

IRA Application

for Traditional, Roth and Rollover IRA Investors



SSBT Individual retirement accounts are available only to U.S. citizens and U.S. resident aliens.

Quickly Set Up Your Account - Please complete all applicable sections on this application or visit americancentury.com/start. We cannot accept this application by fax.

Please print clearly in CAPITAL letters using black ink and sign on page 10.

If you have questions, please call us at 1-888-345-9166.

1 Select Type of Account

Choose only one: Traditional IRA Rollover IRA Roth IRA

If you would like to open more than one type of IRA, please complete a separate application for each type.

2 Provide Information About Yourself

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

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

Check one: U.S. citizen U.S. resident alien

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

City State ZIP

Owner'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.)

3 Indicate Source of Investment

Tell us where the funds are coming from for the IRA type you selected in step 1.

Contribution for tax year _____

Check included.

Transfer* from an existing American Century Investments® account.

\$

Account number

Amount

*This may be a taxable event. Please consult a tax advisor if you have questions. In addition, if the account owner of the existing account and the IRA are not the same individual, or the existing account has more than one owner, please attach a separate sheet with transfer instructions signed by all owners of the existing American Century Investments account.

Transfer from another financial institution. Please complete a *Request to Transfer/Roll Over* form. The form is available at americancentury.com or by calling us.

Rollover

Check included (60-day Rollover).

Funds to follow from another financial institution.

Direct Rollover from an employer-sponsored retirement plan such as a pension, 401(k), profit sharing, 457(b) or 403(b) plan. Contact your former employer for distribution paperwork you may need to complete.

Former employer's name

Telephone number (daytime)

\$

Anticipated distribution amount

Anticipated date (month-day-year)

A Conversion from an American Century Investments Traditional, Rollover, SEP or SARSEP IRA to a Roth IRA.

\$

American Century Investments account number

Amount

Provide Your Withholding Instructions – Substitute Form W-4P (OMB No. 1545-0415)

Converting creates a taxable distribution from your existing Traditional IRA. The year after the conversion, we will send you and the IRS Form 1099-R to report the distribution amount. We also will send you and the IRS Form 5498 to report the amount converted. You may want to speak with a tax advisor before you authorize this conversion. Money that you elect to convert from your existing Traditional IRA that has not previously been taxed is subject to federal income tax withholding. You may elect to have withholding applied to your distribution by checking the box below and indicating the rate of withholding.

Remember, even if you elect not to have income tax withheld, you are liable for paying income tax on the taxable portion of your conversion amount. If you elect not to have income tax withheld, or you don't have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If you do NOT want us to withhold federal income tax from your conversion amount, do NOT check the box.

I elect to have federal income tax withheld at the rate of ____%. Percentage must be between 10-100%.

If no percentage is indicated, or if you indicated a percentage of 1-9%, withholding will be made at the minimum rate of 10%. Note: State tax will be withheld according to state regulations if, at the time of your distribution, your tax residency is within one of the mandatory withholding states.

Note if you are under age 59½: If you choose to have tax withheld from the converted amount, you must make up the difference out of pocket and add it to your Roth IRA within 60 days or that amount may be subject to a penalty tax. Any amount not rolled over is considered an early distribution.

4 Provide Your Investment Instructions

Initial Investment

Make your fund selections for your initial contribution and indicate the percentage you want allocated to each fund.

- I direct American Century Investments to open my account in the fund(s) indicated. However, if I do not specify a fund, I request a fund that is not available for this account, or my allocations do not total 100%, by submitting this application, I direct that portion of my account to be opened in a target-date fund based on my birth date and an assumed retirement age of 65.

A target-date fund invests in a variety of underlying asset classes and investment styles. The asset mix and weightings of these underlying investments are automatically adjusted over time to be more conservative as your assumed retirement date approaches. Please note, however, that the principal value of your investment is not guaranteed at any time, including at the target date.

- I understand that by opening this account in a target-date fund, as described in this section, American Century Investments is not advising or recommending that fund or any particular investment strategy. Also, American Century Investments is not making any suitability determination based on my individual situation and is not acting in a fiduciary capacity with respect to my interests or my investment decisions.

For more information about target-date funds or to receive investment guidance, please visit americancentury.com or call us at 1-888-345-9166.

