

Account Application



Use this application to open an account through a Financial Professional. Accounts are available only to U.S. citizens, U.S. resident aliens and U.S. entities. **Please print clearly in CAPITAL letters using black ink and sign on page 8. If you have any questions, please call 1-800-378-9878.**

1 Select Type of Account

Choose one:

- Individual
- Joint Tenants with rights of survivorship
- Uniform Gifts/Transfers to Minors Act (UGMA/UTMA)
- Personal trust*
- Partnership*
- Unincorporated Association*
- C Corporation*
If you want us to file IRS Form 1099-B on your behalf, check this box.
- S Corporation*
- Single member/disregarded entity*
- Limited Liability Corporation (LLC)*

**Important Info Regarding Entities: Supporting documentation will be required. We may also need information about who controls the entity, beneficial owners and how the entity is taxed. Please call us for instructions before submitting your application.*

2 Provide Your Account Information

Joint accounts will be registered under the first owner's name and U.S. Social Security number for IRS reporting purposes unless you give alternate instructions. For UGMA/UTMA, we will use the minor's name and U.S. Social Security number for IRS reporting purposes.

U.S. Social Security number or Employer Identification number _____ Date of birth (month-day-year) _____

Check one:
 U.S. citizen
 U.S. resident alien

Entity name (e.g., investor, minor, trustee, conservator, guardian, executor or business entity) _____

Telephone number (daytime) _____ Telephone number (evening) _____

Street address (No P.O. or Private Mail Boxes permitted.) _____

City _____ State _____ ZIP _____

Mailing address (If different than above; P.O. and Private Mail Boxes permitted.) _____

City _____ State _____ ZIP _____

Email address _____

Provide information about the joint owner, custodian, co-trustee or authorized individual of entity, if applicable.

First name _____ Middle initial _____ Last name _____

U.S. Social Security number _____ Date of birth (month-day-year) _____

Check one:
 U.S. citizen
 U.S. resident alien

Step 2 continued on page 2

Provide Your Account Information (continued)

Check this box if both owners share the same street address. If not, provide the additional owner's street address below.

Street address

City

State

ZIP

Email address

Trust Information

Please provide a Trust Tax ID number for IRS reporting purposes. **If a Tax ID number is not provided in this section, we will use the first U.S. Social Security number listed in this step.** Please send us a copy of the first page and the signature page of your trust agreement along with the pages that identify the trustees of the trust.

Date of trust agreement (month-day-year)

Trust's Tax ID number

Name of trust

_____ Number of trustee signatures required by the trust instrument to redeem, exchange or transfer shares for the trust. **If left blank, we will require all trustees to sign.**

3 List Authorized Signers for Organization

- List names and titles of all individuals authorized by governing documents to direct transactions on this account.
- Please attach a copy of the firm's charter documents as well as the governing documents designating those individuals who are authorized to direct transactions on this account.

Name

Title

 Signature

Date

Name

Title

 Signature

Date

Name

Title

 Signature

Date

The signatures of at least _____* of the authorized signers are required by the applicable governing documents to redeem, exchange or transfer shares and/or sign CheckWriting checks, execute and deliver any instrument necessary to effect such authority, or enter into other agreements (including indemnification agreements). Any **one** authorized signer may exchange or redeem by telephone, by fax or in writing. American Century Investments may rely on the authority of the named individuals until it receives written notification to the contrary.

* Please specify a number. For business accounts: If left blank, you authorize that only **one** signature is required to redeem, exchange or transfer shares and/or sign CheckWriting checks.

4 Provide Broker/Dealer Information

This section should be completed by your Financial Professional if he/she is acting as a Broker/Dealer [not a Registered Investment Advisor (RIA)]. If acting as an RIA, please proceed to step 5.

Broker/Dealer name

Financial Professional's first name

Middle initial

Last name

Street address of branch

City

State

ZIP

Telephone number (daytime)

Fax number

Dealer number

Branch number

Rep. number

Email address

5 Provide RIA Information

Section A — This section should be completed by your Financial Professional, who is acting as an RIA executing business directly with the fund.

