

## 403(b)(7) Custodial Account Application

**Employee:** If you are enrolled in an employer-sponsored 403(b) plan, please complete this form, keep a copy for your records, and give the original to your employer. If you are transferring or rolling over assets, please complete the form, keep a copy for your records, and send the original to T. Rowe Price in the postage-paid envelope or mail it to: T. Rowe Price, Retirement Operations Group, P.O. Box 17479, Baltimore, MD 21297-1479. Overnight or express mail can be sent to: T. Rowe Price, Retirement Operations Group, Mail Code 17479, 4515 Painters Mill Road, Owings Mills, MD 21117-4903.

**Employer:** Enter the employee information into Plan Sponsor Web. If you are not enrolled in Plan Sponsor Web, mail the form to T. Rowe Price at the address indicated above.

If you have any questions about this form, please call us toll-free at 1-800-492-7670.

### Important Information About Procedures for Opening an Account

*Pursuant to federal law, all financial institutions must obtain, verify, and record information that identifies each person who opens an account.*

**What this means for you:** On this 403(b)(7) Custodial Account Application, we ask for the name, residential street address, date of birth, and Social Security number for the account owner to verify the identity of the person opening the account. **If we do not receive all of the required information, we will not be able to open your account.** If, after making reasonable efforts, we are unable to verify your identity, we are authorized to take any action permitted by law, including closing your account and liquidating the funds at the current net asset value on the day the account is closed.

If you are making changes to your existing 403(b)(7) account at T. Rowe Price, please indicate below which changes are being requested and complete the appropriate section(s) for the indicated change(s):

- Address Change (plan administrator's signature may be needed in Section 9)
- Change of Beneficiary (plan administrator's signature may be needed in Section 9)
- Salary Reduction (you may use our agreement if your employer does not have its own)
- Name Change—submit a certified copy of the legal document authorizing the change (plan administrator's signature may be needed in Section 9)

### 1. Employer Information

Complete this section if contributions will be made to the account by your current employer.

To contribute to a 403(b) plan at T. Rowe Price, your employer should have already established the 403(b) plan with T. Rowe Price. If not, your employer needs to call T. Rowe Price at 1-800-492-7670 to request an employer 403(b) plan kit. The plan must be established prior to submission of this Account Application. If the plan is already established, please provide the following information:

UNIVERSITY OF CENTRAL FLORIDA		61604	
Current Employer Name		Plan Name/Plan Number	
12565 RESEARCH PARKWAY, SUITE 360			
Street or P.O. Box			
ORLANDO	FL	32826	407.823.6591
City	State	ZIP	Phone Number

## 2. Participant Information

First Name Middle Name Last Name

Social Security Number\* Birth Date\*

Residential Street Address\*

City State ZIP\* Phone Number

E-mail Address

U.S. Citizen  Resident Alien

\*We cannot open your account without this information.

## 3. Funding Method

Indicate below whether you are:

- Contributing through salary reduction.** This includes before-tax salary reduction contributions and Roth plan contributions, if offered in your 403(b) plan.
- Transferring from another 403(b) arrangement.** Submit a completed 403(b)(7) Transfer-In Request along with this form.
- Rolling over from another eligible retirement plan.** Submit a completed T. Rowe Price Rollover Contribution Form along with this form. Call 1-800-492-7670 to request the form, if needed.

## 4. Salary Reduction Agreement

Use this agreement only if your employer does not have its own form to complete.

If this section is completed, a copy of this application must be given to your employer. If your employer does not receive a copy, salary reduction contributions cannot begin.

Your employer may have limitations and restrictions that apply to your salary reduction election.

Indicate below the amount of your salary you want to defer into your 403(b) account. Your employer will remit your salary deferral amounts to T. Rowe Price. The amount of your annual salary reduction contribution cannot exceed the overall contribution limit under the Internal Revenue Code. You must make sure the contribution limits are not exceeded and, if necessary, you should consult a qualified tax advisor about your personal limitations. Take extra caution if you participate in any other salary reduction plan(s).

### Before-Tax Salary Deferral

I hereby agree to have my eligible salary or wages for each payroll period reduced before tax by \$  or % of my pay and direct my employer to contribute this amount on my behalf as a salary reduction contribution to the investment options I have selected beginning , 20, which is after the execution of this account application.

### After-Tax Roth Plan Contributions

I hereby agree to have my eligible salary or wages for each payroll period reduced after tax by \$  or % of my pay and direct my employer to contribute this amount on my behalf as a Roth plan contribution to the investment options I have selected beginning , 20, which is after the execution of this account application.

