

P.O. Box 17215
Baltimore, Maryland 21297-1215

4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

**RE: MCPS Deferred Compensation (457(b)) Plan
Designation of Beneficiary Letter of Instruction**

Dear Participant:

In response to your request to add or change a beneficiary in the Plan, enclosed are the following items:

Designation of Beneficiary Form
Courtesy reply envelope (addressed to T. Rowe Price)

Please complete the Designation of Beneficiary Form and return it to:

Regular Mail

T. Rowe Price Retirement Plan Services
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Overnight/Express Mail

T. Rowe Price Retirement Plan Services
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. Representatives are available Monday through Friday between 7 a.m. and 10 p.m. eastern time. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price *my*RetirementPlan Web site at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services



THIS PAGE INTENTIONALLY LEFT BLANK

**MCPS Deferred Compensation (457(b)) Plan
Designation of Beneficiary Form**

Participant Information
(Please print clearly)

| | |
|----------------------|------------------------------|
| Name _____ | Social Security Number _____ |
| E-mail Address _____ | Daytime Phone Number _____ |

Present Marital Status
(Check one)

Single Married

Beneficiary Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Please note that all percentages must be expressed as whole numbers; do not enter fractions or decimals.

Primary Beneficiary(ies)

| | | | | | |
|------------------------------|--------------------|----------------|------------------------------|--------------------|----------------|
| Last Name _____ | First _____ | M.I. _____ | Last Name _____ | First _____ | M.I. _____ |
| Social Security Number _____ | | | Social Security Number _____ | | |
| Street Address _____ | | | Street Address _____ | | |
| City _____ | State _____ | ZIP Code _____ | City _____ | State _____ | ZIP Code _____ |
| Birth Date _____ | Relationship _____ | | Birth Date _____ | Relationship _____ | |
| Percent _____ | | | Percent _____ | | |

If you name more than one primary beneficiary but do not specify a percentage for each, your account will be divided equally among the primary beneficiaries who survive you. Check here if you have more than two primary beneficiaries and have used the space on the next page.

Secondary Beneficiary(ies)

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):

| | | | | | |
|------------------------------|--------------------|----------------|------------------------------|--------------------|----------------|
| Last Name _____ | First _____ | M.I. _____ | Last Name _____ | First _____ | M.I. _____ |
| Social Security Number _____ | | | Social Security Number _____ | | |
| Street Address _____ | | | Street Address _____ | | |
| City _____ | State _____ | ZIP Code _____ | City _____ | State _____ | ZIP Code _____ |
| Birth Date _____ | Relationship _____ | | Birth Date _____ | Relationship _____ | |
| Percent _____ | | | Percent _____ | | |

If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you. Check here if you have more than two secondary beneficiaries and have used the space on the next page.

Participant's Signature

Any election I have made on this form revokes all prior designations with respect to this Plan.

| | |
|-------|-------------------------|
| _____ | _____ |
| Date | Participant's Signature |



**MCPS Deferred Compensation (457(b)) Plan
Designation of Beneficiary Form**

Additional Beneficiaries

Additional Primary
Beneficiary(ies)

Last Name First M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent

Last Name First M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent

Additional
Secondary
Beneficiary(ies)

Last Name First M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent

Last Name First M.I.

Social Security Number

Street Address

City State ZIP Code

Birth Date Relationship

Percent

