

Beneficiary Instruction Form



Use this form to let us know what you would like to do with your inherited assets. Additional documentation may be required. For information about distribution options and deadlines, please refer to our *Distribution Options for IRA Beneficiaries* booklet. Distributions may be taxable; consult a tax advisor or the IRS for details.

1 Original Owner

Decedent's first name

Middle initial

Decedent's last name

Decedent's U.S. Social Security number

Decedent's date of death (month-day-year)

2 Your Name (or Name of Estate, Trust or Entity)

Provide information about the person or entity named as beneficiary of the original owner listed in step 1.

For individuals, provide:	For trusts, estates or other entities, provide:
Name	Name
U.S. Social Security number	Tax ID number
Date of birth (month-day-year)	Trust date, if applicable (month-day-year)
Citizenship (check one): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien <input type="checkbox"/> Non-resident alien	Trustee, personal rep or authorized individual name(s)
Relationship to the deceased account owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Child (natural/adopted) <input type="checkbox"/> Other	

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

Apartment/Unit

City

State

ZIP

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Telephone: Daytime Evening Cell

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Telephone: Daytime Evening Cell

Email address

If the beneficiary is a minor, please provide information for a parent or court-appointed guardian:

Name of parent or court-appointed guardian

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Telephone: Daytime Evening Cell

Name of parent or court-appointed guardian

()
Telephone: Daytime Evening Cell

3 Distribution Options

Before completing this step, review your options in our *Distribution Options for IRA Beneficiaries* booklet. Keep in mind that not all options may be available to you.

Select your distribution option(s) below. If you choose option B, C or D, we encourage you to establish an automatic withdrawal plan to ensure you do not miss required distribution deadlines. Otherwise, you will need to contact us for each distribution.

Note: We will automatically apply the selected option(s) to inherited Traditional/Rollover, SEP, SARSEP, SIMPLE and Roth IRA assets. If you inherited more than one type and want to provide different instructions for each, please attach signed instructions.

A. **Spousal rollover to my new or existing American Century Investments IRA/Roth IRA.**
(Spouse only)

B. **10-year rule distributions.** If you would like to request an immediate withdrawal and/or automatic withdrawals, provide instructions below:

Automatic Withdrawals*: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	Start date (month-day-year) _____ You may begin payments at any time. All assets will be distributed by the 10-year deadline.
<input type="checkbox"/> One-Time Withdrawal* Amount: \$	

C. **5-year rule distributions.** If you would like to request an immediate withdrawal and/or automatic withdrawals, provide instructions below:

Automatic Withdrawals*: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	Start date (month-day-year) _____ You may begin payments at any time. All assets will be distributed by the 5-year deadline.
<input type="checkbox"/> One-Time Withdrawal* Amount: \$	

D. **Life expectancy distributions.** If you would like to request an immediate withdrawal and/or automatic withdrawals, provide instructions below:

Automatic Withdrawals*: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	Start date (month-day-year) _____ Enter a date no earlier than January 1 of the year after the year of death. Payments will continue until all assets have been distributed.
<input type="checkbox"/> One-Time Withdrawal* Amount: \$	

E. **I do not wish to make an election at this time.** To avoid a 50% late-withdrawal penalty tax, you must begin distributions (spousal rollover, life expectancy or 10-/5-year rule) by IRS deadlines.

F. **Withdraw all assets immediately.** The account will be closed and a check will be sent to the address provided in step 2. This is a taxable event for the year in which the withdrawal occurs. Additionally, if you are not a spouse beneficiary or have not completed a spousal rollover, you are not eligible for a 60-day rollover. If you plan to transfer the assets to a Beneficiary IRA at another custodian, please call us for instructions.

** If you have beneficiary assets in more than one fund, we will distribute proportionately unless you provide alternate instructions. Automatic withdrawals will be processed on the 15th of the month unless you enter a different date. A withdrawal scheduled on a non-business day will occur the next business day. **Payment method: Proceeds will be sent by check. To change the payment method for future withdrawals to direct deposit, attach a preprinted voided check. We will continue to send proceeds by check until your bank information is verified.***

4 Year-of-Death Required Minimum Distribution (RMD)

You may skip this step if *any* of the situations below apply:

- IRA owner died before reaching the starting date for taking RMDs;
- The IRA owner already took the RMD for the year of death;
- You are withdrawing all of the beneficiary assets immediately;
- The decedent's IRA was a Roth IRA; or
- The assets were held in a Qualified Retirement Plan (QRP), 403(b) or 457(b).

