

**RE: Suffolk County Public Employees Deferred Compensation Plan
Rollover Instructions**

Use this form to roll over your eligible rollover distribution from a 401(a) qualified retirement plan (including a 401(k) plan), 403(b) plan, governmental 457(b) plan, Traditional IRA¹ to your current employer's plan. The plan will accept a direct or indirect rollover of taxable amounts from an employer's qualified plan or Traditional IRA. After-tax and designated Roth account contributions are not eligible for rollover into this plan. You must use your former employer's plan forms or other procedures to request a distribution from your former employer's plan.

Direct rollover from plan or Traditional IRA. The check will be issued from your former plan or IRA custodian and must be made payable to the current plan for your benefit.

**For example: Trustee of the Suffolk County Public Employees Deferred Compensation Plan
For the benefit of (FBO): [your name]**

Indirect rollover from plan or Traditional IRA. The distribution must be deposited into the current plan within 60 days of your receipt of it. It is possible for you to use personal funds to make up the amount that was withheld for taxes. You may endorse the check from your former plan (or Traditional IRA) to the current plan, or you may send a certified check, cashier's check, or money order.

If this is an indirect rollover from a Traditional IRA, you must attach a check stub or other statement from your IRA identifying the account as an IRA and showing the date and gross amount of the IRA distribution, as well as the amount of federal income taxes withheld from the IRA distribution to you.

If you have any questions, please contact T. Rowe Price at 1-888-457-5770. Representatives are available Monday through Friday between 7 a.m. and 10 p.m. eastern time. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price website at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.

¹ This includes SEP-IRAs, SAR-SEPs, and conduit IRAs.



Suffolk County Public Employees Deferred Compensation Plan Rollover Contribution Form

OVERNIGHT MAIL

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

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

1: YOUR INFORMATION

Your Name _____ Social Security Number _____ Date of Birth (MM/DD/YY) _____

Street or P.O. Box (please include street address if using a P.O. Box) _____ City/State/ZIP _____

Daytime Phone _____ Evening Phone _____ E-mail Address _____

2: WHICH INVESTMENTS DO YOU WANT YOUR MONEY ROLLED INTO?

Select the investment option(s) in which you would like your rollover invested. If you would like the money invested in accordance with your investment election for new contributions, you may check the box below. A list of available investment options is included with this kit. Any rollover money you wish to invest in the Plan must be allocated to one of those investment options. The total election below must equal 100%.

- Please invest my rollover contribution according to my current investment election for new contributions.
- Please invest my rollover contribution according to my election below.

One-Step Mix: Simply choose a Retirement Trust, which is a premixed portfolio of mutual funds, and your asset allocation decision is done.

TRP RETIRE BAL TR A	_____ %	TRP RETIRE 2035 TR A	_____ %
TRP RETIRE 2005 TR A	_____ %	TRP RETIRE 2040 TR A	_____ %
TRP RETIRE 2010 TR A	_____ %	TRP RETIRE 2045 TR A	_____ %
TRP RETIRE 2015 TR A	_____ %	TRP RETIRE 2050 TR A	_____ %
TRP RETIRE 2020 TR A	_____ %	TRP RETIRE 2055 TR A	_____ %
TRP RETIRE 2025 TR A	_____ %	TRP RETIRE 2060 TR A	_____ %
TRP RETIRE 2030 TR A	_____ %		

Choose-Your-Own-Mix: Decide how much money you want to invest in each investment category, and then choose your own diversified mix of investment choices.

AllianzGI Technology Instl	_____ %	TRP Emerging Markets Bond Fund	_____ %
Amer Beac Small Cap Val Inst	_____ %	TRP Emerging Markets Stock Fund	_____ %
Amer Century Infl Adju Bnd Ins	_____ %	TRP Equity Income Trust D	_____ %
American Cent Balanced Inst	_____ %	TRP European Stock Fund	_____ %
American Century EQ Income R6	_____ %	TRP Financial Services Fund	_____ %
American Century Gov Bond Inst	_____ %	TRP Global Technology Fund	_____ %
American Century Heritage R6	_____ %	TRP GNMA Fund	_____ %
American Funds Europac Grw R6	_____ %	TRP Health Sciences Fund	_____ %
American Funds Growth Fund of America R6	_____ %	TRP High Yield Fund	_____ %
American Funds New Perspective R6	_____ %	TRP International Bond Fund	_____ %
Aston Fairpointe Mid Cap I	_____ %	TRP Intl Growth Equity Trust D	_____ %



