

**RE: 403(b) MCPS Tax Sheltered Savings Plan
In-Service Withdrawal Letter of Instruction**

Dear Participant:

In response to your request for an in-service withdrawal from your account, enclosed are the following items:

- In-Service Withdrawal Form
- T. Rowe Price Rollover IRA Application (The inclusion of the T. Rowe Price Rollover IRA Application with this paperwork in no way represents an endorsement of the T. Rowe Price IRA by the plan or its affiliates.)
- Special Tax Notice Regarding Plan Payments
- Courtesy reply envelope (addressed to T. Rowe Price)

Please review all materials carefully and then:

- Complete the In-Service Withdrawal Form
- Keep a copy of the documents for your records
- Return the completed paperwork 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

The following withdrawal types are available:

Age 59½ - All of the funds and sources in your account are available for this withdrawal. Please note that you must be age 59½ or older for the withdrawal to be processed. If you do not qualify for this withdrawal, your paperwork will be returned.

If you have requested the maximum available withdrawal amount, please be aware that, due to market fluctuation, the withdrawal amount given at the time of your phone call may be greater or lesser on the day of the actual redemption. T. Rowe Price will still process your maximum available withdrawal amount.

Please note that some fund families assess redemption fees on distributions if shares are held for less than a designated period. The amount of fee charged may vary. Consult each fund's prospectus or call 1-800-922-9945 for more information. When you request a distribution from a fund that assesses a redemption fee, any redemption fee paid to the fund will be deducted from your requested distribution amount. The redemption fee paid to the fund is not treated as a distribution to you for tax purposes.

Your request will be processed as received, provided that all paperwork is in good order. A check will be sent to your address of record within two business days after the date of redemption from your account. A confirmation letter will be mailed to your address of record detailing the type of withdrawal and payee information.

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



Participant Information

Name _____ Social Security Number _____

Street Address _____

City, State, ZIP Code _____

Daytime Phone Number _____ Evening Phone Number _____ Date of Birth _____

Reason for Distribution

Age 59½ Withdrawal

Redemption Instructions

Indicate the dollar amount you elect to withdraw or check the box next to 100% if you elect to withdraw the total amount available.

\$ _____ or 100% of the amount available

I understand that the dollar amount indicated above will be withdrawn from my account and redeemed proportionately from my current investments.

Method of Distribution

Please carefully read the enclosed explanation of your distribution options, including your right to defer a distribution and the notice titled "Your Rollover Options" which provides an explanation of the direct and indirect rollover rules and the tax treatment of distributions.

Direct Rollover to IRA

I elect that my distribution be paid as a direct rollover to the following IRA:

T. Rowe Price IRA: Account Number*: _____
*If you have not established a T. Rowe Price IRA, you must read and complete the attached form.

IRA: IRA Custodian Name: _____
IRA Account Number: _____
Street Address: _____
City, State, ZIP Code: _____

Direct Rollover of Qualified Rollover Contribution to Roth IRA

I elect that my distribution be paid as a direct rollover to the following Roth IRA:

T. Rowe Price Roth IRA Account Number*: _____
*If you have not established a T. Rowe Price Roth IRA, you must read and complete the attached form.



Roth IRA: IRA Custodian Name: _____
Account Number: _____
Street Address: _____
City, State, ZIP Code: _____

Direct Rollover to Qualified Employer-Sponsored Plan

I elect that my distribution be paid as a direct rollover to the following qualified employer-sponsored plan:

Trustee Name: _____
Plan Name: _____
Street Address: _____
City, State, ZIP Code: _____

Partial Direct Rollover (The total percentage must equal 100%.)

I elect that my distribution be paid according to the following instructions:

_____ % direct rollover to IRA or qualified employer-sponsored plan. (Please fill out rollover information above).
_____ % direct rollover of qualified rollover contribution to Roth IRA. (Please fill in Roth IRA information above.)
_____ % in the form of a check made payable to me. I understand that applicable federal and state income tax withholding applies to this portion of my distribution.

If rollovers are going to more than one destination, please provide the information requested above, plus the dollar amount or percentage of the distribution for each destination, on a separate piece of paper.

Distribution in Cash

I elect that my entire distribution be paid to me in a single sum.

I understand that: 1) federal income tax will be withheld on the taxable amount of the distribution as required by law, and 2) state income tax will be withheld, if applicable.



Wiring Instructions

Please send wire to*:

Wire Information:

Bank/Financial Institution Name: _____

ABA number (nine digits): _____

Account Name: _____

Account Number: _____

Further Credit to: _____

Participant Account Name: _____

Note: YOU MUST ATTACH A VOIDED CHECK WITH YOUR DISTRIBUTION PAPERWORK. To wire funds to a personal bank account, you must be listed as an owner of that account. The bank account registration on the voided check will be used to confirm wiring instructions and to confirm that you are listed as an owner of the bank account.

By signing this form, you agree that if a voided check is not attached, T. Rowe Price is not required to send the distribution proceeds by wire and may instead, without prior notice to you, send the proceeds by check to the address of record.

To wire funds to a rollover account, the rollover account must be in your name.

* Please check with your bank or financial institution; they may charge a fee for accepting wires.

Income Tax Withholding Elections

Income Tax Withholding Election for Noneligible Rollover Distributions

Make an election only for noneligible rollover distributions. (See the Notice of Income Tax Withholding for details.)

- I **do** want federal income tax withheld.
- I **do not** want federal income tax withheld. I understand that I may be responsible for payment of estimated tax and may incur penalties under the estimated tax payment rules if my withholding and estimated tax payments are not sufficient.

