

# Account Application



This application is for use only by banks, trust companies, nominees, Third Party Administrators, Retirement Plan Trusts and other institutional investors. You may use this application to open an account invested in any of the Retail or Variable Portfolios funds, if applicable. Accounts are available only to U.S. Investors.

**Please print clearly in CAPITAL letters using black ink and sign on page 6. If you have any questions, please call us at 1-800-378-9878.**

## 1 Select Type of Plan or Account

Choose one:

- 401(k)                       Profit Sharing                       Endowment/Foundation  
 Money Purchase Pension       Defined Benefit                       Insurance Company Separate Account  
 Investment Account  
 Other \_\_\_\_\_

If you selected "other," enter the type of plan or account here.

## 2 Provide Your Account Information

Entity/Retirement Trust name (e.g., account name, bank name or account registration)

If you are a bank, please check the box that represents the capacity in which you are acting.

- Agent (Account owner must sign in step 10)     Trustee     Omnibus     Custodian     Nominee

Employer/Trust Tax Identification number

**Note:** According to IRS regulations, your Retirement Plan Trust must have a Tax Identification number (TIN) that is different from the number already assigned to your business. If you have not received or filed for a TIN for your trust, call the IRS or visit [www.irs.gov](http://www.irs.gov) and request Form SS-4. If you are adopting an American Century Investments® prototype and do not already have a TIN assigned, we will assign this number to you.

- Check this box if your Retirement Plan Trust is **NOT EXEMPT** from taxation under Internal Revenue Code Section 501(a).  
 Check this box if the TIN belongs to bank.  
 If you are a corporation, check this box if you **do** want us to file tax returns (Forms 1099-DIV and 1099-B) on your behalf.

Contact person's name

Telephone number

Fax number

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

City

State

ZIP

**Step 2 continued on page 2**

## Provide Your Account Information (continued)

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

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City

State

ZIP

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Email address

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**3**

### List Authorized Signers for Organization

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- 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.
- For Retirement Plan Trusts held directly with the fund company, please provide the Plan Trust Document, the Plan Adoption Agreement or the IRS Determination Letter for the Plan.

Name


Title

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U.S. Social Security number

Date of birth (month-day-year)

---

 **Signature**

**Date**

---

Name

Title

---

U.S. Social Security number

Date of birth (month-day-year)

---

 **Signature**

**Date**

---

Name

Title

---

U.S. Social Security number

Date of birth (month-day-year)

---

 **Signature**

**Date**

The signatures of at least \_\_\_\_\* of the authorized signers are required by the applicable governing documents to redeem, exchange or transfer shares, 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. For Retirement Plan Trusts: If left blank, all of the trustees will be required to sign.

## 4 Additional Account Information (please complete Sections A, B and C)

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### Section A — Clearing Information

Do you send trades directly to American Century Investments?  Yes  No

If yes, please provide your dealer number: \_\_\_\_\_

If no, please provide clearing firm information below:

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Contact telephone number

### Section B — Broker Information

Do you want to list a broker on these accounts?  Yes  No

If yes, please provide your broker information: \_\_\_\_\_

If no, please provide clearing firm information below:

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Representative name

\_\_\_\_\_  
Representative telephone number

### Section C — TPA Information (Retirement Plans must complete step 1.)

\_\_\_\_\_  
Name of Plan Recorder

\_\_\_\_\_  
Contact name

\_\_\_\_\_  
Contact telephone number

## 5 Bank Information

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**For redemption proceeds sent by wire, complete the area below.**

\_\_\_\_\_  
Bank account registration (Must be completed.)

\_\_\_\_\_  
Name of bank

\_\_\_\_\_  
Bank address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Bank contact

\_\_\_\_\_  
Telephone number

### ABA/Wire MICR

\_\_\_\_\_  
ABA routing number

\_\_\_\_\_  
Account number

\_\_\_\_\_  
Additional wire instructions

## 6 Review Services Available to You

Any **one** authorized signer may transact by telephone, 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.

## 7 Provide Your Investment Selection

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** (see prospectus for fund minimum requirements). To open additional accounts, attach a separate piece of paper with your instructions.

|                     |                  |        |
|---------------------|------------------|--------|
|                     |                  | \$     |
| Fund name OR Ticker | Class of shares* | Amount |
| <hr/>               |                  |        |
|                     |                  | \$     |
| Fund name OR Ticker | Class of shares* | Amount |
| <hr/>               |                  |        |
|                     |                  | \$     |
| Fund name OR Ticker | Class of shares* | Amount |

Send dividend and capital gain distributions by check. (Distributions will be reinvested unless this box is checked.)

\* Please indicate Investor, Institutional, A, C, R, R6 or Advisor Class shares. Insurance companies with a valid selling agreement may choose the previously mentioned Class shares as well as Class I and Class II of the Variable Portfolio Funds.

### 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*.

## 8 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.
- Certain group employer-sponsored retirement plans, where plan level or omnibus accounts are held with the fund, or shares are purchased by certain retirement plans that are part of a retirement plan or platform offered by banks, broker dealers, financial advisors or insurance companies, or serviced by retirement recordkeepers. See the prospectus for additional details.

## 9 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:

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Account number

Account number

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Account number

Account number

## 10 Sign Your Name and Date

**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 bank or trust company, acting as trustee, a vice president or above** must sign and state his or her title.
- **For a bank or trust company, acting as agent/custodian, a vice president or above and the account owner** must sign and state his or her title. Please include a copy of the agency agreement.
- **For a nominee**, one partner must sign with the word "partner" following his or her signature.
- **On behalf of a corporation**, the undersigned hereby certifies that the undersigned is duly authorized to execute this form.
- **For Retirement Plan Trusts**, ALL trustees must sign with the word "trustee" following each 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 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.

**Step 10 continued on page 6**

## Sign Your Name and Date Below (continued)

- 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.
- **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](http://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.

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Printed name and title



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For a bank acting as agent, account owner must sign below.**

\_\_\_\_\_  
Printed name and title



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date