

Decedent Account Instruction Form



Complete this form to reregister or transfer a decedent's account(s). To exchange or redeem, you may attach signed written instructions or call us after the account has been reregistered/transferred.

1 Provide Information About the Decedent

Decedent's first name _____ Middle initial _____ Decedent's last name _____

Decedent's date of death (month-day-year) _____ Decedent's U.S. Social Security number (if known) _____

Type of account held by decedent:

- Individual Account (continue to step 2)
- Joint Account (skip to step 3)
- Personal Trust Account (skip to step 4)

List the account numbers (if known): _____

2 Individual Account

If you indicated Individual Account in step 1, complete this step. Mark the box next to option A or B. Please provide all of the information requested about the estate or heir(s).

A. Transfer the assets to an account registered to the decedent's estate.

Name of estate _____ Estate's Tax ID number
(not the decedent's SSN) _____

Executor/personal representative's name(s) _____

Telephone: (daytime) _____ (evening) _____ Email _____

Street address _____ City _____ State _____ ZIP _____

- Check this box if, as personal representative, you wish for us to immediately redeem the new estate account(s) and send a check to the above address. If you do not check the box, you may request a redemption at a later date by calling or sending signed written instructions.

Step 2 continued on page 2

Individual Account (continued)

- B. Transfer the assets to a non-estate account for each heir.** If percentages are not indicated, we will distribute equally. If there are more than two heirs, attach a separate page with information about each additional heir and the percentage to be allocated. An application may be required from each additional heir, or from an heir listed below who does not sign this form. If this situation applies, please call us for instructions.

Name	Percentage
U.S. Social Security number (required) _____ Date of birth (mm-dd-yyyy) _____	
Citizenship (check one): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Non-resident alien	
Telephone: (daytime) _____	(evening) _____ Email _____
Street address _____	City _____ State _____ ZIP _____

Name	Percentage
U.S. Social Security number (required) _____ Date of birth (mm-dd-yyyy) _____	
Citizenship (check one): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Non-resident alien	
Telephone: (daytime) _____	(evening) _____ Email _____
Street address _____	City _____ State _____ ZIP _____

3 Joint Account

If you indicated **Joint Account** in **step 1**, complete this step. Mark the box next to option A or B. A **new account number** will be assigned when shares are reregistered to allow for proper cost basis reporting.

A. **Reregister as an individual account in my name as the surviving owner.**

Name

U.S. Social Security number (required)

Date of birth (mm-dd-yyyy)

Citizenship (check one): U.S. citizen U.S. resident alien Non-resident alien

Telephone: (daytime)

(evening)

Email

Street address

City

State

ZIP

B. **Reregister as a joint account.** Indicate the owners for the account. If there are more than two owners, attach a separate page with information about additional owners. The account will be registered as joint tenants with rights of survivorship ("JTWROS"). If you'd like a different registration type, please include written instructions.

Taxable owner

Name

U.S. Social Security number (required)

Date of birth (mm-dd-yyyy)

Citizenship (check one): U.S. citizen U.S. resident alien Non-resident alien

Telephone: (daytime)

(evening)

Email

Street address

City

State

ZIP

Joint owner

Name

U.S. Social Security number (required)

Date of birth (mm-dd-yyyy)

Citizenship (check one): U.S. citizen U.S. resident alien Non-resident alien

Telephone: (daytime)

(evening)

Email

Street address

City

State

ZIP

4 Personal Trust Account

If you indicated **Personal Trust Account** in step 1, complete this step to update the trustees and trust taxpayer identification number (Tax ID number). If the decedent was a grantor/settler, a **new account number** will be assigned when shares are reregistered to allow for proper cost basis reporting. Provide information about all current trustees, including surviving trustee(s) who are authorized to act; attach a separate page if needed.

Name of Trust

Trust date (mm-dd-yyyy)

Trust Tax ID number

Trustee

Name of Trustee

U.S. Social Security number (required)

Date of birth (mm-dd-yyyy)

Citizenship (check one): U.S. citizen U.S. resident alien Non-resident alien

Telephone: (daytime)

(evening)

Email

Street address

City

State

ZIP

Co-Trustee (if applicable)

Name of Co-Trustee

U.S. Social Security number (required)

Date of birth (mm-dd-yyyy)

Citizenship (check one): U.S. citizen U.S. resident alien Non-resident alien

Telephone: (daytime)

(evening)

Email

Street address

City

State

ZIP

5 Review Fees and Services

Account Maintenance Fee

If your total investments are below a certain threshold, your account will be subject to an account maintenance fee. Refer to the *Service Options* flyer for details about this fee, including how you can have the fee waived.

