Account Application for SEP, SARSEP and SIMPLE IRA Investors

American Century Investments®

SSBT

- Use this application to establish an A, C, Investor or Advisor Class Retirement Plan account through a Financial Professional or a member of his or her staff.
- If you are a non-resident alien, call us before completing this application.
- **If you are an employer establishing a new SIMPLE IRA or SEP IRA plan for your business, you also must adopt an appropriate plan document.**

SIMPLE IRA plan employers: If you have not already adopted a SIMPLE plan, consider adopting the IRS Model SIMPLE plan by completing IRS Form 5305-SIMPLE. This form is available at americancentury.com or by calling us.

SEP IRA plan employers: If you have not already adopted a SEP plan, consider an American Century Investments® SEP prototype plan. The documents are available at americancentury.com or by calling us. Or, you may adopt the IRS Model SEP plan by completing IRS Form 5305-SEP available at irs.gov.

Please print clearly in CAPITAL letters using black ink and sign in step 10. We cannot accept this application by fax.

If you have questions about this application, please call us at 1-800-378-4998.

1 Select Type of Account

Choose only one: ☒ SEP IRA ☐ SIMPLE IRA ☐ SARSEP IRA

If you would like to open more than one type of IRA, complete a separate application for each type.

2 Provide Information About Yourself

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

Street address (No P.O. or Private Mail Boxes permitted.) | Apartment/Unit

City | State | ZIP

Mailing address (If different from above; P.O. or Private Mail Boxes permitted.) | Apartment/Unit

City | State | ZIP

Telephone number (daytime) | Telephone number (evening)

Email address

3 Provide Responsible Individual Information

If the IRA is for a minor, we require information about the Responsible Individual to help us service and maintain the account.

First name | Middle initial | Last name

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

Complete the address portion only if the Responsible Individual's street address is different from the street address for the minor.

Street address (No P.O. or Private Mail Boxes permitted.) | Apartment/Unit

City | State | ZIP

4 Provide Your Employer Information

American Century Investments Plan ID (if known)

Employer's name

Specific type of business or profession (i.e., healthcare equipment, financial consulting, computer hardware, etc.)

Address

City | State | ZIP

Telephone number

Employer's contact email address

5 Indicate the Source of Your Investment

For SEP and SARSEP IRA Investors Only

My initial investment is:

☐ A SEP IRA contribution for **tax year** ________________

☐ A SARSEP IRA contribution for **tax year** ____________

☐ A transfer or rollover from a:

- ☐ SEP IRA
- ☐ SARSEP IRA
- ☐ Traditional IRA
- ☐ Governmental 457(b) plan
- ☐ 403(b) or other qualified retirement plan [for example, 401(k), profit sharing or money purchase pension]

Note: Roth IRA, Roth 401(k), Roth 403(b) and Roth 457(b) assets cannot be rolled over to a SEP or SARSEP IRA.

Funds rolled over from an employer-sponsored retirement plan ("rollover assets") can be kept in a separate account, typically designated as a Rollover IRA. Doing so allows you the option of returning the rollover assets to a qualified plan in the future. Combining rollover and other IRA assets together may cause you to forfeit the option of moving the rollover assets to another employer-sponsored retirement plan in the future. Additionally, a qualified retirement plan distribution that is eligible for special tax treatment under an income-averaging or capital gains election will maintain this eligibility if you keep the money in a separate Rollover IRA. If you do not wish to preserve the option to return your rollover assets to an employer sponsored plan in the future or to maintain the assets' eligibility for special tax treatment (when applicable), please check the box below.

☐ I have read the above explanation and understand the consequences of combining rollover assets with other IRA assets. By checking this box, I authorize American Century Investments to combine my 403(b), 457(b) or other qualified retirement money with my SEP or SARSEP IRA.

For SIMPLE IRA Investors Only

Please indicate below whether American Century Investments is the Designated Financial Institution for your company's SIMPLE IRA plan. A Designated Financial Institution receives **all** contributions made to the SIMPLE IRA plan. American Century Investments is the Designated Financial Institution **only** if your employer has completed IRS Form 5305-SIMPLE. **Please contact your employer to determine whether it has completed this specific form.**

If no election is made, we will assume American Century Investments is <u>not</u> the Designated Financial Institution.

