

Employer-Sponsored Retirement Plan Contribution

Visit troweprice.com/psw to submit your contributions electronically. No need to complete a form! To enroll for this free service, visit troweprice.com/plansponsorweb.

Use this form to:

- Submit a contribution to an employer-sponsored retirement plan if you are unable to use the Plan Sponsor Web site. Make check payable to T. Rowe Price Trust Company.

Mail to:
T. Rowe Price
P.O. Box 17350
Baltimore MD 21297-1350

Express delivery only:
T. Rowe Price, Mail Code 17350
4515 Painters Mill Road
Owings Mills, MD 21117-4903

This paper clip indicates you may need to attach documentation.

1 Employer Information

Complete a separate form for each plan.

Plan Name	Plan ID
Company Name (if different than plan name)	
Plan Contact Name	
Plan Contact Phone Number	
Plan Contact E-mail Address	

2 Contribution Type

Tax Year	Check Total
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Tax year will default to current year unless specified above. Complete a separate form for each tax year.

Contributions will be allocated based on investment instructions on file unless new allocation instructions are provided in Section 3 under Fund Name (if provided, any new allocation instructions will replace instructions currently on file for all contribution types).

Contribution types available by plan type. Check plan type:

- SEP-IRA: Employer Discretionary and Traditional IRA
- SAR-SEP: Salary Reduction, Employer Discretionary, and Traditional IRA
- SIMPLE IRA: Salary Reduction, Employer Matching, and Employer Nonelective (Only one employer contribution type is allowed for a given contribution year.)
- 403(b): Salary Reduction, Employer Discretionary, and Employer Matching
- Individual 401(k): Salary Reduction, Roth Elective Deferral, and Employer Discretionary
- Profit Sharing: Employer Discretionary
- Money Purchase Pension: Money Purchase

3 Participant Totals

If a contribution is included for a new participant, register the participant on Plan Sponsor Web or attach an [Employer-Sponsored Retirement Plan Participant Account](#) form.

Participant Name	Social Security Number
Contribution Type	Amount
Employer Discretionary	\$
Salary Reduction	\$
Roth Elective Deferral	\$
Employer Matching	\$
Employer Nonelective	\$
Money Purchase	\$
Traditional IRA	\$
Total	\$

Fund Name— Complete to change investment allocations	Allocation
	%
	%
	%
Total=100%	%

Participant Name	Social Security Number
Contribution Type	Amount
Employer Discretionary	\$
Salary Reduction	\$
Roth Elective Deferral	\$
Employer Matching	\$
Employer Nonelective	\$
Money Purchase	\$
Traditional IRA	\$
Total	\$

Fund Name— Complete to change investment allocations	Allocation
	%
	%
	%
Total=100%	%

For more participants or fund allocations, attach a [separate page](#).