Firm name

RIA first name

Middle initial

Last name

RIA mailing address

City

State

ZIP

Telephone number (daytime)

Fax number

IARD CRD number

Email address

Step 5 continued on page 4

Provide RIA Information (continued)

Section B — If you are an RIA and are not affiliated with a Broker/Dealer Firm, then the Account Owners will grant you all transaction/maintenance authority on their account(s) as described below.

- Exchange shares
- Redeem shares
- Change address of record
- Change bank information
- Request account information and statements of account
- Change dividend options
- Purchase shares
- Establish CheckWriting (available only for Investor class)

I/We hereby authorize the RIA and their firm to act on my/our behalf when transacting business, as authorized in Section B, on all existing or future American Century Investments accounts listed under the Tax Identification number shown in step 2, and to execute and deliver any instrument necessary to effect such authority. American Century Investments may rely on the authority of the named financial firm and any representative thereof until it receives notification to the contrary.

Account owner's signature

Date

Joint account owner/Co-trustee/Authorized individual's signature

Date

6 Signature of Financial Professional/RIA

Signature of Financial Professional or RIA — The Financial Professional or RIA acknowledges and accepts the authority to access and perform transactions on the American Century Investments account on behalf of the Account Owner(s) listed in Section 2 of the Account Application in accordance with the authorization listed above.

Printed name of Financial Professional/RIA

Signature of Financial Professional/RIA

Date

7 Review Services Available to You

Any **one** authorized signer may transact by telephone, by fax or in writing. We will use your investment check to establish transactions to and from your bank unless you provide a voided preprinted check for another acceptable bank account. If the fund you select offers CheckWriting and you would like us to send you checks, please mark the box below (available only for Investor Class).

Yes, I would like to have a book of checks sent to me (applies only if fund you select offers CheckWriting).

_____ If there is more than one owner or trustee, specify the number of signatures required on checks. If no indication is made, you authorize only one signature be required on checks.

8 Provide Your Investment Instructions

Initial Investment

You may invest only in a fund for which you have a current prospectus. **Make checks payable to American Century Investments and minimums must be met with your initial investment** (\$250 minimum required for Investor, A, C or Advisor Class shares). To open additional accounts, attach a separate piece of paper with your instructions.

		\$
Fund name OR Ticker	Class of shares*	Amount
		\$
Fund name OR Ticker	Class of shares*	Amount
		\$
Fund name OR Ticker	Class of shares*	Amount
		\$
Fund name OR Ticker	Class of shares*	Amount

Taxable, Non Money Market Accounts: Cost Basis Reporting Method

We will use the default method of Average Cost in reporting cost basis for redemptions of your shares purchased after January 1, 2012. If you would like us to use a different method for these purchases or elect a method for future accounts, please complete and return a *Cost Basis Election Form*.

Establish Automatic Monthly Investments (Optional)

After the fund minimum is met with your initial investment, you can invest automatically from your bank account. Enclose a voided preprinted check if different from your investment check. We will make your investment on the 15th of each month, unless you specify another date below. If the applicable date falls on a weekend or a holiday, we will make the investment on the next business day.

Start date (month-day-year)

		\$
Fund name OR Ticker	Class of shares*	Amount
		\$
Fund name OR Ticker	Class of shares*	Amount
		\$
Fund name OR Ticker	Class of shares*	Amount

* Please indicate Investor, A, C or Advisor Class shares.

Step 8 continued on page 6

Provide Your Investment Instructions (continued)

Distribution Options

If no option is indicated, all dividends will be reinvested.

For Dividend Distributions:

(check only one box below)

- Reinvest
- Send by check to address of record
- Bank Account – electronically transferred
(Please enclose a voided preprinted check,
if different from your investment check.)
- Direct to another American Century
Investments account:

Account number

Registration

For Capital Gains Distributions:

(check only one box below)

- Reinvest
- Send by check to address of record
- Bank Account – electronically transferred
(Please enclose a voided preprinted check,
if different from your investment check.)
- Direct to another American Century
Investments account:

Account number

Registration

9 Waiver of Sales Charge on A Class Shares

The initial charge on A Class shares may be waived for the following reasons (select one):

- Registered representatives and other employees of certain financial intermediaries (and their immediate family members, which includes their spouse or domestic partner and children, step-children, parents or step-parents of them, their spouse or domestic partner) having selling agreements with the advisor or distributor.
- Broker-dealer sponsored wrap program accounts and/or fee-based accounts maintained for clients of certain financial intermediaries who have entered into selling agreements with American Century Investments.
- Current officers, directors and employees of American Century Investments.

