

SEP-IRA and SIMPLE IRA Distribution

✓ **Use this form to:**

- Request a distribution from a SEP-IRA or SIMPLE IRA, including direct rollover and required minimum distribution (RMD).
- Claim an inheritance from a SEP-IRA or SIMPLE IRA.

✗ **Do not use this form to:**

- Withdraw an excess contribution before your tax filing deadline. Contact us for instructions.
- Request any IRA to IRA transfer. Contact the receiving institution for transfer instructions.
- Transfer IRA due to divorce complete the [IRA Divorce Transfer](#) form.
- Request a Qualified Charitable Distribution. Use the [Qualified Charitable Distribution—IRA](#) form.

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 stamp indicates that a signature guarantee is required.



This paper clip indicates that you may need to attach documentation.

1 Owner Information

Complete a separate form for each employer plan.

Check plan type: SEP-IRA SIMPLE IRA

Check if assets are held in a brokerage account:

- Brokerage. It is your responsibility to ensure that sufficient funds are available in your sweep account to cover the amount of the requested distribution.

Name	Social Security Number (SSN)
Phone	Date of Birth (mm/dd/yyyy)

2 Distribution Information

Check one reason for distribution:

- Age 59½ or over at the time of the distribution.**
- Under age 59½.** Additional tax for early withdrawal may apply. See IRS Publication 590-B for details and exceptions.
- Permanently disabled** and under age 59½.
- Direct rollover** to an eligible employer-sponsored retirement plan. Verify rollover acceptance with the receiving plan administrator. Not for proceeds directed to an IRA held with another institution.
NOTE: SIMPLE IRAs can only roll over to another type of employer-sponsored plan if two years have passed since the first contribution was credited.
- RMD (over age 70½)** calculated by T. Rowe Price. Go to Section 3.
NOTE: This calculation does not include assets at other institutions.
- Beneficiary.** Go to Section 4. Each beneficiary completes a separate form. Review the [IRA Inheritance Facts](#).
- Correction of IRA excess contribution** (after tax filing deadline, including extension). A 6% penalty on the excess amount may apply.

2A Amount

The distribution will be one payment unless you complete Section 2B. If “Specified years” is the systematic calculation method, leave the amount blank as the amount will vary. If only a plan ID is provided, distribution is made from all funds pro rata.

Fund Name	Plan ID	Amount
		<input type="checkbox"/> All <input type="checkbox"/> \$* <input type="checkbox"/> %
		<input type="checkbox"/> All <input type="checkbox"/> \$* <input type="checkbox"/> %

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

***NOTE:** Dollar balances may fluctuate daily with the market. If the dollar amount is close to the total balance, provide percent instead.

2B Frequency

Check one: Monthly Quarterly Semiannually Annually

Start Month and Year (mm/yyyy)	Day of Month [†] (defaults to 20th if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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[†]**NOTE:** If a weekend or holiday, processed on the next business day.

Systematic Calculation Method (Not for RMDs) Check one:

- Fixed Amount** provided in Section 2A.
- Specified years:** Not to exceed IRS life expectancy.

3 RMD Most RMDs can be requested by phone.

The RMD calculation includes all assets within the same employer and plan type held at T. Rowe Price. Distributions will be taken proportionately from your applicable IRA accounts. For brokerage accounts, if securities must be sold in order to accommodate a cash distribution, ensure your trades are placed in time for settlement to take place before the RMD date.

Check one:

- Distribute only current-year RMD now.
- Systematic RMD program (the RMD program will remain on file unless canceled or deferred).

Check a Frequency:

Monthly Quarterly Semiannually Annually

Start Month and Year (mm/yyyy)	Day of Month [†] (defaults to 20th if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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[†]**NOTE:** If a weekend or holiday, processed on the next business day.

Spouse Information. If your spouse is on file as the sole primary beneficiary, confirm his or her date of birth. To add or change beneficiaries, attach the [IRA Beneficiary](#) form.

Spouse's Name	Date of Birth (mm/dd/yyyy)
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Transfer or Rollover Assets. If assets were moved from another financial institution to this IRA during the current year, **check one:**

- RMD satisfied prior to the transfer or rollover or from other IRA assets.
- RMD **not** satisfied prior to transfer or rollover. Calculate the RMD for the assets on the attached another financial institution prior year-end statement and distribute based on the instructions provided above.



4 Beneficiary of Decedent's IRA

Review the [IRA Inheritance Facts](#) for general information about inheriting and to determine what additional documents are required with this form. For more detailed information regarding your personal situation, please consult a tax or legal advisor for advice.

