a claim for restitution.**

I hereby request a withdrawal of \$_____ from the Plan due to the financial need indicated below.

The amount requested may not exceed the amount of your immediate financial need. If the amount requested is greater than the current amount you have available for hardship withdrawal under the Plan's guidelines, 100% of what is available for hardship withdrawal will be distributed.

1. I certify that my hardship withdrawal request is for the reason indicated below:

*Please check the appropriate box(es) and provide **complete** information for what is requested.*

Medical expenses for myself, my spouse, my qualifying dependents, and/or my primary Plan beneficiary that are unreimbursed by insurance and otherwise deductible for federal income tax purposes under Internal Revenue Code Section 213(d).

Name of person receiving the medical services: _____

Relationship of person who received services to me:

Self Spouse Qualifying Dependent Primary Plan Beneficiary

What was the general purpose of the medical services?

(Please choose all that apply.)

Diagnosis Treatment Prevention Associated Transportation Long Term Care

Name and address of the medical service provider (e.g., hospital, doctor/dentist/chiropractor/other, pharmacy):

Name

Street Address

City

State

ZIP

Total amount of medical expenses: _____

Amount of medical expenses not covered by insurance: _____

- Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of my principal residence.

Will this be my principal residence? Yes No

Address of the principal residence I am purchasing:

Street Address

City

State

ZIP

Purchase price of the principal residence: _____

Types of costs and expenses covered:

(Please choose all that apply.)

- Down Payment Closing Costs Title Fees
 Purchase of Principal Residence in Cash (no need to complete lender information)

Name and address of the lender (if financing is needed):

Name

Street Address

City

State

ZIP

Date of the purchase/sale agreement: _____

Expected date of closing (must be a future date): _____

- Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for myself, my spouse, my child, my qualifying dependents, and/or my primary Plan beneficiary.

Name of student: _____

Relationship of student to me:

- Self Spouse Child Qualifying Dependent Primary Plan Beneficiary

Name and address of the educational institution (still need address for online education):

Name

Street Address

City

State

ZIP

Categories of educational expenses involved:

(Please choose all that apply.)

Tuition Related Educational Fees Room and Board

Period covered by the educational expenses:

(Please indicate the beginning and ending dates of the period, not to exceed 12 months.)

Begin (MM/YY): _____ End (MM/YY): _____

Total amount of educational expenses for the period indicated above: _____

Payments necessary to prevent eviction from, or foreclosure on the mortgage of, my principal residence.

Is this my principal residence? Yes No

Address of the residence:

Street Address

City

State

ZIP

Type of event: Foreclosure Eviction

Name and address of the party that issued the foreclosure or eviction notice:

Name

Street Address

City

State

ZIP

Date of the foreclosure or eviction notice: _____

Due date of the payment to avoid foreclosure or eviction (must be a future date): _____

Total amount due to avoid foreclosure or eviction: _____

Payment for burial or funeral expenses for my parent, my spouse, my child, my qualifying dependents, and/or my primary Plan beneficiary.

Name of deceased: _____

Relationship of deceased to me:

Parent Spouse Child Qualifying Dependent Primary Plan Beneficiary

Date of death: _____

Name and address of the service provider (cemetery, funeral home, etc.):

Name

Street Address

City

State

ZIP

Total cost of the burial or funeral expenses due: _____

Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Code Section 165.

Is this my principal residence? Yes No

Address of the residence that sustained damage:

Street Address

City

State

ZIP

Cause of the casualty loss:

Fire Flooding Weather-Related Damage Natural Disaster

Briefly describe the repairs: _____

Date(s) of repairs (MM/YY): _____

Total cost of repair of damage to my principal residence: _____

Hardships Based on Facts and Circumstances

NOTE: If your hardship event is not related to any of the six (6) reasons above, **contact your employer directly to determine whether an immediate and heavy financial need exists based on all relevant facts and circumstances. This option is only valid if the Plan provisions allow for hardship withdrawals under the facts and circumstances method. Please refer to your Summary Plan Document to ensure this provision is allowed before considering this option.**

If hardship withdrawals based on facts and circumstances is allowed under your Plan's provisions, **you will be required to provide supporting documents that prove the existence and amount of the financial hardship to your employer.** Your employer must review and approve your request for the hardship withdrawal to be processed.

Hardship expense based on fact and circumstances unrelated to any of the six (6) reasons above.

Briefly describe the event causing the hardship: _____

Date of event (if applicable): _____

Total expense based on hardship: _____

Plan Administrator **must** sign here to certify that an immediate and heavy financial need exists based on all relevant facts and circumstances presented by the participant.

