

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

4515 Painters Mill Road  
Owings Mills, Maryland 21117-4903

**RE: 403(b) MCPS Tax Sheltered Savings 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 prefer, you can also view, update and/or add beneficiaries online. To access this service, log on to the T. Rowe Price website at [rps.troweprice.com](http://rps.troweprice.com). "My Beneficiaries" can be found under "Services Information" on the homepage.

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 website at [rps.troweprice.com](http://rps.troweprice.com), available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services



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**403(b) MCPS Tax Sheltered Savings 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. _____ 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 _____
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**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. _____ 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 _____
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**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 \_\_\_\_\_



\*RBAR03200630\*

**403(b) MCPS Tax Sheltered Savings 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



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