

XXXXXXXX 029300

T. Rowe Price Individual 401(k) Plan Beneficiary Designation Form

Each participant must complete a Beneficiary Designation Form. The employer should keep the original and enter the information on the Plan Sponsor Web site.

1. Participant Information

Plan Name _____ Plan ID (enter for existing plans) _____

Employer Name _____

Participant Name _____ Social Security Number _____ Date of Birth _____

Home Address _____ City _____ State _____ ZIP _____

Current Marital Status

- I Am Not Married** I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Beneficiary Designation Form and my spouse consents to my designation.
- I Am Married** I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse in the space below if my spouse signs Section 4 entitled "Spousal Consent."

2. Beneficiary Designation

Select and complete A or B and complete C.

A. Married Participants I am married and hereby make the following election. (Select i or ii)

- i. I have named my spouse as my primary beneficiary; however, in the event my spouse does not survive me, I name the secondary beneficiary(ies) as listed in C below.
- ii. I hereby name my primary beneficiary(ies) as listed in C below. My spouse will complete Section 4 and have his or her signature witnessed by the Plan Administrator or a notary public.

B. Unmarried Participants

- I am not married and hereby designate the beneficiaries shown in C below.

C. Beneficiary Designation—all participants must complete this section to name their beneficiaries

Failure to identify the percent of distribution to each beneficiary will result in equal allocation among the appropriate beneficiaries. **The percent of distribution for all of the primary beneficiaries should equal 100%; likewise for all of the secondary beneficiaries.** Secondary beneficiaries receive distributions only if no primary beneficiaries survive you. If a primary beneficiary dies before you and you do not make further changes to your primary beneficiaries, the percentages will be recalculated among the remaining primary beneficiaries based on your last effective designation. We use the same method among secondary beneficiaries.

Primary Beneficiaries

1
Name _____ Date of Birth _____

Relationship _____ Social Security Number _____ Percent of Distribution _____

Street _____ City _____ State _____ ZIP _____

2
Name _____ Date of Birth _____

Relationship _____ Social Security Number _____ Percent of Distribution _____

Street _____ City _____ State _____ ZIP _____

Total = 100%

Secondary Beneficiaries

1
 Name _____ Date of Birth _____

Relationship _____ Social Security Number _____ Percent of Distribution _____
 Street _____ City _____ State _____ ZIP _____

2
 Name _____ Date of Birth _____

Relationship _____ Social Security Number _____ Percent of Distribution _____
 Street _____ City _____ State _____ ZIP _____ **Total = 100%**

3. Participant Signature (required)

Participant Signature _____ Date _____

4. Spousal Consent (if applicable)

This consent must be completed in order for a married participant to designate someone other than his or her spouse as the sole primary beneficiary.

I, the undersigned spouse of the participant named in Section 1, hereby voluntarily consent to the designation in Section 2 of a primary beneficiary other than me. I do not consent to my spouse having the right to make further changes in the primary beneficiary without my consent.

Spouse's Signature _____ Date _____

Spouse's Name (please print) _____

Plan Administrator's Signature as Witness _____ Date _____

OR

Notary Witness

I _____, a notary public, do hereby certify that _____ did personally appear before me and did acknowledge that he/she signed this Spousal Consent as his/her free act and deed. Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

My commission expires _____.

5. Plan Administrator Signature (required)

Receipt of this Beneficiary Designation Form is acknowledged.

Plan Administrator's Signature _____ Date _____