

# Account Instruction Form

For assets previously held by a deceased owner



New taxable individual account(s) were established for you as part of the estate transfer process. Please complete this form to certify your Social Security number and remove transaction restrictions from your new account(s). If your Social Security number is not certified, the IRS requires us to apply backup withholding to fund distributions paid to your account(s) and redemption proceeds.

Decedent's Name: \_\_\_\_\_

## 1 Provide Information About Yourself

\_\_\_\_\_  
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 City State ZIP

Telephone:  Daytime  Evening  Cell Telephone:  Daytime  Evening  Cell

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

## 2 Provide Your Instructions

Mark one of the boxes below.

- Leave the assets in my individual account. *(Default option)*
- Add an owner to my account. The account will be reregistered as joint tenants with rights of survivorship.

\_\_\_\_\_  
Joint owner's 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 City State ZIP

Telephone:  Daytime  Evening  Cell Telephone:  Daytime  Evening  Cell

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

- Redeem the assets and send me a check. To redeem only a portion, indicate an amount and the account number, if you have more than one account: \_\_\_\_\_

### 3 Sign and Date

- 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* flier, which is part of this form by reference. I/We understand and agree to the CheckWriting terms and conditions as stated in the *Service Options* flier, if I/we invest in a fund that offers CheckWriting.
- 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.
- 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 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 taxpayer identification 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, in writing by fax or mail, 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.
- If my account was established through a transfer on death (TOD) direction, I assert that there are no known disputes as to the persons entitled to a distribution under the TOD direction or the amount to be distributed to each person, and there are no known claims that would affect the TOD distribution.
- **Important Information About New Accounts:** A federal law, established to help stop the funding of terrorism and money laundering activities, required 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 application. In some instances, we may request additional documentation.

#### Certify Your Tax ID

For 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).

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 consent to any provision of this document other than the certifications required to avoid backup withholding.

**Please sign and date below. If you are adding an owner and the total value of your account(s) is \$100,000 or more, your signature must be guaranteed and this form must be mailed to us. It cannot be faxed.\***



Owner Signature

Date signed



Joint Owner Signature (if applicable)

Date signed

\*If a signature guarantee is required for the Owner's signature, affix stamp here. Notarization is not acceptable in lieu of a guarantee. The stamp must indicate "Signature Guaranteed/Medallion Guaranteed" and include the officer's signature and title.

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