

Account Application

For Retirement Plan Trust Investors



CIP

- Accounts are available only to U.S. entities.
- Attach a copy of the Plan Trust Document, the Plan Adoption Agreement, or the IRS Determination Letter for the Plan.
- As a qualified retirement plan service provider, American Century Investments® must provide plan sponsors with information about our services, expenses and fees. The information is intended to comply with Section 408(b)(2) of the Employee Retirement Income Security Act of 1974 (ERISA). As plan sponsor, you must review the information carefully before completing this application. These disclosures are available online at americancentury.com/qrp_disclosure.

Please print clearly in CAPITAL letters using black ink and sign your name on page 5.

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

1 Provide Your Account Information

Retirement Plan Trust name

Trust Tax Identification number

Note: IRS regulations require your Retirement Plan Trust to have a Tax Identification number (TIN) different from the number assigned to your business. If you are adopting an American Century Investments Prototype Plan and do not already have an assigned TIN, we will assign one for you. Otherwise, you can request a TIN by calling the IRS or completing Form SS-4, available at www.irs.gov.

Check this box if your Retirement Plan Trust is **NOT EXEMPT** from taxation under Internal Revenue Code Section 501(a).

Contact person's first name

Contact person's last name

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

Apartment/Unit

City

State

ZIP

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

Apartment/Unit

City

State

ZIP

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.)

2 Indicate Type of Plan

Select only one.

401(k)

Money purchase pension

Target benefit

Profit sharing

Defined benefit

Other (list below)

3 List Trustees

List information for all trustees authorized to direct transactions on all accounts established under the Trust Tax Identification number listed in step 1. If you need to list additional trustees, please make a copy of this page, complete and attach to this application.

	Trustee
Name	Title

U.S. Social Security number	Date of birth (month-day-year)
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Signature

Date

	Trustee
Name	Title

U.S. Social Security number	Date of birth (month-day-year)
-----------------------------	--------------------------------

Signature

Date

	Trustee
Name	Title

U.S. Social Security number	Date of birth (month-day-year)
-----------------------------	--------------------------------

Signature

Date

The signatures of at least _____* of the trustees 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** trustee 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.

* Please specify a number. If left blank, you authorize that the signatures of **all** trustees are required to transfer shares and/or sign CheckWriting checks.

4 Provide Your Investment Instructions

Initial Investment

Please invest my (our) money in the fund(s) listed below. **American Century Investments will invest the money in the Prime Money Market fund for accounts beneficially owned by a natural person (Defined Contribution Plans) or the U.S. Government Fund for accounts beneficially owned by a non-natural person (Defined Benefit Plans).**

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 use the full fund name. To select additional funds, attach a separate piece of paper with your investment instructions.

A _____	\$ _____
Fund name	Amount

B _____	\$ _____
Fund name	Amount

C _____	\$ _____
Fund name	Amount

Establish 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 make your investment on the 15th of each month, unless you specify another date below. If the applicable date falls on a weekend or a holiday, we will make the investment on the next business day.

We will use the bank account on your investment check, unless you provide a voided, preprinted check for another account. You can change your automatic investment option at any time.

Start date (month-day-year)

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

A For fund A above, invest monthly	\$ _____
	Amount

B For fund B above, invest monthly	\$ _____
	Amount

C For fund C above, invest monthly	\$ _____
	Amount

Dividend and/or Capital Gains Distributions

We will automatically reinvest dividend and capital gains distributions. For other distribution options, go to americancentury.com and search Mutual Fund Performance.

5 Review Services Available to You

How to Manage Your Account

Any **one** trustee may transact by telephone, in writing or online. We will use your investment check to establish transactions from your bank unless you provide a voided preprinted check for another acceptable bank account. Please note, redemptions will only be made payable to the Retirement Plan Trust. To request a redemption to your bank, you must provide a voided preprinted check registered in the name of the Retirement Plan Trust. 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 would like to have a book of checks sent to me (applies only if fund you select offers CheckWriting).

6 Sign Your Name and Date

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

All trustees must review the following carefully and sign below. Please sign exactly as your name appears in step 3. By signing below, trustees certify that all trustees of the trust are listed on this application.

- 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 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 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 individual 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 an account will be established in the name of the Retirement Plan Trust only, and separate accounts will not be established for plan participants. I/We understand and agree that American Century will not provide recordkeeping, fiduciary or tax reporting services for the plan, and that American Century is not responsible for any services not listed in this application or the accompanying *Service Options* flier.
- I/We acknowledge receipt of the American Century ERISA § 408(b)(2) Service Provider Disclosure.

Step 6 continued on page 5

Sign Your Name and Date Below (continued)

- 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

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.

ALL trustees must sign.



	Trustee	
Printed name	Title	Signature and date



	Trustee	
Printed name	Title	Signature and date



	Trustee	
Printed name	Title	Signature and date



	Trustee	
Printed name	Title	Signature and date