☐ My employer has **not** completed IRS Form 5305-SIMPLE provided by American Century Investments. American Century Investments is **not** the Designated Financial Institution for my company's SIMPLE IRA plan.

☐ My employer has completed IRS Form 5305-SIMPLE and named American Century Investments as the Designated Financial Institution for my company's SIMPLE IRA plan.

My initial investment is:

☐ Employer contribution for **tax year** ____________________ $ ____________________
Amount

☐ Employee deferral for **tax year** ____________________ $ ____________________
Amount

☐ A rollover or transfer from another SIMPLE IRA ____________________
Date of your first contribution to the SIMPLE IRA plan (month-day-year)

6 Provide Your Investment Instructions

Initial and Future Investments

Make your fund selections for your initial and future contributions and indicate the percentage you want allocated to each fund.

- I direct American Century Investments to open my account in the fund(s) indicated. However, if I do not specify a fund, I request a fund that is not available for this account, or my allocations do not total 100%, by submitting this application, I direct that portion of my account to be opened in a target-date fund based on my birth date and an assumed retirement age of 65.

  A target-date fund invests in a variety of underlying asset classes and investment styles. The asset mix and weightings of these underlying investments are automatically adjusted over time to be more conservative as your assumed retirement date approaches. Please note, however, that the principal value of your investment is not guaranteed at any time, including at the target date.
- I understand that by opening this account in a target-date fund, as described in this section, American Century Investments is not advising or recommending that fund or any particular investment strategy. Also, American Century Investments is not making any suitability determination based on my individual situation and is not acting in a fiduciary capacity with respect to my interests or my investment decisions.

For more information about target-date funds or to receive investment advice, please contact your financial professional.

You may invest only in a fund for which you have a current prospectus. Please call us to request a prospectus or download one from americancentury.com. Please read a fund's prospectus carefully before investing.

Please use the full fund name. To select additional funds, attach a separate piece of paper with your instructions.

Fund name	Percentage
	%
	%
	%
Total Percentage	**100** %

Establish Automatic Monthly Investments (optional)

If you are a self-employed individual for a SEP or SIMPLE IRA, you can set up an automatic investment to invest directly from your bank account. Note: If you are an employee participating in a SIMPLE or SARSEP IRA, you must set up employee contributions through your employer.

Complete the information below and include a voided preprinted check to start your automatic investment. We'll invest your automatic investment according to the instructions you provide above.

Automatic investment is for:

☐ SEP contribution $______________________

☐ SIMPLE contribution (check all that apply)

☐ Employer contribution $______________________

☐ Employee salary deferral $______________________

We'll 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'll make the investment on the prior business day.

____

Start date (month-day-year)

You can change your automatic investment or investment allocation instructions at any time. Please allow up to five days for changes to be effective.

7 Review Services Available to You

How to Manage Your Account

As account owner, you may transact by telephone, in writing or online. 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. Please review the *Service Options* flyer accompanying this application for information about services and the fees and charges that might apply.

8 Designate Your Beneficiaries

Read before you complete your designation

- Provide all information requested. **You must sign and date in step 10 to make your designation effective.**
- If you are married, spousal consent may be required. Please see page 8 for details.
- If a trust is your beneficiary, consult your attorney and submit a copy of the title page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- American Century Investments will pay benefits only to those beneficiaries living at the time of your death. If you wish to include per stirpes instructions, do not complete this section. Call us for instructions.

If you already have a designation on file with us

- This designation replaces any you have on file for assets held in the same type of IRA* you are opening with this application. If you do not name a beneficiary here, your existing designation for the same type of IRA* will apply.

Applying your designation

Unless you check the box below, this designation will also replace any you have on file for assets held in all other retirement plans you currently have invested with us except qualified retirement plans. To designate beneficiaries for a qualified retirement plan, please contact your employer for instructions.

Retirement plans only include: Traditional/Rollover IRA*, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary Accounts [Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b) and 457(b) assets for which you were named the beneficiary].

