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BENEFICIARY DESIGNATION/CHANGE FORM
For plans offering a Qualified Preretirement Survivor Annuity

Your plan offers you the ability to update your Beneficiary(ies) online by going to rps.troweprice.com. If you prefer to update your beneficiary(ies) via paper form, please follow the instructions outlined below:

1. Participant Information
2. Beneficiary Designation
3. Participant Authorization
4. Participant Waiver of Preretirement Survivor Annuity
5. Spousal Consent and Qualified Pre-Retirement Survivor Annuity Waiver
6. Fax the completed form to 816-218-0424.

Plan Name ROOTED SCHOOL INDIANAPOLIS 403(B) PLAN
Plan ID 692124

PARTICIPANT INFORMATION

First Name and Middle Initial _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____

Evening Phone Number _____

Address _____ City _____ State _____ Zip _____

Present Marital Status: ☐ Single ☐ Married

If you are married, your vested pre-retirement death benefits in the plan will be paid to your surviving spouse after you die in the form of a Qualified Pre-Retirement Survivor Annuity, unless you designate someone else as your primary beneficiary and your spouse consents, by completing the Consent of Spouse section of this form. Your spouse's signature must be notarized or witnessed by your plan administrator.

If your marital status changes please be sure to update this designation.

BENEFICIARY DESIGNATION: I, the undersigned, hereby elect that upon my death the following individual(s) shall be my primary and secondary beneficiary(ies) under the Plan. Please check either primary or secondary for each individual beneficiary. **If neither is checked, the individual will be deemed to be a primary beneficiary.** If a primary beneficiary dies before you, the percentages will be recalculated proportionately among the surviving primary beneficiaries unless you instruct otherwise. Similar rules apply to secondary beneficiaries. Secondary beneficiaries inherit assets only if no primary beneficiaries survive you.

Please note: Share % must equal 100% for all primary beneficiaries. Share % must equal 100% for all secondary beneficiaries. Please attach additional forms if more space is needed.

☐ Primary ☐ Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____/_____/_____

Daytime Phone Number _____ Evening Phone Number _____

Relationship to Participant (Spouse* or Non-spouse*) _____

☐ Primary ☐ Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____/_____/_____

Daytime Phone Number _____ Evening Phone Number _____

Relationship to Participant (Spouse* or Non-spouse*) _____

☐ Primary ☐ Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____/_____/_____

Daytime Phone Number _____ Evening Phone Number _____

Relationship to Participant (Spouse* or Non-spouse*) _____

Check here if additional forms are attached ☐

*A spouse is any individual who is your spouse under federal law.

PARTICIPANT AUTHORIZATION

Any election I have made on this form revokes all prior designations with respect to this plan.

Participant Signature _____ Date _____

PARTICIPANT AUTHORIZATION

(Please complete if a non-spousal beneficiary is elected as a primary beneficiary)

I have reviewed the Explanation of the Qualified Preretirement Survivor Annuity ("QPSA") below. I understand that my preretirement death benefits will be paid in the form of a QPSA unless I choose a primary beneficiary other than my spouse and my spouse consents to the beneficiary. I understand that I may not change the beneficiary unless my spouse consents to the new beneficiary. I also understand that I may revoke my waiver of the QPSA at any time by designating my spouse as the sole primary beneficiary for the QPSA.

I hereby waive the Qualified Preretirement Survivor Annuity under the plan. By signing this waiver, the individual(s) that I have designated as my primary beneficiaries on this form will receive my vested plan benefits at my death instead of my spouse. If my spouse consents to this waiver, I understand that I also may choose a form of payment for death benefits other than the QPSA.

