

2 Appoint Your Attorney(s)-In-Fact

I hereby appoint the person or corporation named below as my attorney-in-fact. This appointment applies to all present and future types of accounts that I have indicated in step 4.

Name of attorney-in-fact

Street address

Apartment/Unit

City

State

ZIP

Telephone number

OPTIONAL: I hereby also appoint the person or corporation named below as my second attorney-in-fact. I understand either attorney-in-fact may act on my behalf.

Name of second attorney-in-fact

Street address

Apartment/Unit

City

State

ZIP

Telephone number

3 Powers of Your Attorney(s)-In-Fact

I hereby authorize the attorney(s)-in-fact appointed on this form to act on my behalf in the manner indicated below.

1. Exchange shares
2. Redeem shares
3. Purchase shares
4. Change dividend and/or capital gain options
5. Change address of record
6. Change bank account information (the bank account registration must include the Principal's name as an authorized signer)
7. Request account information and statements of account
8. Establish optional services including telephone exchange and redemption authority
9. Establish CheckWriting

My attorney(s)-in-fact is authorized to transact business on my behalf to the extent authorized above, including the authority to execute any indemnification agreement required by American Century Investments, to exercise any of these powers and to conduct, on my behalf, any and all other business with American Century Investments that such attorney(s)-in-fact deems necessary and appropriate. **Such powers do not include transferring ownership of shares or the power to name or change beneficiaries.**

4 Account Type Authority for Attorney(s)-In-Fact

Authorize your attorney(s)-in-fact to act on your accounts. Cross out any account types that you do not wish your attorney(s)-in-fact to act upon.

I authorize my attorney(s)-in-fact to act on my behalf for the following types of accounts:

- Individually-owned non-retirement accounts (this does not include trust accounts)
- IRAs (Traditional, Roth, Rollover, SEP, SARSEP, SIMPLE, Beneficiary)
- Minor IRAs with a Responsible Individual*
- 403(b)s
- Governmental 457(b)s [custodial accounts only; does not apply to 457(b)s held in trust]
- Joint accounts
- Custodial accounts for a minor (UGMA/UTMA)*
- Education savings accounts (CESAs)*

*For minor IRAs, custodial accounts and education savings accounts: Please provide the minor's information below.

Minor's Name

Minor's Social Security number or account number

Minor's Name

Minor's Social Security number or account number

5 Signature(s) of Attorney(s)-In-Fact

The designated attorney(s)-in-fact, by signing below, hereby accept(s) the authority herein granted and agree(s) to act in the best interest of the Principal in carrying out the duties and responsibilities described herein until such time as said authorization is terminated by the Principal or until the death of the Principal, whichever occurs first.

If signing on behalf of a corporation, include your title.

Printed name of attorney-in-fact



Signature of attorney-in-fact

Date

Printed name of second attorney-in-fact



Signature of second attorney-in-fact


Date

6 Sign Your Name

- As the Principal, you must sign below and have your signature notarized.
- I agree that any third party who receives an executed copy of this document may rely on it, regardless of the amount of time that has passed since it was executed by me. No person relying upon this Durable Power of Attorney, in good faith and without actual written notice of revocation of this authority, shall incur any liability to me or my estate as a result of permitting my attorney(s)-in-fact to exercise any power or discretion on my behalf granted herein, nor shall any person dealing with my attorney(s)-in-fact be required to see to the application and disposition of any monies, stocks, bonds, securities or other property paid to or delivered to my attorney(s)-in-fact, pursuant to the provisions hereof. Revocation or termination of this Durable Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives actual written notice of such revocation or termination and has had a reasonable time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify American Century Services, LLC ("American Century") and its officers, agents, employees, affiliates and successors for any claims that arise against the third party because of reliance on this Durable Power of Attorney. I authorize American Century to act upon the instructions I have selected on this form. This authorization applies to all present and future accounts as indicated in step 4 in all investment companies in the American Century family. I also authorize my attorney(s)-in-fact to execute and deliver any and all written instruments necessary or proper to exercise such authority.

Printed name of Principal

Date



Signature of Principal

Acknowledgement — This section must be completed 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)

Personal Accounts

P.O. Box 419200
Kansas City, MO 64141-6200
1-800-345-2021
americancentury.com

**Business, Not-For-Profit and
Employer-Sponsored Retirement Plans**

P.O. Box 419385
Kansas City, MO 64141-6385
1-800-345-3533
americancentury.com

For Overnight Deliveries:

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