10 Reduced Sales Charge on A Class Shares

You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. Please refer to the prospectus or contact your Financial Professional for the sales charge breakpoints. Your Financial Professional will be able to provide additional information regarding breakpoints and will assist you with disclosing all necessary information to ensure you receive any applicable breakpoint discounts.

Letter of Intent

- Pursuant to the fund's current prospectus, it is my intention to invest (in one or more American Century Investments accounts) over a 13-month period. The aggregate amount will be at least:
 - \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Note: Purchases in the A and C Class of money market funds are excluded from the aggregate amount. Also, if you do not invest the intended amount within 13 months, the sales charge will be adjusted.

- I am already investing under an existing Letter of Intent.

Rights of Accumulation

I or my spouse or children under age 21 own shares of more than one fund from American Century Investments, which may entitle us to a reduced sales charge. Those account numbers are:

Account number

Account number

Account number

Account number

11 Sign Your Name and Date

Please make your check payable to American Century Investments. We cannot accept third party checks. All account owners or trustees must sign. Please sign on the next page exactly as your name appears in the account information section.

- For a **limited liability company**, all members must sign and state their titles.
- For a **corporate account**, a vice president or above must sign and state his or her title.
- For an **unincorporated association**, two officers must sign and state their titles.
- For a **general partnership**, one partner must sign with the words "general partner" following his or her signature.
- For a **limited partnership**, the managing or general partner must sign with their title following their signature.

All individuals referenced above must review the following carefully and sign on the next page. Please sign exactly as your name appears in step 3.

- I/We am (are) of legal age.
- I/We have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I/we am (are) investing.
- I/We have read and understand the *Service Options* flier, which is part of this application by reference. I/We understand and agree to the CheckWriting terms and conditions as stated in the *Service Options* flier, if I/we invest in a fund that offers CheckWriting.
- I/We understand that providing my/our email address gives American Century Investments permission to send me/us information about products and services via email.
- I/We authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my/our instructions provided herein. I/we understand that, unless indicated otherwise in step 3 of this application, any individual authorized signer recorded in the account records may transact business on this account by telephone, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all current and future accounts in all investment companies in the American Century family, listed under the taxpayer identification number shown on this form.
- In consideration of American Century accepting this account application, I/we agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from liability for any loss, claim or expense that I/we may sustain as a result of their acting on transaction instructions they believe to be genuine.
- I/We understand that American Century will use reasonable procedures to confirm that instructions submitted by any authorized signer by telephone, by fax, in writing, or by any other means acceptable to American Century, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions.
- I/We understand that neither American Century nor its affiliated companies or agents shall be responsible or liable for any damages related to online services including but not limited to those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure or telephone or interconnectivity problems or other occurrences beyond their control.
- I/We understand that American Century will report tax information, including cost basis information on covered shares, to the IRS annually. American Century is not required to report tax information on financial institutions, insurance companies, or C Corporations, unless otherwise directed on this form.

Step 11 continued on page 8

Sign Your Name and Date Below (continued)

- **Important Information About New Accounts:** A federal law, established to help stop the funding of terrorism and money laundering activities, required financial institutions to verify the identity of each person who opens an account. American Century will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

Certify Your Tax ID

If you'd like more information about certifying your taxpayer identification number, please review the General Instructions on IRS Form W-9, which can be found at www.irs.gov.

FATCA Reporting - If you are submitting this form for an account you hold in the United States, you may leave the second field below blank.

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

Exemptions Codes (Codes apply only to certain entities, not individuals that are exempt from reporting under FATCA)

Exemptions (see instructions in IRS Form W-9):

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ *(Applies to accounts maintained outside the U.S.)*

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Printed name	Title	Signature	Date



