

Transfer Form

- Please read the T. Rowe Price College Savings Plan Disclosure Document before changing the Account Owner and/or Beneficiary on an Account.
- If the receiving Account does not yet exist, a new Account may be established ٠ online, or by calling the Plan to obtain a paper version of the Account Application to submit along with this form.
- A new Account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- ٠ A notary is required for changes of Account Owner when the amount is less than \$100,000; however, if the amount is \$100,000 or more, a Medallion signature guarantee is required.
- ٠ Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

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

Here 1-866-521-1894 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

Important: For transfers involving a change of Beneficiary, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the T. Rowe Price College Savings Plan Disclosure Document, and as described in Section 529 of the Internal Revenue Code. If the new Beneficiary is not a member of the family of the current Beneficiary, do not use this form; instead, you must submit a request for a Non-Qualified Withdrawal to complete this transfer. You may also wish to consult with a financial, legal and/or tax professional before completing this form. In addition, a change of Beneficiary is not permissible for custodial Accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

Owner and Differen	ciary (Different Account t Beneficiary)	(Same Account Owner)
	Account Owner Social S	ecurity Number (<i>Last four digits</i>) (Required)
gits) (Required)	Account Owner Teleph	one Number
	igits) (Required)	

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DO NOT STAPLE

Receiving Account

Account Number (Required) (If Account is already established)	Account Owner Social Security Number <i>(Last four digits Required)</i>
Account Owner <i>(First name)</i> (Required)	
Account Owner <i>(Last name)</i> (Required)	
Beneficiary (<i>First name</i>) (<i>Required</i>)	
Beneficiary (Last name) (Required)	

Beneficiary Social Security Number (Last four digits) (Required)

3.

Α.

Transfer Amount (Check one.)

Entire balance. Once the transfer is completed, the original Account will be closed.

B. Partial balance. Once the transfer is completed, the original Account will remain open. The dollar amount you specify below will be transferred to the Account for the receiving Beneficiary identified in **Section 2**.

Name of Investment Option	Dollar amount (For partial amounts.)		Total balance (Check if applicable.)
	\$		
	\$		
	\$		

Transfer type

If the Account Owner is changing, you do not need to complete this section. The transfer amount will be allocated according to the receiving Account's existing allocation for future contributions.

If only the Beneficiary is changing, and an option is not selected below, the transfer amount will be allocated according to the receiving Account's existing allocation for future contributions.

Check one.

- A. I want to transfer the assets in-kind. (An "in- kind" transfer will move the selected assets over to the receiving Account without a change in the currently held investment(s) or future allocations.)
- B. I want to transfer and allocate the assets according to the receiving Beneficiary's current allocations for future contributions. (By selecting this option, the current investments will be liquidated, and the funds will be deposited into the Receiving Beneficiary's Account according to the allocation for future contributions on the new Beneficiary's Account.)

5. SIGNATURE AND AUTHORIZATION

By signing this form, I authorize the transfer of my Account to another Account Owner and/or to change the Beneficiary as indicated on this form. I acknowledge the following:

- I certify that all of the information provided by me on this form is accurate and complete.
- If changing the Account Owner, the new Account Owner will submit an **Account Application** along with this form, unless he/she already maintains an Account for the Beneficiary and I have provided the existing Account number in **Section 2**.
- If changing the Beneficiary, I agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code. I understand that my existing banking information and Successor Account Owner information, if any, will be copied to the new Account.
- If I am participating in Recurring Contributions or automatic dollar-cost averaging, I understand that my participation in these programs will be cancelled only if I transfer my entire Account balance to a new Account Owner and/or Beneficiary; otherwise these programs will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand that my payroll contributions will continue into this Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll direct deposit.
- If I am transferring my entire Account balance to another Account Owner, I request the cancellation of my Participation Agreement and the closure of my Account.

If requesting a change of Account Owner, do not sign below until you are in the presence of the authorized notary or guarantor providing the notary or Medallion signature guarantee service.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner.

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

Notarization - REQUIRED FOR CHANGES OF ACCOUNT OWNER UNDER \$100,000

(Please note: notarization is not required if the Account Owner change is related to an UGMA/UTMA Account where the Beneficiary has reached the age of majority).

Your signature must be notarized. See below.

,this document was
State
by who certifies the
Current Account Owner
Date <i>(mm-dd-yyyy)</i>
Authorized Officer to place stamp here

Medallion Signature Guarantee — REQUIRED FOR CHANGES OF ACCOUNT OWNER OF \$100,000 OR MORE

- 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	Authorized Officer to place stemp here
Signature of Account Owner (In the presence of the authorized officer.)	Authorized Officer to place stamp here
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	