

**RE: 403(b) MCPS Tax Sheltered Savings Plan
Qualified Reservist Distribution Letter of Instruction**

Dear Participant:

In response to your request for a qualified reservist distribution from your account, enclosed are the following items:

- Qualified Reservist Distribution Form
- Special Tax Notice Regarding Plan Payments
- Courtesy reply envelope (addressed to T. Rowe Price)

Please review all materials carefully and then:

- Complete the Qualified Reservist Distribution Form
- Enclose a copy of your military orders
- Enclose the Distribution Eligibility Certificate from AIG Retirement Services Company
- Keep a copy of the documents for your records.
- Return completed paperwork to:

Regular Mail

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

Overnight Mail

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

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 hearing impaired, 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, Inc.



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Participant Information

Name _____ Social Security Number _____
Street Address _____
City, State, ZIP Code _____
Daytime Phone Number _____ Evening Phone Number _____ Date of Birth _____

Qualified Reservist Distribution

I hereby request a distribution of \$ _____ from amounts attributable to my elective deferrals to the above plan as a "qualified reservist distribution."

I certify that my "qualified reservist distribution" satisfies the following conditions:

- (a) I am a member of a "reserve component" (as defined in §101 of title 37 of the United States Code), ordered or called to active duty for (i) a period in excess of 179 days, or (ii) an indefinite period; and
- (b) the distribution is requested to be made during the active duty period beginning on the date of the order or call to active duty and ending at the close of such period.

Redemption Instructions

I understand that the dollar amount indicated above will be withdrawn from the portion of my account attributable to my elective deferrals and redeemed proportionately from my current investments.

Method of Distribution

I received, read, and understand the Special Tax Notice Regarding Plan Payments, which contains general information on the rules regarding rollover, direct rollover, withholding, capital gains, and income-averaging treatment of distributions. I understand that this distribution will be reported to the Internal Revenue Service and will be subject to income taxes.

Distribution Election

Direct Rollover to Traditional IRA

I elect that my distribution be paid as a direct rollover to the following Traditional 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: _____
Account Number: _____
Street Address: _____
City, State, ZIP Code: _____



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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 the 20% mandatory federal income tax withholding and applicable 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 at a rate of 20% as required under current law, and 2) state income tax will be withheld, if applicable.

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's Signature



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