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Dodge & Cox Intl Stock	%	TRP Intl Small Cap Equity Trust D	%
Dreyfus Mid Cap Index	%	TRP Japan Fund	%
Dreyfus Small Cap Stock Index	%	TRP Latin America Fund	%
Fidelity Adv Health Care I	%	TRP Media & Telecommunications	%
Fidelity Advisor Div Intl I	%	TRP New America Growth Fund	%
Franklin Natural Resources Adv	%	TRP New Asia Fund	%
Franklin Sm-Mid Cap Growth R6	%	TRP New Era Fund	%
Franklin Strategic Income R6	%	TRP New Horizons Trust D	%
JPMorgan Large Cap Growth R6	%	TRP Overseas Stock Fund	%
Neuberger Berman Genesis R6	%	TRP Real Estate Fund	%
Oppenheimer Develop Markets I	%	TRP Science & Technology Fund	%
Oppenheimer Value I	%	TRP Short-Term Bond Fund	%
Pimco Total Return Instl	%	TRP Spectrum Growth Fund	%
Pioneer High Yield Y	%	TRP Spectrum Income Fund	%
Ridgeworth Mid Cap Val Eq I	%	TRP Spectrum International Fund	%
TRP Africa & Middle East Fund	%	TRP Stable Value Common Trust Fund Schedule F	%
TRP Balanced Fund	%	TRP U.S. Mid-Cap Growth Equity Trust D	%
TRP Blue Chip Growth Trust T5	%	TRP U.S. Small-Cap Value Equity Trust D	%
TRP Bond Trust I T5	%	TRP U.S. Treasury Long-Term Fund	%
TRP Capital Appreciation Trust D	%	TRP U.S. Value Equity Trust D	%
TRP Dividend Growth Fund	%	Vanguard Inst Index	%
TRP Emerging Europe	%	Total	100%

3: EMPLOYEE CERTIFICATION (for indirect/60-day rollover or rollover from a Traditional IRA)

I certify to the following statements regarding the rollover funds:

- I did not receive the funds as a nonspouse beneficiary of a death benefit.
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.
- I am rolling over the funds within 60 days of the date I received the funds from the eligible employer plan or Traditional IRA
- These funds would be included in my gross income if not rolled over (no after-tax funds).
- If I am over 70½, the funds do not include any required minimum distributions.
- If this is a rollover from a Traditional IRA, I have attached the required IRA documentation.

Signature _____

Date _____

4: SIGNATURE

I understand that, if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover, plus any earnings attributable to it, will be distributed to me within a reasonable time after such determination is made. I agree to notify the trustees of the plan upon receipt of information about such determination.

I agree to be bound by the terms of the prospectus for each fund I have selected as an investment option. I understand that I will receive the prospectus after I purchase shares in the fund.

I agree that neither the trustee, nor T. Rowe Price Group, Inc., its affiliates, or its funds, will be liable for any loss when acting upon instructions believed to be genuine.

Signature _____

Social Security Number _____

Date _____



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The former employer plan administrator should complete the information below.

5: PLAN DISTRIBUTION INFORMATION – Your rollover cannot be processed unless this section is complete.

Please provide the following information concerning the plan from which the distribution was made.

Plan Name _____

- Rollover Type:**
- Qualified Rollover** (this includes Traditional IRA, 401(a), 401(k), 403(b))
 - 457(b) Plan Rollover** (Money from another 457(b) government plan)
 - Pension Lump Sum New York State Pension Rollover** (Pension Lump Sum Payment from the New York State Pension Plan)
 - Suffolk County Terminal Pay Plan Rollover** (Money from the Suffolk County 401(a) Plan)

I certify that the plan named above is intended to satisfy the requirements of the Internal Revenue Code for the account above, and I am not aware of any plan provision or operation that would result in the disqualification of the plan.

Gross amount of distribution: \$ _____ Date distribution issued: _____

Pretax contributions and earnings (Taxable amount of distribution): \$ _____

Does the distribution qualify as an "eligible rollover distribution" under §402(c) of the Internal Revenue Code? _____

Please sign this form in the space provided to certify that the information contained above is accurate.

Signature of Former Employer Plan Administrator _____ Date _____

Print Name _____ Title _____

Address _____ Contact Phone Number _____

Note to plan administrator: Please return this form to the former participant at the address given in Section 1.



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