Generally, the original owner's starting date for RMDs is April 1 of the year after the year in which they turn 72 (or 70½ if born before 7/1/1949). If an RMD was required for the year of death and the owner had not already taken it, the IRS requires the beneficiary to withdraw this RMD from beneficiary assets by December 31 of the year of death. There may be a 50% IRS late-withdrawal penalty on any amount not withdrawn by the deadline.

Please mark one of the boxes below. If you do not withdraw the RMD now, it is your responsibility to contact us prior to the December 31 deadline. Special Instructions for Spouse Beneficiary: If you selected spousal rollover in step 3, mark the "Withdraw" box below. The owner's year-of-death RMD must be withdrawn prior to the rollover to facilitate proper tax reporting.

- Withdraw the year-of-death RMD Do not withdraw the year-of-death RMD

The RMD will be sent to you by check. If neither box is marked, we will not withdraw the RMD. If you have beneficiary assets in more than one fund, the RMD will be distributed proportionately. Additionally, if there are multiple beneficiaries, we will withdraw an amount proportionate to your share of the benefits. If you wish to provide alternate instructions, attach a separate page with your request.

5 Income Tax Withholding

You may skip this step if the IRA is a Roth IRA or if you chose a spousal rollover without an RMD withdrawal.

Withdrawals from a Beneficiary IRA are generally taxed as ordinary income and may create a tax liability. You are responsible for paying income tax on the taxable portion of your withdrawals. To avoid penalties under estimated tax rules, you may need to withhold federal income tax from withdrawals or make estimated tax payments. Please consult your tax advisor if you have questions about withholding. If you are a non-resident alien, call American Century Investments before completing this section.

If you withhold federal tax, state tax will be withheld according to state regulations if, at the time of your withdrawal, your tax residency is within one of the mandatory withholding states. For automated periodic distributions, you have the right to revoke your withholding election at any time, and any election you make will remain in effect until revoked by filing a new election.

To request withholding, indicate a percentage from 10% to 100% below. If you do not want withholding, enter 0% or leave this section blank. If you enter 1-9%, the minimum rate of 10% will be applied.

Withholding Instructions: Please apply _____% federal tax withholding to my withdrawals.

If you chose to withdraw all (Option F), skip to step 9. Otherwise, proceed to step 6.

6 Review Fees and Services

The following is for Traditional, Roth, Rollover and Beneficiary IRAs. Information regarding fees and services for other plan types can be found in the account agreement or disclosure document applicable to your plan.

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.

6 Review Fees and Services (continued)

How to Manage Your Account

As the registered owner of this account, you may transact by telephone, by fax, in writing or online. We will use an 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* accompanying this application.

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.

7 Designate Your Beneficiaries

Before designating beneficiaries for your account(s), please review the following:

- Provide all information requested for each beneficiary. You must sign and date in step 9.
- If you are married, spousal consent may be required. See step 8 for details.
- If a trust is your beneficiary, submit a copy of the title page, signature page, and trustee/successor trustee pages of the trust document.
- Benefits will be paid only to beneficiaries that outlive you. If you prefer benefits to be paid per stirpes, skip steps 7-8 and call us for a per stirpes form.
- If more than one type of IRA will be established with this form and you want different beneficiary designations for each, attach a separate page with instructions. Or, go to americancentury.com/bene after your accounts are established to update your designations.

Applying your designation

- This designation replaces any you have on file for assets held in the same type of IRA(s).¹ If you do not name a beneficiary here, your existing designation will apply.
- Unless you check the box below, this designation will also apply to all other retirement plans² you currently have invested with us, except qualified retirement plans.³ If you have 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 step 8 for details.

I **DO NOT** want the designation on this form to also apply to all retirement plan types I currently hold with American Century Investments. I understand that this designation will **ONLY** apply to the retirement plans I am opening with this form. Any designations I have on file for existing plans I hold with American Century Investments will not be changed.

¹ 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.

² Retirement plans include: Traditional/Rollover IRA, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary Accounts in these plans.

³ To designate beneficiaries for a qualified retirement plan, please contact your employer for instructions.

Step 7 continued on page 5

7 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, benefits will be divided proportionately among the remaining primary beneficiaries.

