

ROTH ROLLOVER CONTRIBUTION AND CERTIFICATION FORM

To roll over funds into your account, please complete:

1. Participant Information
2. Rollover Information
3. Participant Authorization

Fax the completed form to 816-218-0424.

Plan Name _____ Plan ID _____

PARTICIPANT INFORMATION

First Name and Middle Initial _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____

Evening Phone Number _____

Address _____ City _____ State _____ ZIP _____

Date of Birth ____/____/____ Date of Hire ____/____/____

ROLLOVER INFORMATION

I elect to deposit an eligible rollover distribution from the following plan type into my current employer's plan:

401(k) qualified retirement plan

or, as allowed by the plan, a rollover from:

- Conduit IRA
- 403(b) plan
- Governmental 457 plan
- Traditional IRA
- SIMPLE IRA

This rollover amount is coming from a retirement plan that is (*check one*): Related Unrelated to another retirement plan sponsored by my current employer.

Is the entire amount of the rollover a before-tax amount? Yes No

If no, please complete the Roth information below.

Roth Rollover Amount: \$ _____
 Roth Deferral Contributions (my "tax basis"): \$ _____
 Roth Earnings \$ _____
 The first year of my Roth five-taxable-year participation period was _____.

Date distribution issued: ____/____/____

Special instructions: Before-tax *plus* Roth Rollover amount must *equal* total amount of Rollover.
 Roth Deferral Contributions *plus* Roth Earnings must *equal* Roth Rollover Amount.

Payments from a designated Roth account in a Code Section 401(k) qualified plan or annuity from a Code Section 403(b) tax-sheltered annuity may only be directly rolled over to the plan.

CHECK INFORMATION

Please request that checks from your former plan, or IRA custodian, be made payable to your current plan as follows:

T. Rowe Price Retirement Plan Services
FBO: [participant's name]
Plan Name/Plan ID

Plan Name _____

Plan ID _____

Please have checks mailed to:

Regular Mail:

T. Rowe Price Retirement Plan Services
P.O. Box 219325
Kansas City, MO 64121-9325

Overnight Mail:

T. Rowe Price Retirement Plan Services
430 W 7th Street Suite 219325
Kansas City, MO 64105-1407

PARTICIPANT AUTHORIZATION

I authorize the plan administrator and trustee of my current plan to invest this contribution in the Plan as a rollover, in accordance with my current investment elections. I certify that the entire amount is eligible for rollover, and I further understand that if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover, plus any earnings attributable to it, will be distributed to me within a reasonable time after such determination is made. I agree to notify the plan administrator or trustee of this retirement plan upon receipt of information about such determination. I received, read, and understand the investment information for each fund I have previously selected.

Participant Signature _____ Date _____

ADDRESS CHANGE

Please be aware that if the address provided on this form is different from the address on your statements you must request your plan administrator update your address prior to this form being submitted for processing.