Coverdell Education Savings Account Application



SSBT

Use this application to open a Coverdell Education Savings Account (CESA). As a reminder:

- Accounts are available only to U.S. citizens and U.S. resident aliens.
- Contributions may be made until the Designated Beneficiary's 18th birthday. Rollovers and transfers from other CESAs to this CESA may be accepted until the Designated Beneficiary's 30th birthday.
- Any amount remaining in the CESA after the Designated Beneficiary's 30th birthday must be withdrawn within 30 days.
- There are no age restrictions if the Designated Beneficiary is deemed to have special needs as defined by the IRS.

The Designated Beneficiary is the child or student for whom you are establishing this account.

If you have questions, please call us.

Please print clearly in CAPITAL letters using black ink.

Provide Information About the Designated Beneficiary (Child/Student)

Designated Beneficiary's first n	ame Mid	ldle initial Last	name	
		Citizenship:	U.S. citize	
U.S. Social Security number	Date of birth (mm-dd-yyyy		U.S. resid	ent alien
Street address (No P.O. or Priva	te Mail Boxes permitted)			
-				_ •
City			State	ZIP
Check here if this is a ne	:w address.			
Mailing address (If different from	m ahaya DO ar Briyata Mail E	Pavas parmittad)		
Mailing address (If different from	n above; F.O. or Frivate Mail E	ooxes permitted)		
City			 State	_ ·
<u>()</u>		()_		
Telephone:	☐ Evening ☐ Cell	Telephone:	☐ Daytime	☐ Evening ☐ Cell
Email address				

Please make a copy of this application as a record of your beneficiary.

Provide Information About the Depositor The Depositor is the person who establishes the account. The Depositor must sign in step 15. Depositor's first name Middle initial Last name U.S. Social Security number Date of birth (mm-dd-yyyy) Relationship to Designated Beneficiary (i.e., grandmother, grandfather, mother, father) Special Option (The Depositor must complete this section.) The Responsible Individual A. May \square or B. May Not \square (check one) change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) of the Internal Revenue Code in accordance with the Custodian's procedures. See Options for Removing Money in the Coverdell Education Savings Account Disclosure Statement and Custodial Agreement for more information. If neither A nor B is checked, option A will apply. Provide Information About the Responsible Individual The Responsible Individual is the person authorized to act on the CESA. This step must be completed if the Designated Beneficiary meets one of the following conditions: • Is under the age of majority (18 or 21, depending on state of residence) Has reached the age of majority but meets the definition of special needs under IRS guidelines The Responsible Individual must be a parent or legal guardian of the Designated Beneficiary. If the above conditions do not apply, you may not name a Responsible Individual. Leave this section blank and the Designated Beneficiary will be considered the Responsible Individual. Responsible Individual's first name Middle initial Last name 」U.S. citizen **or** Citizenship: U.S. resident alien U.S. Social Security number Date of birth (mm-dd-yyyy) 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 ☐ Daytime ☐ Evening Daytime L Evening Telephone: Telephone:

Email address

Designate a Successor Responsible Individual

incapacity of the Responsible Individual. Only a parent or legal guardian of the Designated Beneficiary may be named the Successor Responsible Individual. Successor Responsible Individual's first name Middle initial Last name U.S. Social Security number Date of birth (mm-dd-yyyy) Street address City State ZIP Daytime L Evening Daytime L Evening Telephone: Telephone: Email address **Select Your Investments** Fund names and minimums are available at americancentury.com. You may invest only in a fund for which you have a current prospectus. Please refer to the fund's prospectus for the minimum initial investment required to establish a CESA. ☐ Check here if you are making a CESA contribution. The maximum annual contribution for a CESA is \$2,000. \$ Fund name Class of shares' Amount (maximum \$2,000) Check here if you are rolling over funds from a family member's CESA or if you are transferring a CESA from another financial institution, custodian or trustee. If the funds are coming from another institution, you also must complete a Request to Transfer/Roll Over form. Fund name Class of shares* Amount (no maximum) *Please indicate Investor, A, C or Advisor class shares for CESA investments. **Establish Automatic Investments** Enclose a voided preprinted check if different from your investment check. Complete this section to establish an automatic investment plan from your bank account. We'll make your investment on the 15th of each month, unless you specify another start date. If the date you select falls on a weekend or a holiday, we'll make the investment on the next business day. Start date (month-day-year) \$

The Successor Responsible Individual is the person authorized to act in the event the death or

To invest directly from your paycheck or government agency, call us.

