

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
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

5 Signature Authorizing Transfer

Signature _____ 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 457(b) custodial account for this individual and will accept this transfer.

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

Authorized Signature _____ Date _____

Make check payable to: Trustee of the MCPS 457(b) Plan
 For the Benefit of (FBO): [your name]

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