4A Beneficiary Information

By completing this section, you are claiming an inheritance from a SEP-IRA or SIMPLE IRA and will have an Inherited SEP-IRA or SIMPLE IRA established. Existing investments will be transferred into the same investments unless different instructions are provided. **Assets will remain in the Inherited IRA and no distribution will occur unless you complete Section 4B or 4C.** To add beneficiaries, attach the [IRA Beneficiary form](#). If assets are held in a brokerage account, also attach a Brokerage [IRA New Account](#) form.

Relationship to IRA Owner: Spouse Other

Citizenship*

U.S. Citizen Resident Alien Other

Name (estate, trust, or entity, if applicable)*		
SSN/Tax ID Number*	Date of Birth (mm/dd/yyyy)*	
Name of Executor, Trustee, or Authorized Signer (if estate, trust, or entity beneficiary)*		
Executor/Trustee/Authorized Signer SSN*	Date of Birth (mm/dd/yyyy)*	
Beneficiary/Executor/Trustee/Authorized Signer Residential Address*		
City*	State*	ZIP Code*
Mailing Address (if different from residential address)		
City*	State*	ZIP Code*
Original Owner Date of Death	Phone	

*We are required to have this information in order to open your account and verify your identity pursuant to the USA PATRIOT Act.

For more executors or trustees, check this box and [attach a page](#).

4B RMD for Deceased Owner

If the IRA owner died on or after reaching the required beginning date, complete this section to distribute currently the year of death RMD. (Distributed proportionately from each mutual fund unless you instruct otherwise.) **Check one:**

- Calculate and distribute remaining RMD.
 Distribute \$.
 RMD has been satisfied.

4C Beneficiary's Distribution Options (Optional)

Spousal Options Only. Assets will be transferred to an Inherited IRA and no other distribution will be made at this time unless you check a box below (If age 70 1/2 or older and would like to set up systematic RMDs, see Section 3):

- Total transfer to your T. Rowe Price Traditional or Roth IRA.**
 Total direct rollover to your eligible employer-sponsored plan.
 Complete section 6.

Spousal and Other Options. If you would like to complete a transaction after your transfer to the Inherited IRA, **check one of the following:** (Distributed proportionately from each mutual fund unless you instruct otherwise.)

- Total Distribution.** Your Inherited IRA will be closed. Once Inherited IRA assets are distributed, non-spousal beneficiaries may not rollover the funds into another Inherited IRA.
 Cash Distribution. (one payment)

Amount: \$ or % **NOTE:** This is the percent you want to distribute from your Inherited IRA, not the percent of assets you are inheriting.

- Specified years:** Not to exceed IRS life expectancy or if using the 5-year rule, all assets must be withdrawn by December 31 of the fifth year following the IRA owner's death.

Check a Frequency:

Monthly Quarterly Semiannually Annually

Start Month and Year (mm/yyyy)	Day of Month [†] (defaults to 20th if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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- RMD (Single Life Expectancy Table for use by beneficiaries, if eligible)** Withdrawals will begin in the year following the IRA owner's death. TRP will determine the life expectancy (divisor) according to IRS regulation unless a different life expectancy is provided. The life expectancy may or may not be based on your own age.

Check a Frequency:

Monthly Quarterly Semiannually Annually

Start Month	Day of Month [†] (defaults to 20th if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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[†]NOTE: If a weekend or holiday, processed on the next business day.

4D Trusted Contact

By my signature on this form, I authorize T. Rowe Price to share my account information with the named Trusted Contact person(s) identified below.

I authorize T. Rowe Price, at its discretion, to share information with and/or seek information from the Trusted Contact person(s). This information may include, but is not limited to, any of my information regarding my/our account(s) including contact information for account owners, beneficiaries or persons authorized to act on the account, securities held, conducted or proposed transactions, deposits, disbursements, or other financial products or services offered by or through T. Rowe Price.

I understand that T. Rowe Price may contact the Trusted Contact person(s) if there are questions or concerns about any of the account activity or inactivity, any account owner's whereabouts or health status, (e.g., if T. Rowe Price becomes concerned that I might no longer be able to handle my financial affairs) or in the event that T. Rowe Price becomes concerned that I may be or become a victim of fraud or exploitation.

A Trusted Contact person(s) must be 18 years of age. T. Rowe Price suggests that the Trusted Contact be someone not already authorized to transact business on the account. In addition, T. Rowe Price suggests that I advise the Trusted Contact person(s) that I provided the below information to T. Rowe Price and asks that I keep Trusted Contact person(s) updated.



