

**MCPS Deferred Compensation (457(b)) Plan
Rollover Contribution Instructions**

Use this form to roll over your eligible rollover distribution from a 401(a) qualified retirement plan (including a 401(k) plan), 403(b) plan, or governmental 457 plan to your current employer's plan. The plan will accept a direct or indirect rollover of taxable amounts from a former employer's plan. After-tax and Roth 401(k) account contributions made to a former employer's plan and any contributions you made to an IRA are not eligible for rollover into this plan. You must use your former employer's plan forms or other procedures to request a distribution from your former employer's plan.

Direct rollover from plan. The check will be issued from your former plan and must be made payable to the current plan for your benefit.

**For example: Custodian of the MCPS Deferred Compensation (457(b)) Plan
For the benefit of (FBO): [your name]**

Indirect rollover from plan. The distribution must be deposited into the current plan within 60 days of your receipt of it. It is possible for you to use personal funds to make up the amount that was withheld for taxes. You may endorse the check from your former plan to the current plan, or you may send a certified check, cashier's check, or money order.

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

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Rollover Contribution Form**

OVERNIGHT MAIL T. Rowe Price Retirement Plan Services Mail Code 17215 4515 Painters Mill Road Owings Mills, MD 21117-4903
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Mail to: T. Rowe Price Retirement Plan Services
 Special Attn.: Forms Enclosed, P.O. Box 17215, Baltimore, Maryland 21297-1215

1: YOUR INFORMATION

Your Name	Social Security Number	Date of Birth (MM/DD/YY)
Street or P.O. Box (please include street address if using a P.O. Box)		City/State/ZIP
Daytime Phone	Evening Phone	E-mail Address

2: WHICH INVESTMENTS DO YOU WANT YOUR MONEY ROLLED INTO?

Select the investment option(s) in which you would like your rollover invested. If you would like the money invested in accordance with your investment election for new contributions, you may check the box below. Please visit troweprice.com/funds for more information on the T. Rowe Price mutual funds. You may call a T. Rowe Price representative at 1-800-922-9945 for information on which T. Rowe Price mutual funds are available under your plan.

- Please invest my rollover contribution according to my current investment election for new contributions.
- Please invest my rollover contribution according to my election below.

Choose Your Own Mix

The total election below must equal 100%.

Investment option	% of assets being rolled over	Investment option	% of assets being rolled over
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%

3: EMPLOYEE CERTIFICATION (for indirect/60-day rollover)

I certify to the following statements regarding the rollover funds:

- I did not receive the funds as a nonspouse beneficiary of a death benefit.
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.



