

Account Application

For Corporations, Partnerships, Not-For-Profit
and Other Institutional Investors



CIP
CDD

- Accounts are available only to U.S. entities.
- **You must attach a copy of the appropriate documentation that supports the identity of your organization and its authorized signers. The authorized signers listed on this application must also be authorized by your entity's supporting documents. If your supporting documents authorize additional signers, only the individuals listed on this form will be authorized on your account(s).**
 - *Corporations:* Attach a certified copy of the articles of incorporation and a certified copy of either a corporate resolution or the minutes of a board meeting documenting the authorized signers for your corporation.
 - *Partnerships:* Attach a copy of the partnership agreement.
 - *Limited Liability Companies (LLC):* Attach a copy of the operating or membership agreement.
 - *Unincorporated Associations:* Attach a copy of your organization's charter document and a certified copy of the minutes of a meeting documenting the authorized signers for the association.
 - *Foundations and Endowments:* Attach a copy of your organization's charter document and a certified copy of the minutes of a meeting documenting the authorized signers for your organization.
 - *Sole Proprietorships:* Attach a copy of your charter document or the IRS letter confirming the assignment of your Employer Identification number.

Please print clearly in CAPITAL letters using black ink and sign on page 7.

If you have questions about this application, please call a Business Retirement Specialist at 1-800-345-3533.

1

Provide Your Account Information

Entity name¹ Disregarded entity name, if applicable

Employer Identification number²

Business street address (No PO or PMB permitted.) Apartment/Unit

City State ZIP

Business mailing address (If different from street address; PO or PMB permitted.) Apartment/Unit

City State ZIP

Contact person's full name

Telephone number (daytime) Fax number

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.)

¹ For a single-member LLC that is a disregarded entity, list the single member's name.

² For a single-member LLC that is a disregarded entity, list the single member's tax identification number.

2**Provide Information About Your Organization**

A. Tell us about your organization

Indicate source of the organization's income

Indicate the purpose of the account

Is your organization a governmental entity? Yes No

B. Indicate how the organization is taxed (mark one)

- | | |
|---|---|
| <input type="checkbox"/> Unincorporated association (68*) | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Sole proprietorship (39*) | Taxed as a: |
| <input type="checkbox"/> Tax-exempt not-for-profit (29*) | <input type="checkbox"/> Partnership (41*) |
| <input type="checkbox"/> Partnership (41*) | <input type="checkbox"/> C Corporation (40*) |
| <input type="checkbox"/> S Corporation (440*) | <input type="checkbox"/> S Corporation (440*) |
| <input type="checkbox"/> C Corporation (40*) | |
- If you want us to report cost basis and file 1099-B forms on your behalf, check this box (440*)

Note: For a single-member LLC that is a disregarded entity, do not check LLC. Instead, check the appropriate box to the left for the tax classification of the single-member owner. However, if the single member is another LLC that is not a disregarded entity, check the LLC box above and indicate how that LLC is taxed.

* This number is for American Century Investments® coding purposes only.

3**Provide Information About Who Controls the Organization**

If you marked unincorporated association, sole proprietorship or governmental entity in step 2, you may skip this step and step 4 and proceed to step 5.

To help the government fight financial crime, federal regulation requires financial institutions to obtain, verify and record information about the individuals that own and control the legal entity.

Please provide **all** of the information requested for one individual who has significant responsibility for managing the legal entity, such as an executive or senior manager or any other individual who performs similar functions.

Control Person for the Organization:

Control Person's full name

Title

U.S. Social Security number

Date of birth

Residential street address (No PO or PMB; do not enter the business address)

City

State

ZIP

4**Provide Information About the Owners of the Organization**

If you marked tax-exempt not-for-profit, unincorporated association, sole proprietorship or governmental entity in step 2, you may skip this step and proceed to step 5.

Please provide **all** of the information requested below for each individual who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25% or more of the equity interests of the organization. **Owners with less than 25% should not be listed.**

Mark this box if no one directly or indirectly owns at least 25% of the equity interests of the organization.

 Owner's full name

 U.S. Social Security number

Date of birth

Residential street address (No PO or PMB;
do not enter the business address)

City

State

ZIP

 Owner's full name

 U.S. Social Security number

Date of birth

Residential street address (No PO or PMB;
do not enter the business address)

City

State

ZIP

 Owner's full name

 U.S. Social Security number

Date of birth

Residential street address (No PO or PMB;
do not enter the business address)

City

State

ZIP

 Owner's full name

 U.S. Social Security number

Date of birth

Residential street address (No PO or PMB;
do not enter the business address)

City

State

ZIP

If this page is left blank, you confirm that no one directly or indirectly owns at least 25% of the organization's equity interests.

5**List the Authorized Signers for the New Account (Signatures Required)**

List each individual authorized to direct transactions on this account and all other accounts established under the Employer Identification number listed in step 1 and have the authorized individual sign. If you need to list additional signers, please make a copy of this page and attach it to this application.

