

# Rollover IRA Application



SAFHAR  
SSBT

Complete this form to activate the new IRA that was established for you and funded with money rolled over from your former employer's retirement plan. If we established a Rollover IRA and a Roth IRA for you based on the type of money that was rolled over, this application will apply to both types of IRA.

**Please print clearly in CAPITAL letters using black ink, complete all steps of the application and sign on page 4.**

**If you have questions, please call us at 1-800-345-2021.**

*Reminder: It's important to designate beneficiaries for your account. Please complete a beneficiary form (located in your kit) and return it with your application. You may update your beneficiary information at any time by logging in to your account at [americancentury.com](http://americancentury.com).*

## 1 Provide Information About Yourself

First name Middle initial Last name

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

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 than above; P.O. or Private Mail Boxes permitted.) Apartment/Unit

City State ZIP

Telephone number (daytime) Telephone number (evening)

Email address (Consider electronic delivery – our eCommunication service is a fast, timely and secure way to get your account information without all the paper. When you provide your email address, we will send you more information about this service and a link to enroll.)

## 2 Provide Your Investment Instructions

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Your retirement plan assets were rolled over to an account in the American Century® Prime Money Market Fund. To exchange the account(s) to a new fund, please indicate your fund selection below. **Understand that if you do not specify a new fund, or request one that is not available for this account, your assets will remain invested in Prime Money Market.**

**For a complete list of fund choices available, visit [americancentury.com](http://americancentury.com) (click "Products," then "Performance").**

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).

Please use the full fund name. To open additional accounts, or to provide different instructions for Rollover and Roth IRAs, attach a separate piece of paper with your instructions.

	%		\$
Fund name	Percentage	<b>OR</b>	Amount
	%		\$
Fund name	Percentage	<b>OR</b>	Amount

## 3 Review Fees and Services

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### 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 account owner, you may transact by telephone, 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 the *Service Options* flyer accompanying this application.

## 4 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.

**Please sign exactly as your name appears in step 1.**

- I have received and read the *Disclosure Statement and Custodial Agreement*.
- I am of legal age.
- 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* flyer, 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 online, by telephone, fax, in writing, or 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 acknowledge that State Street Bank and Trust Company and American Century Services, LLC shall not be liable for any tax or other consequences in connection with contributions to my IRA.

**Step 5 continued on page 4**

## Sign Your Name and Date Below (continued)

- **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.

### 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.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



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

Please mail all 4 pages of this application to the address shown below.