

Rollover Election and Certification Form

Name of Plan _____ Plan ID# _____

Name of Participant _____ SSN: _____

Date of Birth: _____ Date of Hire: _____

Participant Address _____

City _____ State _____ Zip _____

Contribution and Investment Election

For Direct Rollovers, please make your rollover check payable and mail to:

T.Rowe Price Century 401(k) Plan
PO BOX 8374
Boston, MA 02266

Please complete sections 1-3 below:

1. I wish to deposit a rollover contribution in the amount of \$ _____ to the Plan named above.
2. This rollover amount is ☐ Related or ☐ Unrelated to another retirement plan sponsored by my *current* employer.
3. Please allocate my rollover contribution based on the percentages I have indicated below. I have verified with my employer that the funds selected are available to me.

Fund Name	%	Fund Name	%

Total (Must Equal 100%) _____ =100%

Participant Authorization

I authorize the Plan Administrator and the Trustee of my Plan to invest rollover contributions as indicated above. I certify that the entire amount of the rollover contribution is eligible for rollover. I further certify that the entire amount of the rollover is a pre-tax amount. I have received and read the prospectus for each fund selected above.

Participant's Signature

_____/_____/_____
Date

Plan Administrator Authorization

As Plan Administrator, I accept the rollover amount indicated on this form. I have determined the rollover to be proper and verified that this employee is eligible to establish a rollover account in the Plan.

Plan Administrator's Name (*please print*)

Plan Administrator's Signature

_____/_____/_____
Date

*****INCOMPLETE FORMS WILL CAUSE A DELAY IN PROCESSING*****

Revised 11/2004