I understand that there is no requirement that T. Rowe Price contact my Trusted Contact person(s) and that I may withdraw a Trusted Contact at any time online through Account Access, by telephone or in writing. By signing below, I hold T. Rowe Price harmless if T. Rowe Price either acts, or fails to act, based upon T. Rowe Price's best judgment.

Trusted Contact Information

Trusted Contact Name*		
Physical Address (cannot be a P.O. box)		
City	State	ZIP Code
Phone*	Relationship to Owner	
E-mail Address		

To list more Trusted Contact persons, check this box and attach a [separate page](#).

*Required fields

The Trusted Contact person will apply to all new and existing T. Rowe Price accounts. If you wish that the Trusted Contact person(s) be only applied to the accounts being opened please call T. Rowe Price.

5 Income Tax Withholding

Distributions are subject to federal income tax withholding unless you elect not to have withholding apply. If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. If you elect a direct rollover to an eligible employer-sponsored retirement plan, you understand that income taxes will not be withheld. **If you do not check a box, we will withhold 10% federal income tax.**

I **do not** want federal income taxes withheld from my distribution. I understand that I am responsible for payment of federal income tax on the taxable portion of the distribution and that I may incur penalties under the estimated tax payment rules if the withholding and estimated tax payments are not sufficient.

I **want** federal income tax withheld and understand that the withholding will be done at a rate of 10% unless a withholding percentage greater than 10% is specified to the right.

 %

Special Rule for Foreign Address. If your address on record is outside the United States or its possessions, we must withhold federal income tax as described below:

- If you are a U.S. citizen or other U.S. Person as described on IRS Form W-9, we must withhold federal income tax at a rate of 10%. You may not elect out of this withholding requirement.
- For nonresident aliens, federal income tax withholding, at a rate of 30%, is required; however, you may be able to elect a reduced rate of withholding, if your country has a treaty with the U.S., if you complete and attach IRS Form W-8BEN.

NOTE: IRS forms are available at irs.gov or by calling 800-TAX-FORMS.

6 Payment Options

A check will be mailed to the address on file unless you check a box below.

- Invest in a T. Rowe Price taxable account.**
- New account. Complete the [Mutual Fund New Account](#) form.
 - Existing account.

Account Number	Fund Name
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- For more accounts, check this box and attach a page.
- Electronic funds transfer (EFT).** Money will be sent via Automated Clearing House (ACH) unless you check wire. If over \$250,000, it will be sent via wire. Your bank may also charge a wire fee.
- Wire.** Not for systematic distributions.

Distributions are sent to the bank on file unless you check below.

New bank account. Signature guarantee may be required.

Enclose a voided check or a letter signed by the bank on bank letterhead, which provides the account number, registration, and ACH instructions.

- Checking account **or** Savings account
- Add this bank to my account for future transactions. If a bank is on file, replace it.

- Issue a check to your employer sponsored retirement plan, an alternate address and/or payee.** This form will not facilitate an IRA to IRA transfer. Contact the receiving institution to initiate an IRA to IRA transfer. Signature guarantee is required unless you are requesting a direct rollover. (Indirect rollovers to another IRA require a signature guarantee.)

Payee Name		
Account Number (cannot be SSN)	Account/Plan Type*	
Address		
City	State	ZIP Code

*Provide your most recent statement from other financial institution to expedite a direct rollover to an eligible employer-sponsored plan.

7 Signatures

If requesting a distribution, by signing this form, I certify the following:

- If I am requesting a direct rollover to an eligible employer-sponsored retirement plan, I certify that the amount being distributed is eligible to be rolled over, and understand that federal or state income taxes will not be withheld from my distribution.
- I understand that I am responsible for calculating and withdrawing my RMD amounts under Internal Revenue Code Section 401(a)(9). I hereby indemnify and hold T. Rowe Price Trust Company, its parent and affiliates, successors, and employees harmless from any and all liability should I fail to receive the correct RMD amount in any calendar year.

If a beneficiary claiming an inheritance, by signing this form, I certify the following:

- I agree to be bound by the terms of the prospectus for each T. Rowe Price fund (Fund) in which I am investing. I have the authority and legal capacity to purchase mutual funds, and am of legal age in my state.
- I received and read the T. Rowe Price Traditional and Roth IRA Disclosure Statement and Custodial Agreement (or, if applicable, the T. Rowe Price SIMPLE IRA Disclosure Statement and Custodial Agreement) at least seven days prior to the date I signed this form, and I agree to the terms and conditions contained within those documents. I understand that these documents may be amended from time to time.



