

P.O. Box 17215  
Baltimore, Maryland 21297-1215

4515 Painters Mill Road  
Owings Mills, Maryland 21117-4903

**RE: County of San Diego Plan  
Designation of Beneficiary Letter of Instruction**

Dear Participant:

In response to your request to add or change a beneficiary in the Plan, enclosed are the following items:

Designation of Beneficiary Form  
Courtesy reply envelope (addressed to T. Rowe Price)

Please complete the Designation of Beneficiary Form and return it to:

Regular Mail

T. Rowe Price Retirement Plan Services  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, Maryland 21297-1215

Overnight/Express Mail

T. Rowe Price Retirement Plan Services  
Mail Code: 17215  
4515 Painters Mill Road  
Owings Mills, Maryland 21117-4903

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. Representatives are available Monday through Friday between 7:00 a.m. and 10 p.m. eastern time. To reach a service representative, press pound (#) and then zero (0). For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price myRetirementPlan Web site at [rps.troweprice.com](http://rps.troweprice.com), available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services



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**Participant Information**

(Please print clearly in CAPITAL LETTERS using BLACK or BLUE INK)

First

[Grid for First Name]

Middle Initial

[Grid for Middle Initial]

Last

[Grid for Last Name]

Social Security Number

[Grid for Social Security Number]

Daytime Phone Number

[Grid for Daytime Phone Number]

Ext.

[Grid for Extension]

Email Address

[Grid for Email Address]

**Present Marital Status**

(Check one)

Single

Married

**Notice of Spouse's Death Benefit**

If you are married, your entire vested account in the plan will be paid to your surviving spouse after you die, 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.

If you become married or marry a different person after you sign this form, be sure to update this form because a later marriage will automatically invalidate your prior beneficiary designation.

**Beneficiary Designation**

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary Beneficiary(ies)

First

[Grid for First Name]

Middle Initial

[Grid for Middle Initial]

Last

[Grid for Last Name]

Social Security Number

[Grid for Social Security Number]

Date of Birth

[Grid for Date of Birth]

Address - Line 1

[Grid for Address Line 1]

Address - Line 2

[Grid for Address Line 2]

City

[Grid for City]

State

[Grid for State]

Zip

[Grid for Zip]

[Grid for Zip]

Relationship

Spouse

Non-Spouse

Entity

Percent

[Grid for Percent]











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