Plan Sponsor Name and Signature: _____

Date: _____

2. I certify that the amount I have requested as a hardship withdrawal is no larger than the amount of my immediate financial need for the reason(s) described in 1 above.
3. I certify that my financial need cannot reasonably be relieved by obtaining all other currently available withdrawals (excluding hardship withdrawals) and nontaxable loans under this Plan and all other plans maintained by the Plan sponsor or any other employer to the extent obtaining such withdrawal or loan would not increase the hardship. I understand hardship withdrawals cannot be made from earnings on elective contributions or from QNEC or QMAC accounts, if applicable.
4. I certify that I am in possession of supporting documents that prove the existence and amount of my financial hardship.
I understand that I must maintain supporting documents for at least four (4) years from the date my hardship withdrawal request is processed and produce those documents upon request of the Plan Administrator, its agent, or the IRS.
5. I agree that I will not make any further salary deferral contributions or any other employee contributions to this Plan or any other plan maintained by the Plan sponsor for six (6) months following my hardship withdrawal. Therefore, if my hardship request is approved, I understand that I cannot exercise any employee stock options or make contributions to an employee stock purchase plan or nonqualified deferred compensation plan maintained by the Plan sponsor for six (6) consecutive months.

Income Tax Withholding

Note that this distribution will be reported to the Internal Revenue Service and the state of your residence, if applicable, as taxable income as appropriate. Hardship withdrawals are not eligible for rollover. **Therefore, 10% will be withheld from your hardship withdrawal as a credit against your federal taxes unless you elect otherwise.** Your withdrawal also may be subject to state taxes and an additional 10% penalty tax if you are under age 59½. Federal withholding will apply only to the taxable portion of your withdrawal.

If you have had a change of address, please ensure that you have communicated to your Employer to ensure it is aligned with your address of record. Your address of record will determine your state of residence for state withholding purposes. Your hardship request will not be honored if an address other than the one on record is provided on this form. State taxes will be withheld at the state's mandatory withholding rate, if applicable. This redemption will be taken from all available money sources and pro rata from all investments.

If you are a nonresident alien, 30% will be withheld from your hardship withdrawal as a credit against your federal taxes unless you have a valid IRS Form W8-BEN on file with T. Rowe Price or submit a Form W8-BEN with this hardship withdrawal request.

You may elect to not have withholding apply to your hardship withdrawal by checking the applicable box below. Federal tax withholding will be 10% unless you elect otherwise:

I elect **NO** federal income taxes to be withheld.

OR

I elect to withhold federal income tax at _____%.

(Note: Federal income taxes will be withheld in the amount of 10% if election made above is less than 10%. If you are under age 59½, your withdrawal may be subject to a 10% penalty tax; you may want to consider that when making your election above.)

Gross-Up Election

If taxes are withheld, you may elect to gross up or increase the withdrawal (to the extent amounts are available) to cover federal and state withholding on the withdrawal by checking the applicable box below. The amount of the withdrawal you requested will be increased by the amount of your withholding elected above. The gross-up amount will be sent to the appropriate taxing jurisdiction as withholding. You will receive the lesser of the amount needed to satisfy your financial hardship or the amount available for withdrawal less the amount withheld for taxes.

If you do not elect the gross-up option, your hardship amount will be reduced by the taxes you have elected to have withheld or that are required to be withheld. As a result, the net amount of your hardship withdrawal may be less than the amount you need.

I elect to gross up my hardship withdrawal for the federal and state income tax withholding elected above.

Payment Information

Please send check to my address of record.

Shipping Method: Regular Mail Two Day Overnight

Carrier Name and Billing #: _____

(If requesting two-day or overnight shipping, carrier information must be provided. If carrier information is not provided, your request will be sent via United States Postal Service First-Class Mail.)

Please send funds via Automated Clearing House (ACH):*

ACH Information:

Bank/Financial Institution Name: _____

ABA Number (nine digits): _____

Account Name: _____

Account Number: _____

Further Credit to: _____

Participant Account Name: _____

NOTE: IF YOU ELECT PAYMENT BY ACH, YOU MUST RETURN A VOIDED CHECK WITH YOUR COMPLETED FORM.

To receive funds via ACH to a personal bank account, you must be listed as an owner of that account. The bank account registration on the voided check will be used to confirm ACH instructions and confirm that you are listed as an owner of the bank account.

By signing this form below, you agree that if a voided check is not attached and/or ACH information is not complete, T. Rowe Price is not required to send the withdrawal proceeds by ACH and may instead, without prior notice to you, send the proceeds by check to your address of record.

*Check with your bank or financial institution to obtain complete ACH instructions; please note that there may be a fee for ACH.

By signing below, I agree to the understanding set forth above and I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information submitted on this form or maintained and provided by me for this hardship request may subject me to personal liability, disciplinary action, and/or claims for restitution.

Participant's Signature

Date

Participant's Signature

Plan Administrator Authorization and Vesting Verification (to be completed by the Plan Administrator)

As Plan Administrator, I hereby certify that the vesting percentage for this participant is equal to _____. I authorize the hardship withdrawal to be processed in the manner indicated above.

