

4. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Option (“*Source Option*”) to one or more other Investment Options (“*Target Option*”) within your Account on a pre-scheduled basis. **For faster processing, this request can also be completed online or over the phone.**

- To start automatic dollar-cost averaging the Source Option must have a minimum of \$500 in assets.
- Creating an automatic dollar-cost averaging program at the time of enrollment will NOT count towards your twice per calendar year Investment Option change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan. Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- If you make any changes to or cancel an established automatic dollar-cost averaging program it will count towards your twice per calendar year Investment Option change limit.

Amount: \$, . **00** *(minimum \$50)*
Amount

Frequency *(Select one.):* **Monthly** **Quarterly** *(Based on established date, not calendar quarter.)*

Start Date:* - -
Date (mm/dd/yyyy)

* The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date is not specified, this option will default to the 15th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

Stop Type *(Select one.):*

Stop Date - -
Date (mm/dd/yyyy)

When total amount of reallocation equals: \$, . **00**

When complete balance of the Source Option is depleted.

Source Option:

Target Option:

Investment Option

\$, . **00**
Dollar Amount

Investment Option

\$, . **00**
Dollar Amount

Investment Option

\$, . **00**
Dollar Amount

5. Systematic Withdrawal Program (SWP) (Optional)

Complete this section to establish periodic withdrawals from your Account. **For faster processing, this request can also be completed online or over the phone.**

- We are required to file IRS Form 1099-Q annually for withdrawals taken from your Account.
- You can establish up to two SWPs on your Account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.
- Your withdrawal will be held if it includes any amount that was recently contributed or is being sent to an address that was recently changed. The withdrawal will be released when the specified waiting period has been satisfied.

Frequency (Select One.): Monthly Quarterly Semi-Annually Annually

Start Date:* — —
Date (mm/dd/yyyy)

End Date (Optional): — —
Date (mm/dd/yyyy)

*The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

I authorize the T. Rowe Price College Savings Plan to withdraw from the following Investment Option(s)

<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Investment Option	Dollar Amount

Recipient:

- Account Owner (check to address on record)
 Account Owner (ACH to bank account) Please confirm last four digits Last four digits of Bank Account Number
 Beneficiary (check to address on record)
 Beneficiary (ACH to bank account) Please confirm last four digits Last four digits of Bank Account Number
 Eligible college or university (check to school address provided below)

Eligible Educational Institution Name (School)

Department/Office/Contact Name (if applicable)

Mailing Address

City State Zip Code

Beneficiary's Student ID (Required)

6. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the T. Rowe Price College Savings Plan Disclosure Document as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize T. Rowe Price College Savings Plan or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is accurate and complete. I understand that all changes made on this form supersede all my previous designations.
- I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize withdrawals from my Accounts via telephone or through **www.troweprice529.com** provided my banking information has been on file for a minimum of 15 calendar days. I understand that I should not provide my banking information if I do not wish to activate these capabilities. If I wish to remove these capabilities from my account(s), I understand that I must delete my banking information.
- If I have chosen the Recurring Contribution option, I authorize T. Rowe Price College Savings Plan and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of T. Rowe Price College Savings Plan, the State of Alaska, the Trust, the Trustee, T. Rowe Price, Ascensus College Savings Recordkeeping Services, LLC and its affiliates will incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying T. Rowe Price College Savings Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as T. Rowe Price College Savings Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)

7. Medallion Signature Guarantee — IF APPLICABLE

By signing below, I authorize the Plan and its service providers, upon instruction of the Account Owner or Custodian listed in on this form, to initiate credit or debit entries to the designated account at the bank indicated on this form (Bank) now and in the future. I authorize the Bank to accept any such credits or debits to my account without responsibility to their correctness. I further agree that none of the Plan, its service providers and their affiliates will incur any loss, liability, cost, or expense for acting upon the Account Owner's request. I understand that this authorization may be revoked by me at any time by notifying the Plan in writing, and that the termination request will be effective after the Plan and the Bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified on this form.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the T. Rowe Price College Savings Plan Disclosure Document.

SIGNATURE

Signature of third party bank account owner (In the presence of the authorized officer.)

SIGNATURE

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here