Class of shares*

Amount

Fund name

^{*}Please indicate Investor, A, C or Advisor class shares for CESA investments.

Designate New Beneficiary in Event of Death

You may designate a successor beneficiary to the Designated Beneficiary named in step 1. This person will receive the assets in the event of the Designated Beneficiary's death.

- If the Death Beneficiary is a member of the Designated Beneficiary's family and is under age 30 when the Designated Beneficiary dies, he or she will become the new Designated Beneficiary on the date of death.
- If both conditions described in the first bullet above are not met, the proceeds of the account must be distributed within 30 days of the date of death. If the distribution is not made within the required 30 days, it will be treated, for IRS purposes, as distributed on the last day of that period.
- This designation of beneficiary is effective when we receive it in writing and accept it.
- This designation of beneficiary revokes any prior designation for this CESA.

In	the event	of the Des	signated Ber	eficiary's	death, pay	v the	balance	of the	CESA 1	to:
	LIIC CYCIIL	OI LIIC DC	ignated bei	iciiciai y 3 '	ucalli, pa	y uic	Daiance	01 1110	ひしひへり	

Review Fees That May Apply t	o Your Account			
☐ Please check here if the beneficiary	named is a family member	:		
City		State	ZIP	
Street address				
U.S. Social Security number Date of b	oirth (mm-dd-yyyy)			
Beneficiary's first name	Middle initial	Last name		
Beneficiary's first name	 Middle initial	Last name		

8

American Century Investments® charges an annual \$25 account maintenance fee if your investments total less than \$10,000. See the Service Options flier for more details about this fee. The account maintenance fee does not apply if you are investing through a Financial Professional; however, other fees may apply.

Review Services Available to You

Any one authorized signer may transact by telephone, by fax, or in writing. We will establish these services based on your investment check unless you provide a voided preprinted check for another bank account.

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 want to receive individually-addressed investor documents at the same address.

If you are not using a Financial Professional, please proceed to step 14.



Provide Financial Professional Information/Limited Power of Attorney

Section A — This section should be completed by your Financial Professional.

Complete this step only if you invest through a Financial Professional. Otherwise, proceed to step 14.

Investment Advisory Firm or Broker/Dealer Firm name (exactly as it appears on group selling agreement) Financial Professional's first name Middle initial Last name Street address of firm City State ZIP Telephone (daytime) Fax number Dealer number Branch number Rep number IARD CRD number (for Registered Investment Advisors ONLY, as referenced on the firm's Form ADV with the SEC and/or the state) Email address Signature of Financial Professional — The Financial Professional, by signing below, hereby accepts the authority herein granted and agrees to act in the best interest of the Responsible Individual in carrying out the duties and responsibilities described herein until such time as said authorization is terminated by the Responsible Individual or until the death of the Responsible Individual, whichever occurs first. Printed name of Financial Professional Signature of Financial Professional Date

Important Note: The laws governing the Responsible Individual's state of residence may require the Financial Professional to have their signature notarized. Please consult with an attorney familiar with the appropriate state laws to make this determination.

Step 11 continued on page 6

11

Provide Financial Professional Information/Limited Power of Attorney (continued)

Section B — If you are a Registered Investment Advisor and are not affiliated with a Broker/Dealer Firm, then the Responsible Individual may grant you Limited Power of Attorney to act on their account(s) as described herein, by having their signature notarized below.

Complete the section below unless a separate Power of Attorney is provided. The undersigned hereby appoint(s) the firm named on this application to act on my (our) behalf in the manner indicated below. **Please cross out the powers you do not want your agent to have.**

1. Exchange shares

6. Establish telephone exchange and redemption authority

2. Redeem shares

- 7. Change dividend options
- 3. Change address of record
- 8. Purchase shares
- 4. Change bank information
- 9. Establish CheckWriting (available only for Investor class)

Doto

5. Request account information and statements of account

Dooponoible Individual's signature

If you have not crossed out any of the powers listed above, your Registered Investment Advisor will be authorized to transact business on your behalf, to execute any indemnification agreement required by American Century Investments, to exercise any of these powers and to conduct, on your behalf, any and all other business with American Century Investments which such investment advisor deems necessary and appropriate. Such powers do not include transferring ownership of shares.

