

**Participant Information**  
(Please print clearly)

\_\_\_\_\_  
Name Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Street Address Daytime Phone Number \_\_\_\_\_

\_\_\_\_\_  
City, State, ZIP Code Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Employment Date

**Designation of Beneficiary**

**Primary Beneficiary(ies)**

1.) \_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security Number Birth Date \_\_\_\_\_

\_\_\_\_\_  
Relationship Percent of Account Balance \_\_\_\_\_ %

2.) \_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security Number Birth Date \_\_\_\_\_

\_\_\_\_\_  
Relationship Percent of Account Balance \_\_\_\_\_ %

I have more than two primary beneficiaries. Separate sheet attached.

**Secondary Beneficiary(ies)**

If no primary beneficiary is living, then pay:

1.) \_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security Number Birth Date \_\_\_\_\_

\_\_\_\_\_  
Relationship Percent of Account Balance \_\_\_\_\_ %

2.) \_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Social Security Number Birth Date \_\_\_\_\_

\_\_\_\_\_  
Relationship Percent of Account Balance \_\_\_\_\_ %

I have more than two secondary beneficiaries. Separate sheet attached.





**University of Wisconsin Tax-Sheltered Annuity 403(b) Plan  
Enrollment Form**

**Investment Allocation**  
(Selections must total 100%)

**Choose-Your-Own Mix. Choose your investment allocation by listing the funds below in 1% increments. Your total must equal 100%.**

_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
		<b>Total</b>	<b>100%</b>

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

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.

**Signature**

\_\_\_\_\_ Date

\_\_\_\_\_ Participant's Signature

**Address to Send Form**

Please complete and return the signed enrollment form to T. Rowe Price at the following address:

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, MD 21117-4903

