Anne Arundel County DCP
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, governmental 457 plan, or Traditional IRA¹ to your current employer's plan. The plan will accept a direct or indirect rollover of taxable amounts from an employer's qualified plan or Traditional IRA. After-tax and Roth 401(k) account contributions 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 or Traditional IRA.** The check will be issued from your former plan or IRA custodian and must be made payable to the current plan for your benefit.

**For example:** Trustee of the Anne Arundel County DCP
For the benefit of (FBO): [your name]

**Indirect rollover from plan or rollover from Traditional IRA.** 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 (or Traditional IRA) to the current plan, or you may send a certified check, cashier’s check, or money order.

If this is a rollover from a Traditional IRA, you must attach a check stub or other statement from your IRA identifying the account as an IRA and showing the date and gross amount of the IRA distribution, as well as the amount of federal income taxes withheld from the IRA distribution to you.

Please note: This plan also accepts contributions from a DROP account. A Plan Sponsor sign off is not needed for this contribution.

If you have any questions, please contact T. Rowe Price at 1-888-457-5770. 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 myRetirementPlan Web site at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services

¹ This includes SEP-IRAs, SAR-SEPs, and conduit IRAs.

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1: YOUR INFORMATION

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street or P.O. Box (please include street address if using a P.O. Box)</th>
<th>City/State/ZIP</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>Evening Phone</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. A list of available investment options is included with this kit. Any rollover money you wish to invest in the Plan must be allocated to one of those investment options.

- ☐ 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%.

<table>
<thead>
<tr>
<th>Investment option</th>
<th>Investment option</th>
<th>% of assets being rolled over</th>
<th>Investment option</th>
<th>% of assets being rolled over</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Europacific Growth R4</td>
<td>Retirement 2010 Fund</td>
<td>%</td>
<td>Retirement 2015 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Baron Small Cap Fund</td>
<td>Retirement 2015 Fund</td>
<td>%</td>
<td>Retirement 2020 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Blue Chip Growth Fund</td>
<td>Retirement 2020 Fund</td>
<td>%</td>
<td>Retirement 2025 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Capital Appreciation Fund</td>
<td>Retirement 2025 Fund</td>
<td>%</td>
<td>Retirement 2030 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Equity Income Fund</td>
<td>Retirement 2030 Fund</td>
<td>%</td>
<td>Retirement 2035 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Fidelity Balanced Fund</td>
<td>Retirement 2035 Fund</td>
<td>%</td>
<td>Retirement 2040 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Goldman Sachs Midcap Val Inst</td>
<td>Retirement 2040 Fund</td>
<td>%</td>
<td>Retirement 2045 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Harbor Capital Appreciation Fund</td>
<td>Retirement 2045 Fund</td>
<td>%</td>
<td>Retirement 2050 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Keeley Small Cap Value Fund</td>
<td>Retirement 2050 Fund</td>
<td>%</td>
<td>Retirement 2055 Fund</td>
<td>%</td>
</tr>
<tr>
<td>Mid-Cap Growth Fund</td>
<td>Retirement 2055 Fund</td>
<td>%</td>
<td>Retirement Income Fund</td>
<td>%</td>
</tr>
<tr>
<td>Mutual Shares</td>
<td>Retirement Income Fund</td>
<td>%</td>
<td>Small-Cap Value Fund</td>
<td>%</td>
</tr>
<tr>
<td>New Horizons Fund</td>
<td>TRP Stable Value Fund Sch A</td>
<td>%</td>
<td>Vanguard 500 Index-Signal</td>
<td>%</td>
</tr>
<tr>
<td>PIMCO Total Return Admin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement 2005 Fund</td>
<td></td>
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</tbody>
</table>
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.
- I am rolling over the funds within 60 days of the date I received the funds from the eligible employer plan or Traditional IRA
- These funds would be included in my gross income if not rolled over (no after-tax funds).
- If this is a rollover from a Traditional IRA, I have attached the required IRA documentation.
- If I am over age 70½, the funds do not include any minimum required distributions.

Signature   Date

4: SIGNATURE

I 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 trustees of the plan upon receipt of information about such determination.

I agree to be bound by the terms of the prospectus for each fund I have selected as an investment option. I understand that I will receive the prospectus after I purchase shares in the fund.

I agree that neither the trustee, T. Rowe Price Group, Inc., its affiliates, nor its funds, will be liable for any loss when acting upon instructions believed to be genuine.

Signature   Social Security Number   Date

The former employer plan administrator should complete the information below unless the rollover is being made from a DROP account.

5: PLAN DISTRIBUTION INFORMATION – Your rollover cannot be processed unless this section is complete.

Please provide the following information concerning the plan from which the distribution was made.

____________________  ______________________  ______________________
Plan Name

Plan Type:  □ 401(a) (including a 401(k) plan)  □ 403(b)  □ Governmental 457 plan  □ DROP account

I certify that the plan named above is intended to satisfy the requirements of the Internal Revenue Code for the plan type above, and I am not aware of any plan provision or operation that would result in the disqualification of the plan.

Gross amount of distribution: ________________________________ Date distribution issued: ______________

Pretax contributions and earnings (Taxable amount of distribution): ________________________________

After-tax contributions (excluding Roth 401(k) contributions): ________________________________

Roth 401(k) contributions and earnings (Total Roth 401(k) distribution): ________________________________

Roth 401(k) contributions (basis): ________________________________

Year of initial Roth contribution: ______________

Does the distribution qualify as an “eligible rollover distribution” under §402(c) of the Internal Revenue Code? __________
Please sign this form in the space provided to certify that the information contained above is accurate.

______________________________  ____________________________
Signature of Former Employer Plan Administrator             Date

______________________________  ______________________________
Print Name  Title

______________________________  ______________________________
Address  Contact Phone Number

**Note to plan administrator:** Please return this form to the former participant at the address given in Section 1.