T. Rowe Price

Incoming Rollover Form

- For faster processing, you can initiate most rollover requests online.
- Use this form to initiate a rollover directly from another qualified 529 plan to your T. Rowe Price College Savings Plan Account.
- Your rollover proceeds will be invested according to the standing allocation instructions on file at the time the assets are received.
- Complete a separate form for each Beneficiary and submit a new **Account** Application along with this form, unless you already have a Plan Account for this Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.
- A Medallion signature guarantee may be required as described in **Section 5**.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

SAVINGS Offered by THE EDUCATION T	PLAN

ı		1-
U	***	NΛ

866-521-1894

Monday - Friday 8:00 a.m. to 8:00 p.m. ET



www.troweprice529.com

Regular mailing address:

T. Rowe Price College Savings Plan PO Box 219124 Kansas City, MO 64121

Overnight mailing address:

T. Rowe Price College Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Rollover Type
	Rollover from a 529 Plan
	Rollover from a Coverdell Education Savings Account (ESA)
2.	T. Rowe Price College Savings Plan Account Information
	Account Number (If you have not established an Account, complete and enclose an Account Application).
	Social Security Number or Taxpayer Identification Number (Required)
	Account Owner (First name) (Required) (M.I.)
	Account Owner (Last name) (Required)
	Telephone Number
	Beneficiary (First name) (Required) (M.I.)
	Beneficiary (Last name) (Required)

Beneficiary Social Security or Taxpayer Identification Number (Required)



3. Current 529 Plan Manager or ESA Custodian (Financial Institution)

Taxpayer Identification number as your T. Rowe Price College Savings Plan Account. Pl Custodian for proper mailing address.	•
 If you do not provide a breakdown of your investment portion and earnings portion wit treated as earnings that may be taxable upon withdrawal. 	th your rollover check, the entire amount may be
Account Number of 529 Plan or ESA	
Name of Current 529 Plan Manager or Custodian (Usually a Financial Institution)	
Address of Current 529 Plan Manager or Custodian	
Address of Current 529 Flan Manager of Custodian	
City State	Zip Code
Contact Person Telephone	Number
	Number
Check this box if the Beneficiary on this account differs from the Beneficiary indicated in Section 2 .	
Instructions to Current 529 Plan Manager or ESA Custodian	
The assets described below must all be held by the Financial Institution indicated in Sec according to the standing allocation instructions on file at the time the assets are receive	
will be invested according to what you choose on the Account Application .	
Check one. (To list more accounts, attach a separate sheet.)	
A. Roll over all of the assets in my Account to T. Rowe Price College Savings	Plan.
Account Number	S,
Account Number	S, Estimated Account Value
B. Roll over a portion of the assets as directed below to T. Rowe Price Colleg	ge Savings Plan.
Account Number	Name of Investment Option
\$, Amount	
Account Number	Name of Investment Option
Amount	

5. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I certify that the information contained in this form, and in any required documentation, is true, complete and correct.

- I certify that I have read and understand, consent, and agree to all of the terms and conditions of the T. Rowe Price College Savings
 Plan Disclosure Document, and understand the rules and regulations governing rollover contributions from other 529 plans and ESAs.
- I certify that if this rollover is for the same Beneficiary, there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months.
- I certify that if this rollover is for a different Beneficiary, the Beneficiary on my T. Rowe Price College Savings Plan Account(s) that is receiving the rollover is a Member of the Family (as defined in the current Plan Disclosure Document.) of the Beneficiary on the current 529 plan account I am rolling over.
- I hereby authorize this rollover and acknowledge that if my current 529 plan or I fail to provide the applicable earnings, the entire rollover will be treated as earnings.

SIGNATURE	
Signature of Account Owner	Date (mm-dd-yyyy)

Medallion Signature Guarantee — IF APPLICABLE

Important Information. Your current 529 plan may require a Medallion signature guarantee on this form and it may have additional requirements before releasing your funds. To avoid delays in processing your rollover, contact your current 529 plan for instructions before mailing this form to the T. Rowe Price College Savings Plan. You may be required to provide proof of your authority to act on behalf of this account to your bank or broker before a Medallion signature guarantee will be provided.

- 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 quarantee.
- The lack of a required Medallion signature guarantee could delay this rollover.

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 Account Owner (In the presence of the authorized officer.)	Aut	horized Officer to place stamp	here
SIGNATURE Signature of Guarantor			
Title			
Name of Institution			
Date (mm-dd-yyyy)			

6. Authorization and Acceptance (No Account Owner action is necessary in this section.)

T. Rowe Price College Savings Plan hereby agrees to accept the rollover described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

Authorized signature, T. Rowe Price College Savings Plan

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **T. Rowe Price College Savings Plan, PO Box 219124, Kansas City, MO 64121**. Make the check payable to T. Rowe Price College Savings Plan. Include the Account Owner name and T. Rowe Price College Savings Plan Account number (*if provided*) on the check and enclose a statement that shows the principal and earnings applicable to this rollover.