

# Individual, Joint or Personal Trust Account Application



CIP Accounts are available only to U.S. citizens and U.S. resident aliens.

**Quickly Set Up Your Account — Please complete applicable sections or visit [americancentury.com/start](http://americancentury.com/start). Please print clearly in CAPITAL letters using black ink and sign in step 6. If you have questions, please call us at 1-800-345-2021.**

## 1 Select Type of Account

Choose one:  Individual  Joint  Personal Trust

## 2 Provide Information About Yourself

We will register joint accounts as joint tenants with rights of survivorship and use the first owner's name and U.S. Social Security number for IRS reporting purposes unless you advise otherwise.

Mr. / Mrs. / Ms.    Owner or Trustee's first name    Middle initial    Owner or Trustee's last name

Owner or Trustee's U.S. Social Security number    Owner or Trustee's date of birth (month-day-year)

U.S. citizen     U.S. resident alien

Owner or Trustee's street address (No P.O. or Private Mail Boxes permitted.)    Apartment/Unit

City    State    ZIP

Owner or Trustee's mailing address (If different than above; P.O. or Private Mail Boxes permitted.)    Apartment/Unit

City    State    ZIP

Telephone number (daytime)    Telephone number (evening)

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.)

**Step 2 continued on page 2**

## Provide Information About Yourself (continued)

Provide information about the joint owner or co-trustee, if applicable.

Mr. / Mrs. / Ms.    Joint owner or Co-Trustee's first name    Middle initial    Joint owner or Co-Trustee's last name

Joint owner or Co-Trustee's U.S. Social Security number    Joint owner or Co-Trustee's date of birth (month-day-year)

U.S. citizen     U.S. resident alien

Check this box if both owners or trustees share the same street address. If not, provide the joint owner or co-trustee's street address below.

Joint owner's street address (No P.O. or Private Mail Boxes permitted.)    Apartment/Unit

City    State    ZIP

### Trust Information

Please provide a trust Tax ID number for IRS reporting purposes. **If a tax ID number is not provided, we will use the first U.S. Social Security number listed.** Please send us a copy of the first page and the signature page of your trust agreement along with the pages that identify the trustees of the trust.

Date of trust agreement (month-day-year)    Trust's Tax ID number

Name of trust

## 3 Provide Your Investment Instructions

### Initial Investment

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

**You must meet fund minimums 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](http://americancentury.com).**

Please use the full fund name. To open additional accounts, attach a separate piece of paper with your instructions.

_____	\$
Fund name	Amount
_____	\$
Fund name	Amount
_____	\$
Fund name	Amount

### 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 or elect a method for future accounts, please complete and return a *Cost Basis Election Form* or you may change your method online after your account is established.

**Step 3 continued on page 3**

## Provide Your Investment Instructions (continued)

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### Establish Automatic Monthly Investments (optional)

After you meet the fund minimum with your initial investment, you can invest automatically from your bank account. We'll make your investment on the 15th of each month, unless you specify another date below. If the date falls on a weekend or a holiday, we'll make the investment on the next business day. We'll use the bank account on your investment check, unless you provide a voided preprinted check for another account.

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Start date (month-day-year)

	\$
Fund name	Amount (\$50 minimum/month)
	\$
Fund name	Amount (\$50 minimum/month)
	\$
Fund name	Amount (\$50 minimum/month)

To invest directly from your paycheck or government agency, call an Investment Consultant at 1-800-345-2021.

### Dividend and/or Capital Gains Distributions

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

## 4 Review Fees and Services

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### Account Maintenance Fee

We charge an annual \$25 account maintenance fee if your total investments are less than \$10,000. See *Service Options: Understand Your Services* for complete details about this fee and how we determine if it applies to your account.

### How to Manage Your Account

Any one registered owner may transact by telephone, fax, 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 would like to have a book of checks sent to me (applies only if fund you select offers CheckWriting).

\_\_\_\_\_ If there is more than one owner or trustee, specify the number of signatures required on checks. If no indication is made, you authorize only one signature be required on checks.

## 5 Select How You Want to Receive Investor Documents

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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 do not consent to shared household delivery of my documents.

## 6 Sign Your Name and Date

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**Please make your check payable to American Century Investments. We cannot accept third-party checks. All account owners and trustees must review the following carefully and sign below. Please sign exactly as your name appears in step 2. By signing below, trustees certify that all trustees of the trust are listed in the registration.**

- 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 Investments 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 account owner or trustee is 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 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 account owner or trustee 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/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.

***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](http://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.

**Agent's name, signature and Power of Attorney documentation are necessary if you have named an agent to transact on your behalf.**



\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Printed name



\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Printed name



\_\_\_\_\_  
Agent's signature and date

\_\_\_\_\_  
Agent's printed name