

# IRA Application

for Traditional IRA, Roth IRA and Rollover IRA Investors  
using a Financial Professional



SSBT

Individual retirement accounts are available only to U.S. citizens and U.S. resident aliens.

**Prefer to type your information?** A PDF of this application is available at [americancentury.com/advisors](http://americancentury.com/advisors) under "Support." Just download the application and fill it in electronically. When done, print the application, add your signature and the date signed and mail it to us. Electronic signatures are not acceptable.

**If you have questions, please call us at 1-800-378-9878.**

Please print clearly in CAPITAL letters using black ink and sign on page 12.

## 1 Select Account Type(s)

☐ Traditional IRA

☐ Rollover IRA

☐ Roth IRA

## 2 Provide Account Owner Information

First name

Middle initial

Last name

U.S. Social Security number

Date of birth (mm-dd-yyyy)

Citizenship:

☐ U.S. citizen **or**

☐ U.S. resident alien

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

City

State

ZIP

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

City

State

ZIP

( )

Telephone:

☐ Daytime

☐ Evening

☐ Cell

( )

Telephone:

☐ Daytime

☐ Evening

☐ Cell

Email address

### 3 Indicate Type of Investment

Mark the box next to the type of investment and provide the requested information. You agree that we can establish a Traditional, Roth and/or Rollover IRA based on the information you provide here, even if it does not match step 1.

☐ **Annual contribution** – Available for Traditional and Roth IRA only.

Invest as follows:	Traditional IRA: \$ _____ for tax year _____ Roth IRA: \$ _____ for tax year _____
Source of funds:	<input type="checkbox"/> Check included <input type="checkbox"/> Transfer* from Account #: _____

*\* This may be a taxable event. Please consult a tax advisor if you have questions. If the existing account has more than one owner or is not owned by the IRA owner, please attach transfer instructions signed by all owners of the existing account.*

☐ **Transfer from another financial institution.** Please complete a *Request to Transfer/Roll Over* form.

☐ **Rollover**

Invest as follows:	Rollover IRA: \$ _____ Traditional IRA: \$ _____ Roth IRA: \$ _____
Source of funds:	<input type="checkbox"/> Check included (60-day rollover) <input type="checkbox"/> Funds to follow from another financial institution.

☐ **Direct Rollover from an employer-sponsored retirement plan such as a pension, 401(k), profit sharing, 457(b) or 403(b) plan.** Contact your former employer for distribution paperwork.

Did you make Roth contributions under the plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, 100% were Roth <input type="checkbox"/> Yes, some were Roth	
Former employer name: _____ Telephone: (_____) _____	Anticipated distribution date (mm-dd-yyyy): _____ - _____ - _____

☐ **Convert an American Century Investments Traditional, Rollover, SEP or SARSEP IRA to a Roth IRA.**

Please also complete a *Roth IRA Conversion* form and return it with this application.

If you turn age 73 or older this year and your required minimum distribution (RMD) has not yet been withdrawn, please also complete an *IRA Required Minimum Distribution Request* form. Your entire RMD must be satisfied prior to the conversion.

## 4 Provide Your Investment Instructions

### Initial Investment

Provide your fund selection for your initial contribution, the share class, and the percentage or dollar amount allocated to each fund. We will use the same instructions for all IRA types established with this application. If you want different funds for different IRA types, or if you want to list more funds, please attach written instructions.

**You must meet fund minimums and 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](http://americancentury.com).**

A \$250 minimum initial contribution is required for Investor, A, C and Advisor Class shares.

Fund Name (please use the full name)	Share Class*	Dollar Amount or Percentage	
		\$	%
		\$	%
		\$	%

*\*Please indicate Investor, A, C or Advisor class shares.*

### Automatic Investments (Optional) — Available for Traditional and Roth IRAs only.

After you meet the fund minimum with your initial investment, you can invest automatically from your bank account into one or more of your accounts. We will use the bank account on your investment check unless you are not a registered owner of the bank account or you provide a voided preprinted check for another bank account you own.

