

BENEFICIARY DISTRIBUTION REQUEST FORM

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

1. Beneficiary Information
2. Method of Disbursement
3. Beneficiary Authorization

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

Plan Name _____ Plan ID _____

BENEFICIARY INFORMATION

First Name and Middle Initial _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____

Evening Phone Number _____

Address _____ City _____ State _____ ZIP _____

METHOD OF DISBURSEMENT

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

Type of Rollover Account: IRA _____ QUALIFIED PLAN _____ ROTH IRA _____
NON-SPOUSE INHERITED IRA _____ NON-SPOUSE INHERITED ROTH IRA _____

Check Payable to (Financial Institution/Plan Trustee) _____

Check will be payable to the Institution/Plan Trustee FOB

Account Name / Retirement Plan Name _____ Account Number _____

Address _____ City _____ State _____ ZIP _____

If your qualified plan rollover includes Roth and/or After-tax assets, will your new plan trustee accept these assets?

- Yes No

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.)

BENEFICIARY AUTHORIZATION

Spousal Beneficiary: I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The beneficiary 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.

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

Plan Name _____

Plan ID _____

Non-Spousal Beneficiary: I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The beneficiary 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 an inherited IRA.

Withhold federal income tax at ____% (20% or greater)

I direct you to make the distribution in accordance with my election. 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.

Beneficiary Signature _____ Date _____

ADDRESS CHANGE

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 64121-9325

Overnight Mail:

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

Signature Guarantee (if required)
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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.