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.

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

	%	OR	\$
Fund name	Percentage		Amount
<hr/>			
	%	OR	\$
Fund name	Percentage		Amount
<hr/>			
	%	OR	\$
Fund name	Percentage		Amount

Establish Automatic Monthly Investments (Optional for Traditional and Roth IRAs only. Not available for Rollover IRAs.)

After you meet the fund minimum with your initial investment, you can invest automatically from your bank account. 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 only be able to use the bank account on your investment check, unless you provide a voided preprinted check for another bank account.

Start date (month-day-year)

	\$
Fund name	Amount (\$50 minimum/month)
<hr/>	
	\$
Fund name	Amount (\$50 minimum/month)

To invest directly from your paycheck or government agency, call an Investment Consultant at 1-888-345-9166.

5 Provide Responsible Individual Information (Traditional or Roth IRAs only)

If this IRA is for a minor, please provide the Responsible Individual's name. We require information about the Responsible Individual to help us service and maintain the account.

Mr. / Mrs. / Ms. Responsible Individual's first name Middle initial Responsible Individual's last name

Responsible Individual's U.S. Social Security number Responsible Individual's date of birth (month-day-year)

Check one: U.S. citizen U.S. resident alien

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

City State ZIP

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

City State ZIP

6 Designate Your Beneficiaries

Read before you complete your designation

- Provide all information requested. **You must sign and date in step 10 to make your designation effective.**
- If you are married, spousal consent may be required. Please see pages 7 and 8 for details.
- If a trust is your beneficiary, consult your attorney and submit a copy of the title page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- American Century Investments will pay benefits only to those beneficiaries living at the time of your death. If you wish to include per stirpes instructions, do not complete this section. Call us for instructions.

If you already have a designation on file with us

- This designation replaces any you have on file for assets held in the same type of IRA* you are opening with this application.
- If you do not name a beneficiary here, your existing designation will apply.

Applying your designation

Unless you check the box below, this designation will also apply to all other retirement plans you currently have invested with us **except qualified retirement plans**. To designate beneficiaries for a qualified retirement plan, please contact your employer for instructions.

Retirement plans include: Traditional/Rollover IRA*, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary Accounts [Traditional IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b) and 457(b) assets for which you were named the beneficiary].

If your designation will also apply to a 403(b) and your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), your marital status impacts your beneficiary designation and may require your spouse's consent. Please see pages 7 and 8 for details.

- I **DO NOT** want the designation below to also apply to all retirement plans (listed above) I currently hold with American Century Investments. I understand that this designation will **ONLY** apply to the retirement plans for which I am opening with this application. Any designations I have on file for existing plans I hold with American Century Investments will not be changed.

To designate more than three beneficiaries, or unique beneficiaries for multiple retirement plans you hold with us, visit americancentury.com/bene.

* Updates to a Traditional IRA designation also apply to a Rollover IRA and vice versa. A Rollover IRA is a Traditional IRA that only contains assets rolled over from a former qualified retirement plan.

Step 6 continued on page 5

Designate Your Beneficiaries (continued)

Primary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four primary beneficiaries, photocopy this page and attach it.** If any of your primary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining primary beneficiaries.

In the event of my death, distribute the balance of my IRA to:

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address	City	State	ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address	City	State	ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address	City	State	ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address	City	State	ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Total must equal 100%

If you do not indicate percentages, American Century Investments will pay benefits in equal shares.

Step 6 continued on page 6

Designate Your Beneficiaries (continued)

Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than four secondary beneficiaries, photocopy this page and attach it.** If any of your secondary beneficiaries are not living at the time of your death, the benefits will be divided proportionately among the remaining secondary beneficiaries.

If the primary beneficiaries listed in this designation are not living at the time of my death, distribute the balance of my IRA to:

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address		City	State ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address		City	State ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address		City	State ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

Beneficiary name				Indicate Percentage for this Beneficiary _____ %
Street address		City	State ZIP	
Social Security/Tax ID number	Date of birth or trust date (month-day-year)	Relationship to you		

**Total must
equal 100%**

If you do not indicate percentages, American Century Investments will pay benefits in equal shares.