If your designation will also apply to a 403(b) and your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), your marital status impacts your beneficiary designation and may require your spouse's consent. Please see page 8 for details.

☐ I **DO NOT** want the designation below to also apply to all retirement plans (listed above) I currently hold with American Century Investments. I understand that this designation will ONLY apply to the retirement plans for which I am opening with this application. Any designations I have on file for existing plans I hold with American Century Investments will not be changed.

To designate more than three beneficiaries, or unique beneficiaries for multiple retirement plans you hold with us, visit americancentury.com/bene.

* Updates to a Traditional IRA designation also apply to a Rollover IRA and vice versa. A Rollover IRA is a Traditional IRA that only contains assets rolled over from a former qualified retirement plan.

Step 8 continued on page 6

Designate Your Beneficiaries (continued)

Primary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than three primary beneficiaries, photocopy this page and attach it.** If any of your primary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining primary beneficiaries.

In the event of my death, distribute the balance of my IRA to:

Primary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number Trust's Tax ID number

Street address Apartment/Unit

City State ZIP

Date of birth or trust agreement (month-day-year) Relationship to you

Indicate Percentage for this Beneficiary

__________%

Primary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number Trust's Tax ID number

Street address Apartment/Unit

City State ZIP

Date of birth or trust agreement (month-day-year) Relationship to you

Indicate Percentage for this Beneficiary

__________%

Primary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number Trust's Tax ID number

Street address Apartment/Unit

City State ZIP

Date of birth or trust agreement (month-day-year) Relationship to you

Indicate Percentage for this Beneficiary

__________%

Total must equal 100%

If you do not indicate percentages, American Century Investments will pay benefits in equal shares

Step 8 continued on page 7

Designate Your Beneficiaries (continued)

Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than three secondary beneficiaries, photocopy this page and attach it.** If any of your secondary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining secondary beneficiaries.

If the primary beneficiaries listed in this designation are not living at the time of my death, distribute the balance of my IRA to:

Secondary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number　　Trust's Tax ID number

Street address　　Apartment/Unit

City　　State　　ZIP

Date of birth or trust agreement (month-day-year)　　Relationship to you

Indicate Percentage for this Beneficiary

__________%

Secondary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number　　Trust's Tax ID number

Street address　　Apartment/Unit

City　　State　　ZIP

Date of birth or trust agreement (month-day-year)　　Relationship to you

Indicate Percentage for this Beneficiary

__________%

Secondary beneficiary's name or name of trust

Name of trustee (if applicable)

OR

U.S. Social Security number　　Trust's Tax ID number

Street address　　Apartment/Unit

City　　State　　ZIP

Date of birth or trust agreement (month-day-year)　　Relationship to you

Indicate Percentage for this Beneficiary

__________%

Total must equal 100%

If you do not indicate percentages, American Century Investments will pay benefits in equal shares.

9 Obtain Your Spouse's Consent (if applicable)

If your spouse has NOT been named as the sole primary beneficiary, spousal consent may be required.

It is the account owner's responsibility to determine if spousal consent is required and to ascertain if the language on this form satisfies applicable state statues. American Century Services, LLC, State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from your failure to provide spousal consent.

Generally, notarized spousal consent is required if:

- Your account is a retirement account and you live in a community property state. -OR-
- Your account is a 403(b) that is subject to the Qualified Preretirement Survivor Annuity (QPSA) requirement of ERISA. Under this provision, if you are married or later become married and your spouse is not named as sole primary beneficiary, your designation will not be valid unless your spouse has provided consent with notarization, regardless of whether you live in a community property state. Check with your employer to determine if your plan is subject to this provision.

As the spouse, by signing my name below, I acknowledge that:

Spousal Consent

- I have read this IRA application and understand that my spouse did NOT designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this IRA application and understand that if I were to decline to sign this consent, as the account owner's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's death.
- For 403(b) Spouses: I have read and understand the explanation and waiver of QPSA provided by my spouse's employer; I understand the financial effect of my spouse's election to waive the QPSA and I waive all rights to a QPSA under my spouse's 403(b) plan.

