

# Employer-Sponsored Retirement Plan Invest Participant Rollover Assets

✓ **Use this form to:**

- Provide investment instructions for the rollover of assets from a Traditional IRA or a retirement plan account (excluding amounts in a Roth contribution account) to your current employer's retirement plan at T. Rowe Price.

**NOTE:** Contact your prior investment provider to initiate the rollover if not already accomplished.

**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.

## Instructions

- You must have an account in your employer's T. Rowe Price retirement plan.
- Your retirement plan distribution must be an eligible rollover distribution.
- Your T. Rowe Price SIMPLE IRA can only receive a rollover from another SIMPLE IRA. However, distribution proceeds from a SIMPLE IRA can be rolled into another retirement plan when the distribution occurs at least two years after the first SIMPLE IRA contribution was credited.
- After-tax contributions distributed from your former employer's retirement plan are only accepted for rollover, or nondeductible contributions distributed from an IRA are only eligible for rollover, into a SEP-IRA plan.
- **If you have NOT received a rollover check from your former plan:** Mail the original of this form to T. Rowe Price and submit a copy with your completed paperwork to your former employer. Have the rollover check made payable to T. Rowe Price Trust Company FBO *your name* and include your plan identification number. Send the check to the address listed on the top of this page.
- **If you have received a rollover check from your former plan:** Send the check with this original form to T. Rowe Price. The check must be deposited into your current employer's retirement plan within 60 days of your initial receipt. You may use personal funds to make up any amount withheld for taxes.

## 1B Investment Allocation

The assets will be allocated based on investment instructions on file for your account in the plan identified in Section 1A unless a different allocation is provided below. Existing fund allocations for other contribution types will not change.

T. Rowe Price Mutual Fund Names	Percent

**Total = 100%**

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

## 2 Rollover From Account

**Check the source of the rollover assets:**

- Employer-Sponsored Retirement Plan (Money Purchase Pension Plan, Profit Sharing Plan, 401(k), Defined Benefit, 403(b), SEP-IRA, SAR-SEP, or Governmental 457 Deferred Compensation)
- Traditional or Rollover IRA
- SIMPLE IRA—Remember your T. Rowe Price SIMPLE IRA can only receive a rollover from another SIMPLE IRA.  
Date of first SIMPLE IRA contribution (mm/dd/yyyy):

Name of Financial Institution	
Plan Administrator/Contact Name	Phone
Plan Name	Amount of Check*

\*NOTE: Estimate if check is not enclosed.

## 1 T. Rowe Price Rollover to Account

### 1A Plan and Participant Information

**Check plan type:**  Individual 401(k) Pension Plan     SEP-IRA Profit Sharing Plan     SIMPLE IRA 403(b)(7)

Name of Employer-Sponsored Plan	Plan ID
Plan Administrator Name	Phone
Participant Name	
Social Security Number	Date of Birth (mm/dd/yyyy)
Day Phone	Evening Phone

**Signature(s) required on page 2.**



### 3 Signature(s)

#### 3A Participant

**By signing this form, I certify that:**

- The requested rollover is an eligible rollover distribution.
- The rollover is not part of a series of periodic payments.
- The rollover does not include after-tax or nondeductible contributions unless the rollover is to a SEP-IRA.
- If I am age 70½ or older, or will be by year-end, the requested rollover does not include any required minimum distribution amount.
- The information contained on this form, and in any attachments to it, is complete and accurate to the best of my knowledge. I further certify and warrant that all signatures on this form are genuine signatures of the respective individuals.
- I agree to indemnify and hold harmless my employer and T. Rowe Price Trust Company, its parent, agents, and affiliates from any claims arising as a result of inaccurate information supplied by me or from any loss when acting on instructions believed to be genuine.

#### Signature and Date Required

Participant's Signature Date (mm/dd/yyyy)

 X

#### 3B Plan Administrator/Third-Party Administrator

**If your current T. Rowe Price plan is an Individual 401(k), money purchase pension, or profit sharing plan:** This section must be completed by the plan administrator to certify that the assets may be rolled into your current plan.

**If your current plan is a 403(b) plan:** Your plan administrator or third-party administrator (if applicable) may need to complete this section of the form to certify that the assets can be rolled into your current plan. Confirm with your plan administrator before returning this form to T. Rowe Price.

**Plan administrator/third-party administrator certification:** I certify that the information contained in this form is accurate, agree to accept these assets into the current plan from the former plan, and direct T. Rowe Price to process the rollover.

#### Signature and Date Required

Plan Administrator's/Third-Party Administrator's Signature Date (mm/dd/yyyy)

 X

Print Plan Administrator's/Third-Party Administrator's Name