7 Review Fees and Services

Account Maintenance Fee

We charge a \$12.50 account maintenance fee twice a year 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

As registered owner of this account, you may transact by telephone, by 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. For descriptions and the terms and conditions that apply to all the options offered, see *Service Options: Understand Your Services* accompanying this application.

8 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 do not consent to shared household delivery of my documents.

9 Obtain Your Spouse's Consent (if applicable)

If your spouse has NOT been named as the sole primary beneficiary, spousal consent may be required.

It is the account owner's responsibility to determine if spousal consent is required and to ascertain if the language on this form satisfies applicable state statutes. American Century Services, LLC, State Street Bank and Trust Company, and any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from your failure to provide spousal consent.

Generally, notarized spousal consent is required if:

- Your account is a retirement account **and** you live in a community property state. -OR-
- Your account is a 403(b) that is subject to the Qualified Preretirement Survivor Annuity (QPSA) requirement of ERISA. Under this provision, if you are married or later become married and your spouse is not named as sole primary beneficiary, your designation will not be valid unless your spouse has provided consent with notarization, regardless of whether you live in a community property state. Check with your employer to determine if your plan is subject to this provision.

Step 9 continued on page 8

Obtain Your Spouse's Consent (if applicable) (continued)

Spousal Consent

As the spouse, by signing my name below, I acknowledge that:

- I have read the beneficiary section of this application and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to the beneficiary section of this application and understand that if I were to decline to sign this consent, as the account owner's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's death.
- For 403(b) Spouses: I have read and understand the explanation and waiver of QPSA provided by my spouse's employer; I understand the financial effect of my spouse's election to waive the QPSA and I waive all rights to a QPSA under my spouse's 403(b) plan.

Name of spouse (please print)



Spouse's signature

Date

Acknowledgement

(Your spouse's signature must be acknowledged 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)

10 Sign Your Name and Date on Page 10

Please sign exactly as your name appears in step 2. If this account is an IRA for a minor, the Responsible Individual must sign.

If applicable, please make your check payable to American Century Investments. We cannot accept third-party checks.

- I have received and read the *Disclosure Statement and Custodial Agreement*.
- I am of legal age, or I am accepting the appointment of Responsible Individual for the IRA that is being established for an individual who is a minor.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I have read and understand the *Service Options flier*, which is part of this application by reference.
- I understand that providing my email address gives American Century Investments permission to send me information about products and services via email.
- I authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my instructions 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 like registered 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 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 understand that American Century will use reasonable procedures to confirm that instructions submitted by any account owner or trustee online, by telephone, by 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 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.
- If I am making a rollover deposit to this IRA, I hereby certify that the funds are eligible for rollover and I irrevocably elect to treat the distribution I received from my prior plan as a rollover contribution.
- 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 are considered valid and enforceable.
- I acknowledge that State Street Bank and Trust Company and American Century shall not be liable for any tax or other consequences in connection with contributions to my IRA.
- **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 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 9 continued on page 10

Sign Your Name and Date Below (continued)

If you are applying a new designation of beneficiary to all your accounts, please note:

For All Account Owners

- Be sure to obtain spousal consent in step 9, if necessary.
- Review and update your designation periodically, especially if there is a change in your family status (marriage, divorce, birth/adoption of children, death of a family member) or if the information for a beneficiary changes. In the event of a divorce, a designation of a former spouse may not be valid unless you re-designate your former spouse by submitting a new beneficiary form after the divorce is final.

Upon acceptance by American Century Investments, your designation revokes all previous beneficiary designations for the account you selected in step 1. You may change your beneficiaries at any time and the change is effective when the Custodian and plan administrator, if applicable, receives and accepts it. If your designation is not accepted, any prior designation will remain in effect.

For Investors Who Also Have a 403(b)

By signing this form, you acknowledge that if you are married at the time of your death, your surviving spouse is not designated as your sole primary beneficiary, and the plan is subject to the QPSA requirements of ERISA, this designation of beneficiaries will not be valid unless your surviving spouse has waived the QPSA (on a form provided by your employer) and consented to this beneficiary designation (step 6 of this form).

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.

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.

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.



Signature

Date

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 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 Application will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

For Overnight Deliveries:

American Century Investments
430 W. 7th St.
Kansas City, MO 64105-1407

American Century Investments
P.O. Box 419292
Kansas City, MO 64141-6292
1-888-345-9166
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