The financial firm is authorized to act on all CESAs listed under the Social Security number shown in step 1 on which the Responsible Individual is acting on behalf of the Designated Beneficiary. American Century Investments may rely on the authority of the named financial firm and any representative thereof until it receives notification to the contrary.

Provide Notarization — The Responsible Individual's signature must be acknowledged by a notary public. The notary must be a disinterested third party not involved in the transaction or related to the party whose signature they are notarizing.

Responsible individuals signature Date		
Acknowledgemen	t — This section must I	be completed by a notary public.
State of	_ County of	
On this	_ day of	,, appeared before me in person,
the person whose s	signature appears above, tand acknowledged to me	to me personally known to be the person who executed the above that (s)he executed the same as his or her own free act and deed
Notary public's sign	ature (Seal)	Commission expires (month-day-year)
	s Charge on A Clas	
Complete this ste	p only if you invest thro	s Shares
Complete this step The initial charge or Registered representation	p only if you invest thro n A class shares may be vesentatives and other emplicity includes their spouse or other ended.	s Shares ugh a Financial Professional. Otherwise, proceed to step 14.
Complete this step The initial charge of Registered representation members, which of them, their sports Broker-dealer sports.	p only if you invest thro n A class shares may be vesentatives and other empiriculates their spouse or domestic partner, ponsored wrap program as	s Shares ugh a Financial Professional. Otherwise, proceed to step 14. waived for the following reasons (select one): bloyees of certain financial intermediaries (and their immediate family domestic partner and children, step-children, parents or step-parents

13

Reduced Sales Charge on A Class Shares

Complete this step only if you invest through a Financial Professional. Otherwise, proceed to step 14.

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	
		•		cluded from the aggregate amount. Also, charge will be adjusted.	
\square I am already investing under an existing Letter of Intent.					
Rights of Accum	nulation				
• 1	•	e 21 own shares o ales charge. Those		and in American Century Investments, are:	
Account number(s)					

Responsible Individual (or Designated Beneficiary) Signature and Date Signed

The Responsible Individual must sign below or, if the Designated Beneficiary is able to act on their own behalf (per step 3), the Designated Beneficiary must sign. Please sign exactly as your name appears on this application and include the date signed.

- I authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my instructions or those of my Financial Professional and their advising firm for the services 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 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 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 have read and agree to the terms and conditions stated in the Service Options, which is incorporated into this application.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I understand that neither American Century nor any affiliated company shall be responsible or liable for any damages related to online service including, but not limited to, those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure, telephone or interconnect problems, or other occurrences beyond their control.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by me online, by telephone, 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 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.

Responsible Individual's printed name	Signature	Date
Witness's printed name	Signature	Date
	,	

(required only if assigning a Successor Responsible Individual)

The witness can be any adult EXCEPT the individual designated as the Successor Responsible Individual.

15

Depositor Signature and Date Signed

The Depositor must sign below. Please sign exactly as your name appears in step 2.

- I have received and read the Coverdell Education Savings Account Disclosure Statement and Custodial Agreement. I am of legal age.
- I acknowledge that State Street Bank and Trust Company and American Century Investments shall not be liable for any tax or other consequences in connection with contributions to this CESA.
- 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 Investments 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.				
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.)				
I certify, under penalties of perjury, that:				
(1) The Designated Beneficiary's taxpayer identification number shown on this application is correct; and				
(2) The Designated Beneficiary is NOT subject to backup withholding because: (a) He/she is exempt from backup withholding, or (b) The Designated Beneficiary has NOT been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends (strike the word "NOT" in both parts of the sentence if you have received IRS notification) or (c) the IRS has notified the Designated Beneficiary that he/she is no longer subject to backup withholding; and				
(3) The Designated Beneficiary is 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.				
The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.				



Depositor's printed name

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 (and the Adoption 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 Adoption Agreement will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

Invest directly with American Century Investments

P.O. Box 419200 Kansas City, MO 64141-6200 1-800-345-2021 americancentury.com

Invest with a Financial Professional

P.O. Box 419786 Kansas City, MO 64141-6786 1-800-378-9878 americancentury.com/iua