

## Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

**Part I Reporting Issuer**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| <b>1</b> Issuer's name<br>T. ROWE PRICE FLOATING RATE MULTI-SECTOR ACCOUNT PORTFOLIO                             |   | <b>2</b> Issuer's employer identification number (EIN)<br>45-4286630                            |                                    |
| <b>3</b> Name of contact for additional information<br>T. ROWE PRICE ACCOUNT SERVICES                            | <b>4</b> Telephone No. of contact<br>1-800-225-5132 | <b>5</b> Email address of contact<br>info@troweprice.com  |                                    |
| <b>6</b> Number and street (or P.O. box if mail is not delivered to street address) of contact<br>P.O. Box 17302 |   | <b>7</b> City, town, or post office, state, and ZIP code of contact<br>Baltimore, MD 21297-1302 |                                    |
| <b>8</b> Date of action<br>02/28/2024  |   | <b>9</b> Classification and description<br>Regulated Investment Company                         |                                    |
| <b>10</b> CUSIP number<br>N/A  | <b>11</b> Serial number(s)<br>N/A                   | <b>12</b> Ticker symbol<br>FRS  | <b>13</b> Account number(s)<br>N/A |

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

**14** Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ The issuer determined that 25.32802% of the dividends paid in January 2024 was a non-taxable return of capital.

**15** Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ The amounts listed represent the per share distribution that should reduce the cost basis of your shares held as of the payment date.

| Per Share Reduction in Cost Basis |             |
|-----------------------------------|-------------|
| Payment Date                      | FRS         |
| January 31, 2024                  | 0.010019567 |

**16** Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ A tax return of capital occurs when a fund pays out more in dividends than its current and accumulated earnings and profits determined for tax purposes. Due to events after the relevant distribution dates, the fund determined that the dividends paid have exceeded its current and accumulated earnings and profits for the relevant taxable year. The excess represents a tax return of capital paid by the fund, instead of a dividend.

**Part II** Organizational Action *(continued)*

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶  
Internal Revenue Code Sections 301,316,852

**18** Can any resulting loss be recognized? ▶ No.

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶  
See Part II, line 15 for the per share amount and payment date. Amount is for the 2024 tax year.

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ A signed copy is maintained by the issuer Date ▶

Print your name ▶ Cheryl Hampton Title ▶ Vice President

|                               |                            |                      |      |   |              |
|-------------------------------|----------------------------|----------------------|------|---|--------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN         |
|                               | Firm's name ▶              |                      |      |   | Firm's EIN ▶ |
|                               | Firm's address ▶           |                      |      |   | Phone no.    |