Name of Spouse (please print)

Spouse's signature **Date**

Acknowledgement

This section must be completed by a notary public.

State of County of

On this ______ day of ________________________ , _________, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

Notary public's signature **(Seal) Commission expires (month-day-year)**

Please make sure you sign and date this application in step 10.

10 Sign Your Name and Date

Please sign exactly as your name appears in step 2. If this account is an IRA for a minor, the Responsible Individual must sign.

Please make your check payable to American Century Investments. We cannot accept third-party checks.

- I have received and read the ***SEP, SARSEP or SIMPLE IRA Disclosure Statement and Custodial Agreement,*** whichever is appropriate for the account I am opening.
- I am of legal age, or I am accepting the appointment as Responsible Individual for the IRA that is being established for an individual who is a minor.
- I authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my instructions provided herein. I understand that I am authorized to transact business on this account by telephone, online, 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.
- I have read and agree to the terms and conditions stated in the ***Service Options,*** which is incorporated into this application.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I'm investing.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- In consideration of American Century accepting this account application, I 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 may sustain as a result of their acting on transaction instructions they believe to be genuine.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by me online, by telephone, 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 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.
- If I am making a rollover deposit to this IRA, I hereby certify that the funds are eligible for rollover and I irrevocably elect to treat the distribution I received from my prior plan as a rollover contribution.
- I understand that the beneficiary designation submitted herewith is not revoked or changed by any provision of my will, personal trust or other separate agreement (e.g., prenuptial agreement or divorce settlement agreement). I acknowledge that only beneficiary revocations or designations filed with and accepted by American Century are considered valid and enforceable.
- I acknowledge that State Street Bank and Trust Company and American Century shall not be liable for any tax or other consequences in connection with contributions to my IRA.
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires 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.
- I authorize my Financial Professional and their advising firm to have access to my account and to act on my behalf with respect to my accounts. This authority includes purchases, redemptions, transfers and exchanges.

If you are applying a new designation of beneficiary to all your accounts, please note:

For Investors Who Also Have a 403(b)

By signing this form, you acknowledge that if you are married at the time of your death, your surviving spouse is not designated as your sole primary beneficiary, and the plan is subject to the QPSA requirements of ERISA, this designation of beneficiaries will not be valid unless your surviving spouse has waived the QPSA (on a form provided by your employer) and consented to this beneficiary designation (step 8 of this form).

For All Account Owners

- Be sure to obtain spousal consent in step 9, if necessary.
- Review and update your designation periodically, especially if there is a change in your family status (marriage, divorce, adoption of children, death of a family member) or if the information for a beneficiary changes. In the event of a divorce, a designation of a former spouse may not be valid unless you re-designate your former spouse by submitting a new beneficiary form after the divorce is final.

Upon acceptance by American Century Investments, your designation revokes all previous beneficiary designations for the account you selected in step 1. You may change your beneficiaries at any time and the change is effective when the Custodian and plan administrator, if applicable, receives and accepts it. If your designation is not accepted, any prior designation will remain in effect.

Provide Financial Professional information in steps 11, 12 and 13.

Step 10 continued on page 10

Sign Your Name and Date Below (continued)

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.

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.

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 **Signature** **Date**

Custodian Acceptance. State Street Bank and Trust Company will accept appointment as Custodian of your account. However, this Agreement is not binding upon the Custodian until you have received a statement confirming the initial transaction for the account. Receipt by you of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of your account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

11 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 12.

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

Indicate share class selected for plan. ☐ A* ☐ C* ☐ Advisor

*Load waivers not available — see *Statement of Additional Information.*

12 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

Note: Plans will be established using Investor Class Shares only.

Step 12 continued on page 12

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

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

13 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 step 2 of the Account Application in accordance with the authorization listed above.

Printed name of Financial Professional/RIA Signature of Financial Professional/RIA Date

American Century Investment Services, Inc., Distributor

BR-APP-95826-SEP-L 2411

American Century Investments
P.O. Box 419746
Kansas City, MO 64179-1030
1-800-378-4998
americancentury.com