Plan Administrator Signature _____

Date _____

Print Name _____

Please ensure that the form is completed in its entirety, dated, and signed, and enclose a voided check if you requested that the withdrawal proceeds be electronically deposited to your bank. Aside from a voided check, if electronic deposit information is provided, no other documents should be returned with this form. Please retain a copy of this form and all supporting documents for your records

EXAMPLES OF HARDSHIP WITHDRAWAL SUPPORTING DOCUMENTS

In order for your hardship withdrawal request to be processed, **you must have appropriate supporting documents that prove the existence and amount of your financial hardship.** This document includes examples of the type of supporting documents that you are required to have at the time of your hardship withdrawal request to prove your financial hardship. **You must maintain supporting documents for at least four (4) years from the date your hardship withdrawal request is processed and produce those documents** upon request of your Plan Administrator, its agent, or the IRS. Misrepresentation of a hardship or providing false or misleading information in connection with a hardship withdrawal request from the Plan is serious and could subject you to personal liability, disciplinary action, and/or claims for restitution.

MEDICAL EXPENSES—Medical expenses for you, your spouse, your qualifying dependent,* and/or your primary Plan beneficiary** that are not reimbursed by insurance and are otherwise deductible for federal income tax purposes under Internal Revenue Code Section 213(d) (regardless of whether the expenses exceed 7.5% of adjusted gross income).

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current statement or bill from the medical provider that states the amount of expenses that you are responsible for paying, date due, services rendered, date services rendered, and the name of the person receiving services.
- Explanation of Benefits or insurance statement indicating the amount of expenses that are not covered.

For more information about deductible medical expenses, contact your tax advisor or refer to IRS Publication 502, Medical and Dental Expenses, which can be found at the IRS website, [irs.gov](https://www.irs.gov).

PURCHASE OF A PRINCIPAL RESIDENCE—Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of your principal residence.

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Copy of estimated settlement costs
- Good faith estimate
- Sales contract

If building a home, a contractual agreement for the purchase of land for the construction of your principal residence with a signed contract from a licensed builder.

UNREIMBURSED EDUCATION EXPENSES—Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for you, your spouse, your child, your qualifying dependent,* and/or your primary Plan beneficiary.**

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current statement or bill from the educational institution specifying name of student enrolled, amount of tuition due for the 12 months from the date of the hardship request, and date due.

EVICTION/FORECLOSURE OF PRINCIPAL RESIDENCE—Payments necessary to prevent eviction from, or foreclosure on the mortgage of, your principal residence.

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Eviction notice that includes the address of the principal residence and indicates that eviction will result without payment.
- Notice of foreclosure that includes the address of your principal residence and indicates that foreclosure will result without payment.
- Notice to vacate the premises.
- Letter threatening eviction for nonpayment from the landlord.

PAYMENT FOR FUNERAL EXPENSES—Payment for burial or funeral expenses for your deceased parent, your spouse, your child, a qualifying dependent,* and/or your primary Plan beneficiary.**

You must have supporting documents that prove the information you provide on the form. Examples of such supporting documents may include:

- Current statement or bill from the funeral home, cemetery, and/or religious institution showing current amount due, name of decedent, and date due.

EXAMPLES OF HARDSHIP WITHDRAWAL SUPPORTING DOCUMENTS

EXPENSES FOR REPAIR OF DAMAGE TO PRINCIPAL RESIDENCE—Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165 (regardless of whether the loss exceeds 10% of your adjusted gross income).

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current bill or estimate from contractor indicating nature of repairs and cost. Invoice should indicate the address of your principal residence.
- A statement from your insurance company evidencing denial of coverage of the cost of repairs regarding the casualty event.

For more information about casualty deductions, contact your tax advisor or refer to IRS Publication 547, *Casualties, Disasters, and Thefts*, which can be found at the IRS website, irs.gov.

*Qualifying dependent is an individual that meets the definition of "dependent" as set forth in Internal Revenue Code Section 152 as either a qualifying child or a qualifying relative.

Generally, a qualifying child is an individual (i) who is your child (or a descendant of such a child), a brother, sister, stepbrother, or stepsister of the participant, or a descendant of any such relative; (ii) who has not attained age 19 as of the close of the calendar year in which the taxable year of the participant (taxpayer) begins or is a student who has not attained age 24 as of the close of such calendar year; (iii) who has lived with you for more than half of the year; (iv) who has not provided more than half of his or her own support; and (v) who is not filing a joint return for the year with a spouse (other than only for a claim for refund). The age requirement in (ii) shall be treated as met in the case of a dependent who is permanently and totally disabled at any time during such calendar year.

Generally, a qualifying relative is an individual (i) who is a child (or a descendant of a child), brother, sister, stepbrother, stepsister, father, mother (or ancestor of father or mother), stepfather, stepmother, son or daughter of a brother or sister of the participant, brother or sister of the father or mother of the participant, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, or an individual who, for the taxable year of the participant, has the same principal place of abode as the participant and is a member of the participant's household; (ii) with respect to whom the participant provides over one-half of the individual's support for the calendar year; and (iii) who is not a qualifying child of such participant or of any other taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

The information above is meant to be a general description. Please consult your professional tax advisor regarding your particular situation.

**Primary Plan beneficiary is the individual that you designated as the primary beneficiary of your Plan account in case of death, as reflected on T. Rowe Price's recordkeeping system on the day that your hardship withdrawal request is processed.