

**RE: MCPS Deferred Compensation (457(b)) Plan  
Loan Pre-payoff Letter of Instruction**

Dear Participant:

In response to your request to pay in full your outstanding loan balance in the MCPS Deferred Compensation (457(b)) Plan, enclosed are the following items:

- Loan Pre-payoff Form
- Courtesy reply envelope (labeled for T. Rowe Price)

Please review the enclosed form and then:

- Complete, sign, and date the Loan Pre-payoff Form.
- Return a certified check, a cashier's check or money order made payable to, or endorsed to:

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

- Keep copies of the document for your records.
- Return the completed form and certified check, cashier's check or money order to:

**Regular Mail**

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

**Overnight/Express Mail**

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

**Please note the following:**

- Before sending your certified check, cashier's check, money order or personal check, you must call the Plan Account Line at the number below for your updated outstanding loan balance.

Please contact T. Rowe Price at 1-800-922-9945 with any questions regarding your loan or to confirm your loan balance, expected payment amount, loan number, and/or loan issue date. Representatives are available Monday through Friday between 7 a.m. and 10 p.m. eastern time. For the hearing impaired, 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](http://rps.troweprice.com), available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services

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**MCPS Deferred Compensation (457(b)) Plan  
Loan Pre-payoff Form**

**Participant  
Information**  
(Please print clearly)

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Daytime Phone Number Evening Phone Number Date of Birth

**Loan Payment  
Information**

I have enclosed a certified check, cashier's check, or money order made payable to, or endorsed to:

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

I am paying my outstanding loan balance in full in the amount of \$\_\_\_\_\_. I have confirmed this amount via the T. Rowe Price Plan Account Line (PAL) at 1-800-922-9945. I understand that my outstanding loan balance may change from the time of my call to the Plan Account Line. Any excess amount will be returned to me.

**Please complete the following information:**

<u>Loan Issuance Date</u>	<u>Loan Payment Amount/ Payroll Deduction Amount</u>	<u>Amount Enclosed</u>
_____	_____	_____

Please note that you may have only one outstanding loan at a time.

**If you plan to take another loan after you pay off your current outstanding loan, please keep the following in mind:**

- The loan amount is calculated using the following three guidelines. Your retirement plan's available loan is the lowest of the following:
  - 1) \$50,000
  - 2) 50% of your balance
  - 3) \$50,000 minus the highest outstanding combined plan loan balances during the one-year period ending on the day before your new loan paperwork is generated

Please be advised that your plan may have additional loan provisions. Call the Plan Account Line for more information at the number above.

**Participant Signature**

\_\_\_\_\_  
Date Participant's Signature

A return envelope has been provided for your convenience.



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