# 403(b) Transfer-In Request

403(b) MCPS Tax Sheltered Savings Plan
Mail to: T. Rowe Price Retirement Plan Services
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Use this form to transfer existing 403(b) accounts to T. Rowe Price. As soon as we receive this form, we will contact your current custodian or insurance company to arrange the transfer. If you would like to transfer from more than one custodian or insurance company, please make copies of this form. All signatures must be original. You may wish to check with the custodian or insurance company from whom you are transferring to see if there are additional transfer requirements and fees or charges. Amounts representing a minimum required distribution under Section 401(a)(9) of the Internal Revenue Code are not eligible for transfer, according to current IRS rules. Please check with the custodian or insurance company to see if this applies to your account.

## 1 Transfer Account Registration

To transfer your 403(b) account, we need to know how it is currently registered (i.e. how your name is shown on your statement from your current 403(b) carrier).

Owner's Name (first, middle initial, last)

Social Security Number

Street or P.O. Box

City

State

ZIP Code

Daytime Phone

Ext.

Evening Phone

Ext.

## 2 Name of Current Custodian or Insurance Company

- ☐ AIG Retirement
- ☐ Lincoln Financial Group
- ☐ Fidelity Investments
- ☐ MetLife Resources
- ☐ Hendershot Financial (Lincoln Investment)
- ☐ Smith Barney
- ☐ ING
- ☐ TIAA-CREF
- ☐ Other (requires MCPS approval)

MCPS Signature

Date

If you have not previously submitted a T. Rowe Price Designation of Beneficiary Form, please call your plan's toll-free number and request a Designation of Beneficiary Kit.

## 3 Transfer Instructions

This form notifies you of my intention to effect a tax-free transfer of my 403(b) account to T. Rowe Price. This notification further directs you to (1) cancel my tax-sheltered annuity contract listed below for all or part of its cash surrender value, or (2) redeem all or part of the 403(b) custodial account mutual fund(s) listed below.

Please transfer the following (write "100%" if the entire account is to be transferred):

| | | |
|---|---|---|
| 1. | | |
| Investment Name | Account Number | $ Amount or % of Account |
| 2. | | |
| Investment Name | Account Number | $ Amount or % of Account |

## 3 Transfer Instructions (continued)

| | | |
|---|---|---|
| 3. | | |
| Investment Name | Account Number | $ Amount or % of Account |
| 4. | | |
| Investment Name | Account Number | $ Amount or % of Account |
| 5. | | |
| Investment Name | Account Number | $ Amount or % of Account |
| 6. | | |
| Investment Name | Account Number | $ Amount or % of Account |

## 4 Investment Instructions

Write in the name(s) of the investment option(s) in which you would like your transfer invested. A list of available investment options is included with this kit, along with charts to provide you with some ideas on which funds to select if you would like to keep your money invested similarly to your current allocation. Any transfer money you wish to invest in the Plan must be allocated to one of the investments listed. If you wish to keep your money invested similarly to your current allocation, you will need to identify the similar fund at T. Rowe Price from this list and indicate the percentage of the total account that each type of fund is relative to your total account from this carrier. If you need additional space to invest in more investment options than the boxes provided please check the box below and attach your instructions. **The total election below must equal 100%.**

☐ I have attached additional investment instructions.

| Investment Option | % of Assets Being Transferred |
|---|---|
| | ☐☐☐ % |
| | ☐☐☐ % |
| | ☐☐☐ % |
| | ☐☐☐ % |

## 5 Signature Authorizing Transfer

Signature **X** _____ Date _____

Owner's Signature (exactly as it appears in Section 1)

## 6 Payment Instructions to Resigning Custodian or Insurance Company

**T. Rowe Price will complete this section. You do not have to complete any part of this section.**

T. Rowe Price has established a 403(b) custodial account for this individual and will accept this transfer.

Please provide T. Rowe Price with the source breakdown and net contributions for this transfer.

Authorized Signature _____ Date _____

Make check payable to: Trustee of the MCPS 403(b) Plan

For the Benefit of (FBO): [your name]

Participant's Name _____ Participant's Social Security Number _____