

BENEFICIARY DESIGNATION/CHANGE FORM

Your plan offers you the ability to update your Beneficiary(ies) online by going to rps.troweprice.com. If you prefer to update your beneficiary(ies) via paper form, please follow the instructions outlined below:

1. Participant Information
2. Beneficiary Designation
3. Participant Authorization
4. Spousal Consent to Non-Spouse Beneficiary
5. Fax the completed form to 816-218-0424.

Plan Name AMERICAN AMBULANCE 401 (K) RETIREMENT PLAN
Plan ID 658057

PARTICIPANT INFORMATION

First Name and Middle Initial _____ Last Name _____
 Social Security Number _____ Daytime Phone Number _____
 Evening Phone Number _____
 Address _____ City _____ State _____ Zip _____
 Present Marital Status: Single Married

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 Spousal Consent to Non-spouse Beneficiary section of this form. Your spouse's signature must be notarized or witnessed by your plan administrator.

If your marital status changes please be sure to update this designation.

BENEFICIARY DESIGNATION: I, the undersigned, hereby elect that upon my death the following individual(s) shall be my primary and secondary beneficiary(ies) under the Plan. Please check either primary or secondary for each individual beneficiary. **If neither is checked, the individual will be deemed to be a primary beneficiary.** If a primary beneficiary dies before you, the percentages will be recalculated proportionately among the surviving primary beneficiaries unless you instruct otherwise. Similar rules apply to secondary beneficiaries. Secondary beneficiaries inherit assets only if no primary beneficiaries survive you.

Please note: Share % must equal 100% for all primary beneficiaries. Share % must equal 100% for all secondary beneficiaries. Please attach additional forms if more space is needed.

Primary Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Social Security Number _____ Date of Birth ____/____/____
 Daytime Phone Number _____ Evening Phone Number _____
 Relationship to Participant (Spouse* or Non-spouse*) _____

Primary Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Social Security Number _____ Date of Birth ____/____/____
 Daytime Phone Number _____ Evening Phone Number _____
 Relationship to Participant (Spouse* or Non-spouse*) _____

Primary Secondary Share _____ %

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth ____/____/____

Daytime Phone Number _____ Evening Phone Number _____

Relationship to Participant (Spouse* or Non-spouse*) _____

Check here if additional forms are attached

*A spouse is any individual who is your spouse under federal law.

PARTICIPANT AUTHORIZATION

Any election I have made on this form revokes all prior designations with respect to this plan.

Participant Signature _____ Date _____

SPOUSAL CONSENT TO NON-SPOUSE BENEFICIARY

(Please complete if a non-spousal beneficiary is elected as a primary beneficiary)

I, _____, am the spouse of the participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I voluntarily waive that right and consent to the beneficiary(ies) designated by my spouse on this form. I understand that:

1. If I do not sign this consent my spouse's vested plan account will be paid to me after my spouse dies.
2. By signing this consent, the beneficiary(ies) designated by my spouse will receive my spouse's plan benefits instead of me.
3. This consent applies only to the beneficiary(ies) designated on this form. My spouse may not change beneficiaries without again getting my consent.
4. I do not have to sign this consent. However, once I do, I cannot revoke my consent.
5. This consent has no application to the benefits that begin during my spouse's lifetime.
6. My signature must be witnessed by a notary public for my consent to be effective.

Notarization of Spouse's Signature

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____, Signature of Notary Public _____

(Notary Seal)

Date

Name of Notary Public _____

My Commission Expires

Spouse's Signature _____ Date _____

ADDRESS CHANGE

Terminated, Retired, or Disabled Participants: Please be aware that if the address provided on this form is different from the address on your statement this request must contain a signature guarantee. A signature guarantee can be obtained from a financial institution (commercial bank, savings bank, credit union, or broker-dealer) that participates in one of the Medallion signature guarantee programs. We will change your address as indicated on this distribution form. All correspondence for your account will then be sent to the new address. If this form requires a signature guarantee, the original form must be mailed to us for processing at one of the addresses listed below.

Regular Mail:

T. Rowe Price Retirement Plan Services
P.O. Box 8374
Boston, MA 02266-8374

Overnight Mail:

T. Rowe Price Retirement Plan Services
30 Dan Road
Canton, MA 02021-2809

Active Participants: Please be aware that if the address provided on this form is different from the address on your statements, you must request your plan administrator update your address prior to this form being submitted for processing.

Signature Guarantee (if required)