We will make your investment on the 15th of each month, unless you specify another date below. If the date falls on a weekend or a holiday, we will make the investment on the next business day.

Start date: \_\_\_\_\_ (mm-dd-yyyy)

Amount (\$50 min)	Contribution Type	Share Class*	Fund Name
\$	Traditional IRA		
\$	Traditional IRA		
\$	Traditional IRA		
\$	Roth IRA		
\$	Roth IRA		
\$	Roth IRA		

*\*Please indicate Investor, A, C or Advisor class shares.*

To invest directly from your paycheck or government agency, call an Investment Consultant at 1-800-378-9878.

## 5 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 (includes their spouse or domestic partner and children, step-children, parents and 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.

## 6

## 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 my children under age 21 own shares of more than one fund from American Century Investments, which may entitle me/us to a reduced sales charge. Those account numbers are:

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

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

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

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

## 7

## Provide Responsible Individual Information (Traditional or Roth IRAs only)

If this IRA is for a minor, please provide the Responsible Individual's (R/I's) name. We require information about the R/I to help us service and maintain the account.

\_\_\_\_\_  
R/I first name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Last name

\_\_\_\_\_  
U.S. Social Security number

\_\_\_\_\_  
Date of birth (mm-dd-yyyy)

Citizenship:

☐ U.S. citizen **or**

☐ U.S. resident alien

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Mailing address (If different from above; P.O. or Private Mail Boxes permitted)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

(\_\_\_\_\_) \_\_\_\_\_

Telephone:

☐ Daytime

☐ Evening

☐ Cell

\_\_\_\_\_  
Email address

**Read before you complete your designation**

- Provide all information requested. You must sign and date in step 15.
- If you are married, spousal consent may be required. Please see step 9 for details.
- If a trust is your beneficiary, submit a copy of the title page, signature page, and trustee/successor trustee pages of the trust document.
- Benefits will be paid only to beneficiaries that outlive you. If you prefer benefits to be paid per stirpes, do not complete this section. Call us for instructions.
- If more than one type of IRA will be established with this application and you want different beneficiary designations for each, attach a separate page with instructions. Or, go to [americancentury.com/bene](http://americancentury.com/bene) after your accounts are established to update your designations.

**Applying your designation**

- This designation replaces any you have on file for assets held in the same type of IRA(s)<sup>1</sup> you are opening with this application. If you do not name a beneficiary here, your existing designation will apply.
- Unless you check the box below, this designation will also apply to all other retirement plans<sup>2</sup> you currently have invested with us, **except qualified retirement plans**.<sup>3</sup> If you have 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 step 9 for details.

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

<sup>1</sup> 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.

<sup>2</sup> Retirement plans include: Traditional IRA, Rollover IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary Accounts you own in these plans.

<sup>3</sup> To designate beneficiaries for a qualified retirement plan, please contact your employer for instructions.

***Step 8 continued on pages 6-7***

## Designate Your Beneficiaries (continued)

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

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

_____	_____	_____	Indicate Percentage for this Beneficiary  _____%
First name	Middle initial	Last name	
OR Trust or entity name			
_____	_____	_____	
Street address	City	State	ZIP
_____	_____	_____	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____	_____	_____	Indicate Percentage for this Beneficiary  _____%
First name	Middle initial	Last name	
OR Trust or entity name			
_____	_____	_____	
Street address	City	State	ZIP
_____	_____	_____	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____	_____	_____	Indicate Percentage for this Beneficiary  _____%
First name	Middle initial	Last name	
OR Trust or entity name			
_____	_____	_____	
Street address	City	State	ZIP
_____	_____	_____	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____	_____	_____	Indicate Percentage for this Beneficiary  _____%
First name	Middle initial	Last name	
OR Trust or entity name			
_____	_____	_____	
Street address	City	State	ZIP
_____	_____	_____	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

