

# Brokerage Corestone Account® Application



Use this application to upgrade your existing standard brokerage account to a Corestone Account. You also may add CheckWriting and debit card services to your existing Corestone Account.

- There is a \$10,000 minimum balance for a brokerage Corestone Account, which may be met in cash, marginable securities or a combination of both. The value of the cash and marginable securities in your standard account will be applied toward the Corestone Account minimum balance.
- Corporate registered accounts are not eligible for upgrade.
- Read Section II of the *Customer Agreement* for more details about account services.
- Please keep a copy of this application for your records.

Please print clearly in **CAPITAL** letters using black ink and sign in step 5.

## 1 Provide Your Account Information

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Current American Century Investments® brokerage account number

Primary account owner or Trustee's first name

Middle initial

Primary account owner or Trustee's last name

## 2 Select Additional Account Services

### CheckWriting

I would like to establish CheckWriting on this account.

I would like to establish the Corestone Account for cost basis only. I do not want CheckWriting or a debit card on my account.

Upon receipt of your application, you will be issued checks drawn on The Bank of New York Mellon. Your initial order will include a checkbook cover, check register, deposit tickets and 40 free checks. Reorders cost only \$10 for 100 checks (includes a check register and deposit tickets).

The name and address that will appear on your checks will be taken from your brokerage account. You may add one additional line of information on your checks, such as your telephone number. Please indicate any additional information you would like to include (not to exceed 32 characters per line, including spaces).

You may choose not to include your address, by checking the box below, or include an additional line.

Do not include an address on my checks.

Include:

Optional additional information (e.g., telephone number)

### Visa® debit card (optional)

I would like to establish Visa® debit card(s) on this account (please complete step 5).

**Step 2 continued on page 2**

## Select Additional Account Services (continued)

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### BillSuite™ (optional – available for Corestone Accounts with CheckWriting that are domiciled in the U.S.)

BillSuite enables you to view, pay and manage bills online. BillSuite is available for all Corestone Accounts that have CheckWriting at no additional charge. You may use this service by going online to your brokerage account at [americancentury.com/brokerage](http://americancentury.com/brokerage). For questions please contact us at 1-888-345-2071.

I would like to establish BillSuite on this account.

## 3 Review Fees That May Apply to Your Account

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We may charge an annual fee to your Corestone Account based on the dollar amount of assets in your account.

- Accounts with balances less than \$50,000 will be subject to a \$100 annual fee.
- Priority Investors and accounts with total asset balances of \$50,000 or more will not be subject to an annual fee.

## 4 To Add Additional Signatures (for checks only)

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If you have an individual or joint account and would like to add other signatories (for individuals who are not listed on the account registration), please have the additional signatories provide all information and sign below. **The primary account owner must also sign below to authorize the addition of these other signatories.** All information is required.

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Printed name	Tax ID/SSN	Mother's maiden name/OR Code name (max. 13 characters)	Additional signer's date of birth
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 Additional signatory signature

Date

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Printed name	Tax ID/SSN	Mother's maiden name/OR Code name (max. 13 characters)	Additional signer's date of birth
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 Additional signatory signature

Date

### Primary Account Owner's Authorization - SIGNATURE REQUIRED

As the primary account owner, I authorize the additional signatories on this application by signing below.

 Primary account owner signature

Date

## 5 Read and Sign Your Name

- To open an American Century Investments brokerage Corestone Account, please read the following section carefully and sign where indicated.
- I hereby authorize that American Century Brokerage open an American Century Investments brokerage Corestone Account with Pershing LLC ("Pershing") for and under my brokerage account number as indicated above. I further authorize PNC Bank, N.A. to issue Visa® debit card(s), and The Bank of New York Mellon to issue checks as indicated on this application. Prior to signing below, I have received and read Section II of the *Customer Agreement*, as currently in effect and as amended from time to time, which governs my Corestone Account and associated debit card, CheckWriting and related services, and I agree to be bound by such *Customer Agreement*.
- Interest on debit balances will be charged and compounded in accordance with the Corestone Account Agreement, as applicable.
- This agreement, with respect to all portions of the American Century Investments brokerage Corestone Account, including interest charges on loans Pershing may make to me, will be governed by and interpreted under the laws of the State of New York. The terms of my agreement with PNC Bank, N.A. are governed by Pennsylvania law.
- By signing this application, I accept the terms of the enclosed Corestone Account Agreement, *Brokerage Fees and Commissions* flyer, and BillSuite program rules where applicable.

**Account Owners and Authorized Persons Signatures: All account owners (for individual and joint accounts) or the authorized person(s) (for trusts or other entity accounts) must sign below and agree to the terms of the account.**

**I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN SECTIONS B.23 AND B.24, PAGE 14, AND SECTIONS 20 AND 21, PAGE 32, IN THE *CUSTOMER AGREEMENT*. I ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.**

_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printed name (max. 21 characters)	Tax ID/SSN	Mother's maiden name/OR Code name (max. 13 characters)	Date of birth	Debit card



**Account owner/Authorized person signature**

**Date**

_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printed name (max. 21 characters)	Tax ID/SSN	Mother's maiden name/OR Code name (max. 13 characters)	Date of birth	Debit card



**Account owner/Authorized person signature**

**Date**

**If there are more Account Owners and Authorized Persons, please provide the necessary information and signatures on a duplicate signature page.**