RE: Illinois State Employees’ Deferred Compensation Plan
Authorization Agreement for Automatic Deposits Letter of Instruction

Dear Participant:

In response to your request to set-up or change your ACH account information for your periodic payments from the Illinois State Employees’ Deferred Compensation Plan, enclosed are the following:

- Authorization Agreement for Automatic Deposits (ACH Credits) Form
- Courtesy reply envelope (addressed to T. Rowe Price)

Please complete the form, attach a copy of your voided check and return the documentation to:

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

**Overnight/Express Mail**
T. Rowe Price Retirement Plan Services
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, MD 21197-4903

If there are questions related to the depository information, please contact your financial institution. For all other questions, please contact the Plan Account Line at 1-888-457-5770.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.
Illinois State Employees' Deferred Compensation Plan
Authorization Agreement for Automatic Deposits (ACH Credits) Form for Distributions

Participant Information
(Please print clearly)

Name ____________________________ Social Security Number ____________________________

Street Address ____________________________ Daytime Phone Number ____________________________

City, State, ZIP Code ____________________________ Date of Birth ____________________________

Authorization Agreement

Please complete and return the following to T. Rowe Price.

I hereby authorize T. Rowe Price, hereinafter called COMPANY, to initiate credit entries for my repetitive installment payments and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ CHECKING _____ SAVINGS account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

STAPLE VOIDED

Please note: once T. Rowe Price receives the completed ACH form in good order, it will take 2 weeks for the ACH credits to be set up.

Depository Name ____________________________

Street Address ____________________________ City, State, ZIP Code ____________________________

Bank Routing Number (nine digit number in the lower left-hand corner of your check*) ____________________________ Account Number ____________________________

*A copy or canceled check must be attached for purposes of confirming this information.

This authorization shall remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please note: once T. Rowe Price receives the completed ACH form in good order, it will take 2 weeks for the ACH credits to be set up.

Signature ____________________________ Date ____________________________

Name (please print) ____________________________

Signature ____________________________ Date ____________________________

A return envelope has been provided for your convenience.
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