This Salary Reduction Agreement (Agreement) shall be legally binding and irrevocable while employment continues or until otherwise amended. By giving appropriate advance written notice of the date of termination, either party may terminate this Agreement so that it will not apply to salary that is not currently available.

This Agreement is not a contract of employment between the employer and employee, and no provision shall restrict the right of the employer to discharge the employee or the right of the employee to terminate his or her employment. If this Agreement is terminated, restrictions may apply to entering into another Agreement in the same tax year.

### 5. Beneficiary Designation

If you fail to complete the following designation, your beneficiary(ies) will be determined according to the provisions of the T. Rowe Price 403(b) Custodial Account Agreement.

As a participant in a 403(b) arrangement, I wish to name the following as the beneficiary(ies) of my 403(b) account balance. This designation is effective upon receipt by the custodian and revokes any and all previous designations. The custodian is authorized to act under this Beneficiary Designation unless it is revoked or changed by me, the participant, in writing. Unless otherwise instructed, plan benefits will be paid in a form (as provided in the Custodial Agreement) elected by each beneficiary at the time of my death, subject to any limitations of the custodian.

Your marital status (check one):  Married  Single

**Note: If your plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), your plan administrator must acknowledge a copy of this Beneficiary Designation. Instruct your plan administrator to sign Section 9 to acknowledge receipt of this form.**

#### A. Primary Beneficiary(ies):

1     
 First Name Middle Name Last Name

Social Security Number\* Birth Date

%  
 Relationship Percent of Account Balance\*

2     
 First Name Middle Name Last Name

Social Security Number\* Birth Date

%  
 Relationship Percent of Account Balance\*

I have more than two primary beneficiaries. Separate sheet is attached.

TOTAL = 100%

#### B. Secondary Beneficiary(ies):

If no primary beneficiary is living, then pay:

1     
 First Name Middle Name Last Name

Social Security Number\* Birth Date

%  
 Relationship Percent of Account Balance\*

2     
 First Name Middle Name Last Name

Social Security Number\* Birth Date

%  
 Relationship Percent of Account Balance\*

I have more than two secondary beneficiaries. Separate sheet is attached.

TOTAL = 100%

\*Paid equally unless otherwise noted. Total for primary beneficiary(ies) must equal 100% and total for secondary beneficiary(ies) must equal 100%.

Secondary beneficiaries receive distributions only if there are no surviving primary beneficiaries. If a primary beneficiary dies before payment is made, the amount due the deceased primary beneficiary will be reallocated to the other primary beneficiaries in accordance with the indicated proportions. Similar rules apply for secondary beneficiaries.

**C. Consent of Spouse**

If your plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA), spousal consent will be necessary in certain circumstances.

In the event a married participant does not designate his or her spouse as the sole primary beneficiary, the following Consent of Spouse must be completed by the participant's spouse and witnessed by the plan administrator or a notary public.

I, the undersigned, [\_\_\_\_\_] , being the lawful spouse of [\_\_\_\_\_] , the participant, do hereby consent to the designation by my spouse of the person(s) and/or entities designated herein as beneficiary(ies) to receive any benefit becoming payable by reason of the death of the participant. I also acknowledge the right of the beneficiary to elect the method of payment of the death benefit.

I understand if this consent is in effect at the time of my spouse's death, I have waived (given up) any right I might then have to any benefit payable under this 403(b) account due to my spouse's death, except to the extent that my spouse may name me specifically as the beneficiary herein. I also understand that, had I not granted this consent, I would have had a right protected by law to have benefits payable to me if my spouse dies while married to me but prior to my spouse's commencement of benefits.

This consent and waiver is my free and voluntary act. I understand that the consent and waiver set forth herein is irrevocable and will continue to be in effect in the event of my incompetency. I understand that my spouse may not change this designation of beneficiary without my further consent.

[\_\_\_\_\_] \_\_\_\_\_

Signature of Spouse

The foregoing Consent of Spouse was signed by the participant's spouse in my presence.

[\_\_\_\_\_]

Plan Administrator

[\_\_\_\_\_]

Date

If not so witnessed above by the plan administrator, the following notarization must be executed.

I, [\_\_\_\_\_] , a notary public in [\_\_\_\_\_] jurisdiction, do hereby certify that [\_\_\_\_\_] did personally appear before me and did acknowledge that he or she executed the foregoing Consent of Spouse as his or her free act and deed.

Subscribed and sworn to before me this [\_\_\_\_\_] day of [\_\_\_\_\_] , 20[\_\_\_\_\_] .