State Tax Withholding Election (Complete this section only if you are not directly rolling over all assets to an IRA or qualified plan.)

- I **do** want state income tax withheld.
- I **do not** want state income tax withheld.

Note: Regardless of your election, T. Rowe Price will withhold state income tax to the extent required by applicable state law.



Voluntary Income Tax Withholding Election - Only for Non-Roth Amounts Rolled Over to a Roth IRA

Income tax withholding is NOT required on amounts rolled over from non-Roth accounts in the plan to a Roth IRA in a qualified rollover contribution. We will not withhold income taxes on the amount rolled over unless you elect voluntary income tax withholding below. (See Notice of Income Tax Withholding for details.)

- I **do** want federal income tax withheld and understand that the withholding will be at a rate of 20% unless a different withholding percentage is specified below. I also understand that the amount withheld may be subject to an additional 10% early distribution penalty tax.

Percent of Withholding: _____%

State Tax Withholding Election - Only for Non-Roth Amounts Rolled Over to a Roth IRA

- I **do** want state income tax withheld.
- I **do not** want state income tax withheld.

Note: Regardless of your election, T. Rowe Price will withhold state income tax to the extent required by applicable state law.

Notice of Income Tax Withholding

The distribution you receive from the plan is subject to federal income tax withholding. Your distribution also may be subject to an additional 10% penalty tax if you are under age 59½ unless certain exceptions apply. (See the notice titled "Your Rollover Options" for more information.) Withholding will apply only to the portion of your distribution that is included in your taxable income. Thus, for example, there will be no withholding on the return of your own after-tax contributions to the plan. State taxes will be withheld from your distribution in accordance with the respective state rules. Mandatory income tax withholding may not apply if distributions for the plan year are less than \$200. The provisions below provide notice of the specific income tax withholding rules for different types of distributions.

Eligible Rollover Distributions. Most distributions made upon termination of employment are eligible rollover distributions. Exceptions include certain periodic payments made over a specified period of 10 years or more or over your lifetime, required minimum distributions and hardship distributions. (See the notice titled "Your Rollover Options" for details.) If your distribution is an eligible rollover distribution, 20% federal income tax withholding (and any applicable state income tax withholding) is required on the taxable portion of the payment, unless you elect to have the eligible rollover distribution paid directly to a qualified employer-sponsored plan that accepts the rollover or to an IRA. The mandatory 20% federal income tax withholding will be calculated on the value of the eligible rollover distribution but the amount withheld will not exceed the sum of the cash and the value of property (other than employer stock) that you receive. (See the notice titled "Your Rollover Options" for more detail.) You must have income tax withheld for eligible rollover distributions that are paid to you.

Noneligible Rollover Distributions. You may elect not to have tax withholding applied to the portion of your distribution that is not an eligible rollover distribution by completing the election section of this form. If you make no election or if you elect to have income tax withheld, federal income tax withholding (and any applicable state income tax withholding) will apply. You may choose an additional amount of federal income tax withholding by attaching IRS Form W-4P*. The applicable rate of federal income tax withholding is a flat 10% for nonperiodic payments (made within one year). For periodic payments (made in installments at regular intervals over a period of more than one year), federal income tax will be withheld as if you are married claiming three withholding allowances, unless you choose a different amount of allowances or an additional amount of withholding on IRS Form W-4P*. Your withholding election for periodic payments will remain in effect until you revoke it. You may revoke your withholding election at any time by submitting IRS Form W-4P* to the address indicated on the letter of instruction. Any election or revocation will be effective no later than the January 1, May 1, July 1 or October 1 after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply to noneligible rollover distributions as often as you wish.

If you elect not to have federal income tax withheld from your distribution, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.



**403(b) MCPS Tax Sheltered Savings Plan
In-Service Withdrawal Form**

Special Rule for Payments Outside of the United States. If your payment address is outside the United States or its possessions, your distribution cannot be processed until you complete either an IRS Form W-9* (Request for Taxpayer Identification Number and Certification) or an IRS Form W-8BEN* (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding). Federal income tax withholding is required for payments delivered outside the United States or its possessions if you are a U.S. citizen or another U.S. person as described on IRS Form W-9*. You can elect not to have U.S. income tax withheld only if you are a nonresident alien and you complete and attach IRS Form W-8BEN*, if applicable.

*These IRS forms are available from your local IRS office and on the IRS's Internet Web site at www.irs.gov, or you may call 1-800-TAX-FORMS.

Participant's Signature

I hereby certify that the above information and elections are true and accurate. If I elected a direct rollover above, I hereby certify to the best of my knowledge and belief that the account(s) designated by me on this form as the recipient(s) of the direct rollover(s) is(are) an (i) individual retirement account or annuity, (ii) a defined contribution plan qualified under section 401(a) or 403(a) of the Internal Revenue Code ("Code"), (iii) an annuity contract or custodial account described under section 403(b) of the Code, or (iv) a plan described in section 457 of the Code that is sponsored by a government, a governmental agency, or subdivision that accepts direct rollovers of eligible rollover distributions from a plan described in (ii), (iii), or (iv). I accept sole responsibility for my elections, which are based on my individual situation. I have not relied on any tax or investment advice furnished by the plan, T. Rowe Price Group, Inc., or any of its subsidiaries or affiliates.

Date

Participant Signature

Plan Administrator's Signature

Date

Plan Administrator's Signature

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