- I authorize T. Rowe Price Services, Inc. (TRPS), the Fund, and their agents to act on any instructions believed to be genuine for any service authorized on this form including computer/phone services. The Fund and TRPS use reasonable procedures to verify the identity of the shareholder and the person(s) granted trading privileges, if applicable, when servicing an account by computer/phone. I understand that it is TRPS' policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided authorization to TRPS, in a form acceptable to TRPS, to grant trading privileges or to provide (or permit access to) account information to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password, to anyone. TRPS, the Fund, and their agents are not liable for any losses that may occur from acting on unauthorized instructions. All services are subject to conditions set forth in each fund's prospectus.
- I agree that computer/phone exchange and redemption services will be activated when my account is opened. If I do not want these services, I will contact TRPS to terminate service.
- By adding a bank account, I authorize TRPS to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the ACH network, subject to the rules of the financial institution, ACH, and the Fund. TRPS may correct any transaction error with a credit or debit to my financial institution account and/or Fund account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify TRPS of its revocation by phone or in writing and TRPS has had sufficient time to act on it.
- I understand that, to minimize Fund expenses, it is TRPS' policy to send only one copy of the prospectuses, shareholder reports, and other docu-

- ments (except account confirmations and statements) to all Fund shareholders residing at the same address. I also understand that this applies to all existing Fund accounts and any accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call TRPS after my account is opened.
- I authorize TRPS to obtain consumer credit reports (which contain information, including my creditworthiness, credit standing, and credit capacity) and other information to help verify my identity and to determine whether to establish my account(s) or, after my account(s) is opened, whether to maintain my account(s) or restrict certain services. If, after making reasonable efforts, TRPS is unable to verify my identity, I understand that TRPS is authorized to take any action permitted by law, including closing my account(s) and redeeming my account(s) at the net asset value the day the account is closed.
- The Fund can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or other indebtedness.
- I understand that if my account has no activity in it for a period of time, TRPS may be required to transfer it to the appropriate state under abandoned property laws.
- If spouse is checked in section 4A, I certify I am the surviving spouse under federal law.
- I certify that the Social Security/Tax Identification number provided on this form is accurate. The Internal Revenue Service does not require your consent to any provision of this document other than the certification that the Social Security/Tax Identification number provided is accurate.

7A Account Owner or Beneficiary **Sign Below**

- Signature guarantee is required if:**
- Claiming an inheritance as a non-spouse beneficiary
 - Distribution sent to a bank where the IRA owner is not one of the bank owners
 - Payable to someone other than the owner or beneficiary
 - Requesting an indirect rollover to another IRA (not required for direct rollovers to a qualified plan)
 - Mailed to an address other than the address on file
 - Invested in an account not owned by the owner or beneficiary

Signature and Date Required	
Owner or Beneficiary	Date (mm/dd/yyyy)
X	

7B Bank Account Owner **Sign Below**

To add a new bank on file, owners of the bank account who are not the IRA owner must sign here. If the IRA owner is not one of the bank owners, sign in the presence of a signature guarantor.

Signature and Date Required	
Bank Account Owner	Date (mm/dd/yyyy)
X	

7C Signature Guarantee

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

T. ROWE PRICE PRIVACY POLICY

In the course of doing business with T. Rowe Price, you share personal and financial information with us. We treat this information as confidential and recognize the importance of protecting access to it.

You may provide information when communicating or transacting with us in writing, electronically, or by phone. For instance, information may come from applications, requests for forms or literature, and your transactions and account positions with us. On occasion, such information may come from consumer reporting agencies and those providing services to us.

We do not sell information about current or former customers to any third parties, and we do not disclose it to third parties unless necessary to process a transaction, service an account, or as otherwise permitted by law. We may share information within the T. Rowe Price family of companies in the course of providing or offering products and services to best meet your investing needs. We may also share that information with companies that perform administrative or marketing services for T. Rowe Price; with a

research firm we have hired; or with a business partner, such as a bank or insurance company, with whom we are developing or offering investment products. When we enter into such a relationship, our contracts restrict the companies' use of our customer information, prohibiting them from sharing or using it for any purposes other than those for which they were hired.

We maintain physical, electronic, and procedural safeguards to protect your personal information. Within T. Rowe Price, access to such information is limited to those who need it to perform their jobs, such as servicing your accounts, resolving problems, or informing you of new products or services. Our Code of Ethics, which applies to all employees, restricts the use of customer information and requires that it be held in strict confidence.

The Privacy Policy applies to the following T. Rowe Price companies: T. Rowe Price Associates, Inc.; T. Rowe Price Advisory Services, Inc.; T. Rowe Price Investment Services, Inc.; T. Rowe Price Trust Company; and the T. Rowe Price Funds.

