

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- Any amount remaining in the CESA after the Designated Beneficiary's 30th birthday must be withdrawn within 30 days.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.

If you have questions, please call us.

Please print clearly in CAPITAL letters using black ink.

1 Provide Information About the Designated Beneficiary (Child/Student)

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

Designated Beneficiary'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

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

City · State · ZIP

Check here if the above address is a new address.

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

City · State · ZIP

()

Telephone: Daytime Evening Cell

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Telephone: Daytime Evening Cell

Email address

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

4 Designate a Successor Responsible Individual

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

()

Telephone: Daytime Evening Cell

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Telephone: Daytime Evening Cell

Email address

5 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.

6 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.

Start date (month-day-year) 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.

Fund name Class of shares* \$
Amount

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

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

7 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 Designated Beneficiary's death, pay the balance of the CESA to:

Beneficiary's first name

Middle initial

Last name

U.S. Social Security number

Date of birth (mm-dd-yyyy)

Street address

City

State

ZIP

Please check here if the beneficiary named is a family member.

8 Review Fees That May Apply to Your Account

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.

The account maintenance fee does not apply if you are investing through a Financial Professional; however, other fees may apply.

9 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.

10 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.

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 | 5. Request account information and statements of account |
| 2. Redeem shares | 6. Establish telephone exchange and redemption authority |
| 3. Change address of record | 7. Change dividend options |
| 4. Change bank information | 8. Purchase shares |

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 Individual's signature

Date

Acknowledgement — This section must be completed by a notary public.

State of _____ County of _____

On this _____ day of _____, _____, 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 signature (Seal)

Commission expires (month-day-year)

12 Waiver of Sales Charge on A Class Shares

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

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, which includes their spouse or domestic partner and children, step-children, parents or 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.

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

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

Account number(s)

14 Signatures and Date Signed

Please read the following then sign the following page.

By signing this application, the Depositor certifies that:

- 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.

By signing this application, the person identified as Responsible Individual in step 3 certifies that:

- 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.

Step 14 continued on page 8

Signatures and Date Signed (continued)

The Depositor and the Responsible Individual (or Designated Beneficiary, per step 3) understand that:

- **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 the Designated Beneficiary's 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.

Exemption 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 the Designated Beneficiary is 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.

Please provide the appropriate signatures below. Please sign exactly as your name appears on this application and include the date signed.

The Responsible Individual's signature is REQUIRED. If the Responsible Individual is not the Depositor, the Depositor must also sign.



**Responsible Individual's signature
(the person named in step 3)**

Printed name

Date signed



**Depositor's signature
(the person named in step 2)**

Printed name

Date signed

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

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