[\_\_\_\_\_]

Notary Public

[\_\_\_\_\_]

Date Commission Expires

**6. Investment Decisions**

To assist in completing this section, please visit [troweprice.com/funds](http://troweprice.com/funds).

**Allocation of Future Contributions**

List the fund(s) in which you want to invest any future contributions. Also write in the percentage of your contribution to be allocated to each fund. Contributions must be remitted to T. Rowe Price by your employer, and the minimum contribution is \$20 per fund.

Fund Name(s)	Percent Allocated
[_____]	[_____] %
[_____]	[_____] %
[_____]	[_____] %
[_____]	[_____] %
[_____]	[_____] %
[_____]	[_____] %
	<b>TOTAL = 100%</b>

## 7. Account Access Services

Unless your employer elects otherwise, you will be permitted to make exchanges of existing balances by telephone/computer among any of the T. Rowe Price mutual funds with the same account registration. You will also have the ability to change your investment allocation of future contributions by telephone/computer.

Telephone transactions may be made at any time by calling the T. Rowe Price Plan Account Line (PAL) toll-free at 1-800-401-EASY(3279) or by calling our client services representatives at 1-800-492-7670. Shortly after the establishment of your new account, you will receive a personal identification number to access PAL.

You may elect to **NOT** have this service by checking the box below:

I do **NOT** want telephone/computer exchange.

## 8. Participant's Signature

I have received, read, and agree to be bound by the terms of the prospectus for each fund in which I am investing. If I am purchasing shares after reviewing a fund profile, I understand that I will receive the prospectus after I purchase shares in the fund. I have the authority and legal capacity to purchase mutual fund shares, am of legal age in my state, and believe each investment is suitable for me.

I authorize the T. Rowe Price funds and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. The funds use reasonable procedures to verify the identity of the shareholder. If these procedures are followed, the funds and their agents are not liable for any losses that may occur from acting on unauthorized instructions. I understand that anyone who can properly identify my account(s) can make telephone/computer transactions on my behalf. All services are subject to conditions set forth in each fund's prospectus.

**Opening a new account:** I have read and agree to the terms and conditions set forth in the T. Rowe Price 403(b)(7) Custodial Account Agreement and this 403(b)(7) Custodial Account Application, and I establish a 403(b) custodial account pursuant to such terms and conditions.

**Making changes to an existing account:** I have indicated changes on this application and understand that any changes will be made to my account within a reasonable amount of time after T. Rowe Price receives this form.

Participant's Signature

Date

## 9. Plan Administrator's Signature

If the 403(b) plan is subject to the provisions of ERISA, your plan administrator must sign below. ERISA applies to all 403(b) arrangements except those that are specifically exempt. Please contact your plan administrator to determine if the plan is subject to ERISA.

Receipt of this application, which may include requested changes for an existing participant, is hereby acknowledged.

Plan Administrator's Signature

Date

## T. ROWE PRICE PRIVACY POLICY

In the course of doing business with T. Rowe Price, you share personal and financial information with us. We treat this information as confidential and recognize the importance of protecting access to it.

You may provide information when communicating or transacting with us in writing, electronically, or by phone. For instance, information may come from applications, requests for forms or literature, and your transactions and account positions with us. On occasion, such information may come from consumer reporting agencies and those providing services to us.

We do not sell information about current or former customers to any third parties, and we do not disclose it to third parties unless necessary to process a transaction, service an account, or as otherwise permitted by law. We may share information within the T. Rowe Price family of companies in the course of providing or offering products and services to best meet your investing needs. We may also share that information with companies that perform administrative or marketing services for T. Rowe Price, with a research firm we have hired, or with a business partner, such as a bank or insurance company, with whom we are developing or offering investment products. When we enter into such a relationship, our contracts restrict the companies' use of our customer information, prohibiting them from sharing or using it for any purposes other than those for which they were hired.

We maintain physical, electronic, and procedural safeguards to protect your personal information. Within T. Rowe Price, access to such information is limited to those who need it to perform their jobs, such as servicing your accounts, resolving problems, or informing you of new products or services. Finally, our Code of Ethics, which applies to all employees, restricts the use of customer information and requires that it be held in strict confidence.

This Privacy Policy applies to the following T. Rowe Price family of companies: T. Rowe Price Associates, Inc.; T. Rowe Price Advisory Services, Inc.; T. Rowe Price Investment Services, Inc.; T. Rowe Price Savings Bank; T. Rowe Price Trust Company; and the T. Rowe Price Funds.