

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%.

_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
		Total	100%

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