**If you do not indicate percentages, benefits will be paid in equal shares.**

Total must  
equal 100%

## 8 Designate Your Beneficiaries (continued)

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

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

First name	Middle initial	Last name	Indicate Percentage for this Beneficiary  _____%
OR Trust or entity name			
Street address	City	State ZIP	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

First name	Middle initial	Last name	Indicate Percentage for this Beneficiary  _____%
OR Trust or entity name			
Street address	City	State ZIP	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

First name	Middle initial	Last name	Indicate Percentage for this Beneficiary  _____%
OR Trust or entity name			
Street address	City	State ZIP	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

First name	Middle initial	Last name	Indicate Percentage for this Beneficiary  _____%
OR Trust or entity name			
Street address	City	State ZIP	
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

**If you do not indicate percentages, benefits will be paid in equal shares.**

Total must  
equal 100%

## 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 statutes. 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.

### Spousal Consent

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

- I have read the beneficiary section of this application and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to the beneficiary section of this 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 of your spouse's signature by a notary public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ (date) 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 printed name

\_\_\_\_\_  
Notary public's signature (Seal)

\_\_\_\_\_  
Commission expires (month-day-year)



## 10 Review Fees and Services

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As 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: Understand Your Services* accompanying this application.

## 11 Indicate How You Want to Receive Investor Documents

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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.

## 12 Provide Broker/Dealer Information

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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 13.

\_\_\_\_\_  
Broker/Dealer name

\_\_\_\_\_  
Financial Professional first name

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Street address of branch

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Telephone (daytime)

(\_\_\_\_\_) \_\_\_\_\_  
Fax number

\_\_\_\_\_  
Dealer number

\_\_\_\_\_  
Branch number

\_\_\_\_\_  
Rep number

\_\_\_\_\_  
Email address

**13****Provide RIA Information**

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**Section A:** This section should be completed by your Financial Professional who is acting as an RIA executing business directly with the fund.

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Firm name

---

RIA first name

Middle initial

Last name

---

RIA mailing address

---

City

State

ZIP

---

( )  
Telephone (daytime)

---

( )  
Fax number

---

IARD CRD number

---

Email address

**Section B:** If you are an RIA and are not affiliated with a Broker/Dealer Firm, then the Account Owner will grant you all transaction/maintenance authority on the account as described below.

- |                            |  |
|----------------------------|--|
| • Exchange shares          | • Request account information and statements of account      |
| • Redeem shares            | • Change dividend options                                    |
| • Change address of record | • Purchase shares  |
| • Change bank information  | • Establish CheckWriting (available only for Investor class) |

I hereby authorize the RIA and his/her firm to act on my behalf when transacting business, as authorized in Section B, on all existing and future American Century Investments accounts listed under the Social Security 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.

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Account Owner's signature

Date

**14****Signature of Financial Professional/RIA**

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

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Printed name of Financial Professional/RIA

---

Signature of Financial Professional/RIA

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.

If applicable, please make your check payable to American Century Investments. We cannot accept third-party checks.

- I have received and read the *Disclosure Statement and Custodial Agreement*.
- I am of legal age, or I am accepting the appointment of Responsible Individual for the IRA that is being established for an individual who is a minor.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I have read and understand the *Service Options flier*, which is part of this application by reference.
- I understand that providing my email address gives American Century Investments permission to send me information about products and services via email.
- 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, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all like registered 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 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 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 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 during my lifetime 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.

*Step 15 continued on next page*

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

**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 9 of this form).

**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).

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.



Account Owner's signature

Date

**Custodial Acceptance.** If all required forms and information are properly submitted, State Street Bank and Trust Company will accept appointment as Custodian of the Custodial Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Custodial Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated in the Depositor's Application will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

**STATE STREET BANK AND TRUST COMPANY, CUSTODIAN**

**For Overnight Deliveries:**

**American Century Investments**  
430 W. 7th St.  
Kansas City, MO 64105-1407

**American Century Investments**  
P.O. Box 419786  
Kansas City, MO 64141-6786

1-800-378-9878  
[americancentury.com](http://americancentury.com)