Participant Signature _____ Date _____

SPOUSAL CONSENT AND QUALIFIED PRERETIREMENT SURVIOR ANNUITY WAIVER

(Please complete if a non-spousal beneficiary is elected as a primary beneficiary)

I, _____, am the spouse of the participant named on this form. I understand that I have the right to receive my spouse's preretirement death benefits in the plan after my spouse dies in the form of a Qualified Preretirement Survivor Annuity. I voluntarily consent to my spouse's election to waive the Qualified Preretirement Survivor Annuity and to designate the beneficiary(ies) listed on this form. I have read the explanation of the Qualified Preretirement Survivor Annuity benefit and I understand that:

1. If I do not sign this consent the Qualified Preretirement Survivor Annuity benefit will remain in effect.
2. By signing this consent, the beneficiary(ies) designated by my spouse will receive my spouse's plan benefits instead of me.
3. This consent applies only to the beneficiary(ies) designated on this form. My spouse may not change beneficiaries without again getting my consent.
4. I do not have to sign this consent. However, once I do, I cannot revoke my consent.
5. This consent has no application to the benefits that begin during my spouse's lifetime.
6. My signature must be witnessed by a notary public for my consent to be effective.

Notarization of Spouse's Signature

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____, Signature of Notary Public _____

_____ **(Notary Seal)**

Date

Name of Notary Public _____

_____

My Commission Expires

Spouse's Signature _____ Date _____

Explanation of Qualified Preretirement Survivor Annuity

If you are married and you die before you begin receiving your retirement benefits (or, if earlier, before the beginning of the period for which the retirement benefits are paid), ___ percent **(employer please insert your plan's percent)** of your vested account balance will be used to purchase an annuity providing periodic payments for the life of your surviving spouse. This annuity form of payment is called a "Qualified Preretirement Survivor Annuity" or QPSA. You may waive the QPSA, as long as your spouse consents in writing to the waiver. In addition, after your death, your spouse may choose a form of benefit other than the QPSA.

If you waive the QPSA, you may designate other beneficiaries and/or forms of payment for your vested account only if your spouse consents to the specific beneficiary you designate on this form. If you revoke your waiver of the QPSA, your spouse will again receive death benefits in the form of a QPSA, unless your spouse either (1) consents to a new waiver of the QPSA, or (2) chooses another form of benefit after your death. If less than 100% of your account balance is subject to the QPSA you also may designate other beneficiaries and/or forms of payment for your vested account not subject to the QPSA.

Generally, you cannot waive the QPSA until the plan year in which you turn 35. You also may waive the QPSA, with proper consent, prior to the plan year in which you turn 35. However, the QPSA will be automatically reinstated as of the first day of the plan year in which you turn 35. Of course, you can again waive the QPSA, with proper spousal consent. After you have separated from service you may waive the QPSA, with proper consent, at any time. Such waiver will remain effective until you revoke the waiver or are reemployed. If you are unmarried and subsequently marry, or marry a different person after you sign this form, your spouse at your death is automatically entitled to a qualified preretirement survivor annuity and this Primary Beneficiary designation no longer applies. Thus be sure to update this form after a change in marital status.

This consent is required only if a married participant does not name the spouse as the only a primary beneficiary for the QPSA. To be effective, the spouse's signature must be notarized or witnessed by a plan representative.

ADDRESS CHANGE

Terminated, Retired, or Disabled Participants: Please be aware that if the address provided on this form is different from the address on your statement this request must contain a signature guarantee. A signature guarantee can be obtained from a financial institution (commercial bank, savings bank, credit union, or broker-dealer) that participates in one of the Medallion signature guarantee programs. We will change your address as indicated on this distribution form. All correspondence for your account will then be sent to the new address. If this form requires a signature guarantee, the original form must be mailed to us for processing at one of the addresses listed below.

Regular Mail:
T. Rowe Price Retirement Plan Services
P.O. Box 219325
Kansas City, MO 64121-9325

Overnight Mail:
T. Rowe Price Retirement Plan Services
801 Pennsylvania Ave Suite 219325
Kansas City, MO 64105

Active Participants: Please be aware that if the address provided on this form is different from the address on your statements, you must request your plan administrator update your address prior to this form being submitted for processing.

Signature Guarantee (if required)