

# Designate a Trusted Contact Person

You may designate someone you trust (a “trusted contact”) to act as a resource if we lose contact with you or we believe you and/or your assets are at risk. We will involve your trusted contact only when we believe it’s in your best interest to do so. **Designating a trusted contact does not mean that you are authorizing them to act on your account.** Instead, they can provide assistance to you and us, as described in the examples below:

- We are trying to prevent your account from being turned over to the state as abandoned property because we have been unable to contact you over a lengthy period of time. Your trusted contact could help us reach you.
- We believe you are being financially exploited by someone. Your trusted contact could help us evaluate the situation in an effort to protect you and your assets.
- We have reason to suspect that you may be affected by a form of cognitive deficiency, resulting in diminished decision-making abilities due to illness, a physical condition or advanced age. Your trusted contact could tell us if you have previously designated an agent under power of attorney, a successor trustee (for trust accounts), or if a court has appointed a legal guardian for you.

We will not release information beyond what is necessary to protect you and/or your assets from potential harm.

## 1 Provide Information About Yourself

U.S. Social Security number or your account number(s)

First Name

Middle Initial

Last Name

Telephone number (daytime)

Telephone number (evening)

## 2 Designate a Trusted Contact Person

Provide the name and information for your trusted contact person (must be at least 18 years of age).

First Name

Middle Initial

Last Name

Date of Birth

Relationship to Account Owner

Address

Apartment/Unit

City

State

ZIP

Email address

Telephone number (daytime)

Telephone number (evening)

**3****Signature and Date Signed**

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By completing this form, I confirm that the person named is at least 18 years of age, and I consent to American Century Investments contacting them if they believe it is in my best interest to do so. I understand that American Century Investments will not release information beyond what is necessary to protect me and/or my assets from potential harm.

I understand that, upon acceptance by American Century Investments, this designation revokes all previous designations, and this designation may be changed or revoked at any time verbally or in writing. **I understand that it is up to me to inform my trusted contact of this designation, if I so choose.**

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Signature

Date Signed

Individual Investors  
PO Box 419200  
Kansas City, MO 64141-6200  
Phone: 1-800-345-2021  
Fax: 1-888-327-1998

Business Retirement Investors  
PO Box 419385  
Kansas City, MO 64141-6385  
Phone: 1-800-345-3533  
Fax: 1-888-327-1997

Investors Using Advisors  
PO Box 419786  
Kansas City, MO 64141-6786  
Phone: 1-800-378-9878  
Fax: 1-888-327-2013

Brokerage Investors  
PO Box 419146  
Kansas City, MO 64141-6146  
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