

**RE: MCPS Deferred Compensation (457(b)) Plan
Trading Privileges Form Enclosed**

Dear Participant:

You have requested that T. Rowe Price Retirement Plan Services representatives take instructions from an authorized third party ("authorized agent") to make changes to your retirement plan account in the above-named plan. The enclosed Trading Privileges Form will allow you to (1) appoint an authorized agent to view and place trades in your account (2) revoke the appointment of an existing authorized agent.

This authorization form allows you to grant limited access to any of your accounts associated with the above-named retirement plan.

- Your authorized agent will have access to view balances, to change your investment election for future contributions, and to place trades in your account.
- A maximum of one (1) authorized agent designees are allowed.
- Revoking an existing authorized agent and appointing a new individual can be accomplished using a single form.
- If you are a participant in multiple plans, you will need to complete a separate form for each plan.

Please complete and sign the form and have your signature notarized. Send your completed form(s) in the enclosed envelope 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 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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TRADING PRIVILEGES FORM

To: T. Rowe Price Group, Inc., and all affiliates, including T. Rowe Price Investment Services, Inc. and T. Rowe Price Retirement Plan Services, Inc. (collectively "T. Rowe Price")

To appoint an Authorized Agent, complete all of Sections I and III. To revoke an existing Authorized Agent if you are not appointing a new Authorized Agent, complete Section II and numbers 1 through 4 of Section III. In all cases, this form must be notarized. For help with this form, please call 1-800-922-9945 to speak with a T. Rowe Price representative.

Section I. Appointment of Authorized Agent and Authorization

Participant Name Participant Social Security Number

I, as a participant in the above-named plan ("Plan"), do hereby make, constitute, and appoint the following individual(s): (name of Authorized Agent # 1) of (state), my true and lawful agent(s) for me, in my name and on my behalf and at my risk, to view account balance information, change my investment election for future contributions, and to cause the purchase, sale, or trade of any investment that is eligible to be held in any account associated with the Plan (collectively referred to as "Authorized Acts"), in accordance with the rules of the Plan and such other applicable terms and conditions. Authorized Agents will not be authorized to effect transactions resulting in the withdrawal of any assets from the Plan or to change the deferral amount for future contributions. If I have appointed two or more Authorized Agents, I authorize them to act alone (severally) and without the consent of any other Authorized Agent(s), with respect to each Authorized Act. This Trading Privileges Form revokes any and all existing appointments of Authorized Agent(s) with regard to my participation in the Plan that I have made using a T. Rowe Price form.

You are authorized to follow the instructions of my Authorized Agent(s) in every aspect with regard to any Authorized Act. My Authorized Agent(s) is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could so with respect to all other things necessary or incidental to the furtherance of an Authorized Act. No authority is given to my Authorized Agent(s) other than as expressly set forth herein, including, but not limited to, to cause the distribution of any cash or property from my account.

I hereby ratify and confirm with you any and all Authorized Acts hereafter undertaken by my Authorized Agent(s). I authorize you to rely on my Authorized Agent's instructions without further approval or direction from me. I agree that T. Rowe Price shall not be responsible for reviewing or monitoring any Authorized Act taken by my Authorized Agent(s). T. Rowe Price will not give me or my Authorized Agent(s) any tax, legal, or investment advice or recommendations. The selection of an Authorized Agent and the suitability of any Authorized Act, which I or my Authorized Agent(s) may direct, and any adverse consequences arising from such selection or Authorized Act, is solely and ultimately my responsibility.

Section II. Revocation of Authorized Agent - No New Appointment

- By checking this box, I, the undersigned, a participant in the above-named plan ("Plan"), hereby revoke the appointment of any and all existing Authorized Agent(s) with regard to my participation in the Plan that I have made using a T. Rowe Price form.
By checking this box, I, the undersigned, a participant in the above-named plan ("Plan"), hereby revoke the appointment of the specific Authorized Agent(s) listed below.

Name of Authorized Agent # 1

OVER



TRADING PRIVILEGES FORM

(continued)

Section III. Participant Indemnification

I, as a participant in the above-named plan ("Plan"), hereby agree to indemnify and hold T. Rowe Price (together with all affiliates, successors, assigns, control persons, officers, directors, employees, representatives and agents of T. Rowe Price) and the Plan (together with all sponsors, trustees, and plan administrators of the Plan and their affiliates, employees, representatives and agents) (collectively "Indemnified Party") harmless from and to pay each Indemnified Party promptly upon demand, for any and all costs, liabilities, and claims of loss (including reasonable attorneys' fees) that may result from the reliance by any Indemnified Party on this Trading Privileges Form, including, but not limited to, acting upon instruction, either oral or in writing, from an Authorized Agent. This indemnity is continuing and shall remain in full force and effect and shall not be affected by the termination of any appointment made herein or any other event. This indemnity is in addition to (and in no way limits or restricts) any rights that any Indemnified Party may have under any other agreement between myself and T. Rowe Price or between myself and the Plan.

This appointment is a continuing one and shall remain in full force and effect until revoked by the undersigned by submitting a new Trading Privileges Form addressed and delivered to T. Rowe Price at the address specified below. Revocation shall not be effective or affect any liability in any way resulting from an Authorized Act initiated prior to T. Rowe Price's acceptance of such revocation. This authorization and indemnity shall inure to the benefit of the Plan (together with all sponsors, trustees, and plan administrators of the Plan and their affiliates, employees, representatives and agents) and T. Rowe Price (together with its affiliates, control persons, officers, directors, employees, representatives, and agents), and to any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of the Plan and T. Rowe Price and to their successors. This Trading Privileges appointment will be binding upon my successors, heirs, executors, administrators, and representatives.

This appointment shall not be affected by my disability or incapacity. In the case of my death, this appointment will terminate, but T. Rowe Price shall not be responsible for any Authorized Acts until T. Rowe Price has accepted written notification of my death.

(1) IN WITNESS WHEREOF, I have hereunto set my hand and seal the _____ day of _____, 20_____.

(2) Participant Name

(3) Participant Signature

(4) Participant Social Security No.

STATE OF :
: SS
COUNTY OF :

Before me, the undersigned, a Notary Public within and for the County of _____, State of _____, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this _____, day of _____ 20_____.

Notary Public

My commission expires _____.

OVER



TRADING PRIVILEGES FORM

(continued)

(5) **Named Authorized Agents** (You may name up to one Authorized Agents)

Signature of Authorized Agent # 1

Name of Authorized Agent # 1

Street Address of Authorized Agent # 1

City, State, and ZIP of Authorized Agent # 1

Please send this notarized form to:

T. Rowe Price Retirement Plan Services, Inc.

P.O. Box 17215

Baltimore, MD 21297-1215



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