How to Manage Your Account

As the registered owner of this account, you may transact by telephone, by fax, 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. For descriptions and the terms and conditions that apply to all the options offered, see *Service Options* flyer accompanying this application.

Indicate How You Want to Receive Investor Documents

We generally deliver a single copy of fund documents (like shareholder reports, proxies and prospectuses) to investors with the same last name who share an address. These investors may also receive account-specific documents (like statements) in a single envelope. If you prefer to receive your documents addressed individually, check the box below. If you do not check the box, you are consenting to shared household delivery of fund and account-specific documents.

I do not consent to shared household delivery of my documents.

Review Fees and Services (continued)

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 or you may change your method online after your account is established.

6 Sign Your Name and Date

Provide the appropriate signatures. Each individual must certify his or her U.S. Social Security number and backup withholding status (trustees certify the trust Tax ID number).

- I am (We 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 am (we are) investing.
- I (We) have read and understand the *Service Options* flyer, which is part of this form by reference.
- 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.
- **Trust Accounts:** By signing this form and providing American Century Investments with the most recent trust documentation, I/we certify that the trustee(s) listed on this form are all of the trustees authorized to act at this time in accordance with the most recent trust document, including all amendments and/or restatements. The trust exists under applicable state laws, and I/we, the trustee(s), certify to American Century Investments that the trust has not been revoked, modified, or amended in any manner that would cause the representations contained on this form and in the trust documentation provided to be incorrect.
- 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 any account owner or trustee is authorized to transact business on this account by telephone, online, 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 Tax ID number shown on this form.
- In consideration of American Century accepting this form, 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 account owner or trustee online, 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.
- **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 U.S. Social Security number that you provide in this form. In some instances, we may request additional documentation.

Who Must Sign	Signature Guarantee Requirements
<p>Individual Account, Probated Estate: The executor/personal representative must sign. If transferring to non-estate accounts for heirs, the heirs must also sign.</p> <p>Individual Account, Non-Probated Estate: The heirs must sign.</p>	<p>The heir's signature must be guaranteed if the estate is not probated, the heir is transferring to an account that is not registered in his or her name alone, and the transfer amount is \$100,000 or more.</p>
<p>Joint Account: The surviving owner must sign. If there is a new joint owner, the new owner must also sign.</p>	<p>If the surviving owner is adding a new joint owner or transferring assets to an account not registered with the surviving owner as an owner, and the transfer is \$100,000 or more, the surviving owner's signature must be guaranteed.</p>
<p>Personal Trust Account: All trustees authorized to act at this time must sign (include surviving trustees who are still authorized to act, as well as any new trustees).</p>	<p>A signature guarantee is required if transferring to a new trust or non-trust account and the transfer is \$100,000 or more.</p>

Step 6 continued on page 6

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.

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.



Signature of Account Owner, Executor or Trustee

Date

Printed name

Medallion Signature Guarantee Stamp (if required)

* **Signature Guarantee:** A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The guarantor must be a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. The guarantee must be an **original** ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person. If you are required to get a signature guarantee, acknowledgement by a notary public is not acceptable.

Place Medallion Signature Guarantee Stamp below (if required).

Please use the following pages to provide additional signatures, as needed.

Step 6 continued on page 7

***** Upon completion, please return all 8 pages of this form to us. *****

Sign Your Name and Date Below (continued)

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Signature of Account Owner, Executor or Trustee

Date

Printed name

Place Medallion Signature Guarantee Stamp below (if required).

Step 6 continued on page 8

******* Upon completion, please return all 8 pages of this form to us. *******

For Overnight Deliveries:

American Century Investments
801 Pennsylvania Avenue, Ste 419200
Kansas City, MO 64105-1307

American Century Investments
P.O. Box 419200
Kansas City, MO 64141-6200
1-800-422-3301
americancentury.com

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.

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Kansas City, MO 64105-1307

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1-800-422-3301
americancentury.com