Note: If you are a sole proprietor, you may only authorize yourself in this section.

 Printed Name

 Title


Signature

Date

 Printed Name

 Title


Signature

Date

 Printed Name

 Title


Signature

Date

 Printed Name

 Title


Signature

Date

 Printed Name

 Title


Signature

Date

Indicate the number of signatures required to sign:

I/we confirm that the signatures of at least _____* of the authorized signers are required by the applicable governing documents to transfer shares and/or sign CheckWriting checks, execute and deliver any instrument necessary to effect such authority, or enter into other agreements (including indemnification agreements). Any **one** authorized signer may exchange or redeem by telephone, in writing or online. American Century Investments may rely on the authority of the named individuals until it receives written notification to the contrary.

*If left blank, I/we authorize that only **one** signature is required to transfer shares and/or sign CheckWriting checks.

6**Provide Investment Instructions****Initial Investment**

Please indicate the full fund name. To open additional accounts, attach a page with your instructions. Fund minimums may apply 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.

Please invest my/our money in the fund(s) listed below. I/We understand that if I/we do not specify a fund, or request one that is not available for this account, American Century Investments will invest the money in the U.S. Government Money Market Fund for accounts beneficially owned by a non-natural person (entities), or the Prime Money Market Fund for accounts beneficially owned by a natural person (sole proprietorships).

A	\$
Fund name	Amount
B	\$
Fund name	Amount
C	\$
Fund name	Amount

Automatic Monthly Investments (optional)

You can invest automatically from your bank account after you meet the fund minimum, if applicable, with your initial investment. We will use the bank account on your investment check, unless you provide a voided preprinted check for another account. You can change or cancel your automatic investment option at any time.

(\$50 minimum per month for most funds.)

Please establish automatic monthly investments as follows:

<p style="text-align: center;">Start Date:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">month-day-year*</p>	<p>For fund A above, invest \$ _____ monthly.</p> <p>For fund B above, invest \$ _____ monthly.</p> <p>For fund C above, invest \$ _____ monthly.</p>
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*If a valid date is not provided, we will process automatic investments on the 15th of each month. If the account establish date is less than 5 days prior to the start date, automatic investments may not begin until the following month. If the process date falls on a weekend or holiday, we will make the investment on the next business day.

Dividend and/or Capital Gains Distributions

We will automatically reinvest dividend and capital gains distributions. For other distribution options, call us.

Cost Basis Reporting Method

We will use the default method of Average Cost in reporting cost basis for redemptions of your shares purchased after January 1, 2012. If you would like us to use a different method for these purchases, please complete and return a *Cost Basis Election Form* or you may change your method online after your account is established.

7**Review Service Options Available to You**

How to Manage Your Account

Any **one** authorized signer may purchase, exchange or redeem by telephone, 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. If the fund you select offers CheckWriting and you would like us to send you checks, please mark the box below. For descriptions and the terms and conditions that apply to all the options offered, see *Service Options: Understand Your Services* accompanying this application.

- Yes, I/we would like to have a book of checks sent to me/us (applies only if the fund you select offers CheckWriting).

8**Signature and Date**

Please make your check payable to American Century Investments. We cannot accept third party checks.

By signing this application, I/we agree to the following:

- I/We am (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/we am (are) investing.
- I/We have read and understand the *Service Options* flier, which is part of this application 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 permission to send my/our 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 authorized signer recorded in the account records may transact business on this account by telephone, online, 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 account application, 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 authorized signer online, by telephone, 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/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.
- I/We understand that American Century will report tax information, including cost basis information on covered shares, to the IRS annually. American Century is not required to report tax information on financial institutions, insurance companies or C Corporations, unless otherwise directed on this form.
- I/We hereby certify, to the best of my/our knowledge, that the information provided on this application is complete and correct, including the control and beneficial ownership information. I/We agree to notify American Century Investments if this information changes.
- 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 Social Security number that you provide in this application. In some instances, we may request additional documentation.

Step 8 continued on page 7

Signature and Date (continued)

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.

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

- **For a limited liability company**, all members must sign and state their titles.
- **For a corporate account**, a vice president or above must sign and state his or her title.
- **For an unincorporated association**, two officers must sign and state their titles.
- **For a general partnership**, one partner must sign with the words "general partner" following his or her signature.
- **For a limited partnership**, the managing or general partner must sign and state his or her title.
- **For foundations and endowments**, a vice president or above must sign and state his or her title.

Printed Name _____ Title _____



Signature _____ **Date** _____

Printed Name _____ Title _____



Signature _____ **Date** _____

Printed Name _____ Title _____



Signature _____ **Date** _____

Printed Name _____ Title _____



Signature _____ **Date** _____

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BR-APP-94012 1804

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