

Designate a Primary Death Beneficiary (continued)

Primary Death Beneficiary's name

Relationship to Designated Beneficiary

_____%
Percentage

U.S. Social Security number

Date of birth

U.S. citizen

U.S. permanent resident

Street address

Apt./Unit/PMB

City

State ZIP

Telephone number (daytime)

Telephone number (evening)

3 Designate a Secondary Death Beneficiary

American Century Investments will pay benefits only to those Secondary Death Beneficiaries who are living at the time of the Designated Beneficiary's death. If you do not indicate percentages, or the percentages do not total 100%, American Century Investments will pay benefits in equal shares. If any of the Secondary Death Beneficiaries are not living at the time of the Designated Beneficiary's death, we will divide the benefits proportionately among the remaining Secondary Death Beneficiaries. **Please complete all information requested.**

If none of the Primary Death Beneficiaries are living at the time of the Designated Beneficiary's death, pay the balance of the CESA to:

Secondary Death Beneficiary's name

Relationship to Designated Beneficiary

_____%
Percentage

U.S. Social Security number

Date of birth

U.S. citizen

U.S. permanent resident

Street address

Apt./Unit/PMB

City

State ZIP

Telephone number (daytime)

Telephone number (evening)

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Designate a Secondary Death Beneficiary (continued)

Secondary Death Beneficiary's name

Relationship to Designated Beneficiary

_____%

Percentage

____-____-____

U.S. Social Security number

____-____-____

Date of birth

U.S. citizen

U.S. permanent resident

Street address

Apt./Unit/PMB

City

State ZIP

____-____-____

Telephone number (daytime)

____-____-____

Telephone number (evening)

4 Signature

- If the Designated Beneficiary has not attained the age of majority, the Responsible Individual must sign.
- If the Designated Beneficiary has attained the age of majority and the Responsible Individual has been removed, the Designated Beneficiary must sign.

I hereby revoke every previous designation of Death Beneficiary for this CESA. I understand that I may change the Death Beneficiary at any time, and that the change is effective when received in writing and accepted by American Century Services, LLC.

Signature

____-____-____

Date

American Century Services, LLC

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