In the event of my death, distribute the balance of my account(s) to:

_____			Indicate Percentage for this Beneficiary _____ %
First name	Middle initial	Last name	

OR Trust or entity name			
_____		_____	_____
Street address	City	State	ZIP
_____		_____	_____
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____			Indicate Percentage for this Beneficiary _____ %
First name	Middle initial	Last name	

OR Trust or entity name			
_____		_____	_____
Street address	City	State	ZIP
_____		_____	_____
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____			Indicate Percentage for this Beneficiary _____ %
First name	Middle initial	Last name	

OR Trust or entity name			
_____		_____	_____
Street address	City	State	ZIP
_____		_____	_____
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

_____			Indicate Percentage for this Beneficiary _____ %
First name	Middle initial	Last name	

OR Trust or entity name			
_____		_____	_____
Street address	City	State	ZIP
_____		_____	_____
Social Security/Tax ID number	Date of birth / trust date (mm-dd-yyyy)	Relationship to you	

If you do not indicate percentages, benefits will be paid in equal shares.

Total must equal 100%

7 Designate Your Beneficiaries (continued)

Secondary Beneficiaries. Please provide all requested information about each beneficiary. 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, benefits will be divided proportionately among the remaining secondary beneficiaries.

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

_____ · _____ · _____
 First name Middle initial Last name

 OR Trust or entity name

_____ · _____ · _____ · _____
 Street address City State ZIP

_____ · _____ · _____
 Social Security/Tax ID number Date of birth / trust date (mm-dd-yyyy) Relationship to you

Indicate
 Percentage
 for this
 Beneficiary
 _____%

_____ · _____ · _____
 First name Middle initial Last name

 OR Trust or entity name

_____ · _____ · _____ · _____
 Street address City State ZIP

_____ · _____ · _____
 Social Security/Tax ID number Date of birth / trust date (mm-dd-yyyy) Relationship to you

Indicate
 Percentage
 for this
 Beneficiary
 _____%

_____ · _____ · _____
 First name Middle initial Last name

 OR Trust or entity name

_____ · _____ · _____ · _____
 Street address City State ZIP

_____ · _____ · _____
 Social Security/Tax ID number Date of birth / trust date (mm-dd-yyyy) Relationship to you

Indicate
 Percentage
 for this
 Beneficiary
 _____%

_____ · _____ · _____
 First name Middle initial Last name

 OR Trust or entity name

_____ · _____ · _____ · _____
 Street address City State ZIP

_____ · _____ · _____
 Social Security/Tax ID number Date of birth / trust date (mm-dd-yyyy) Relationship to you

Indicate
 Percentage
 for this
 Beneficiary
 _____%

If you do not indicate percentages, benefits will be paid in equal shares.

Total must
 equal 100%

8 Obtain Spousal Consent if Necessary

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.

Spousal Consent

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

- I have read this form and understand that my spouse did **NOT** designate me as sole primary beneficiary.
- I voluntarily, unconditionally, and irrevocably consent to this designation and understand that if I were to decline to sign this consent, as the account owner's or participant's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's/participant'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 (must be notarized)

Date

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 printed name

Commission expires (mm-dd-yyyy)

Notary public's signature (Seal)

9 Provide Your Signature and Date Signed on Next Page

The owner and/or authorized individual(s) agree to the following:

- I have received and read the *Disclosure Statement and Custodial Agreement* that applies to my type of beneficiary assets.
- I am of legal age, or I am signing as a parent or legal guardian 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* flyer, 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 the account owner or any one trustee or authorized individual (if the beneficiary is an entity) 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.

Step 9 continued on page 8

9 Provide Your Signature and Date Signed (continued)

- In consideration of American Century accepting this form, 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.
- Trust Accounts: By signing this form and providing American Century Investments with the most recent trust documentation, I/we certify that the trustee(s) listed on this form are all of the trustees authorized to act at this time in accordance with the most recent trust document, including all amendments and/or restatements. The trust exists under applicable state laws, and I/we, the trustee(s), certify to American Century Investments that the trust has not been revoked, modified, or amended in any manner that would cause the representations contained on this form and in the trust documentation provided to be incorrect.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted 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.

Beneficiary Designation: If no valid beneficiary designation is on file at the time of your death, assets will be distributed in accordance with the beneficiary provisions described in the custodial agreement in effect at the time of your death. You may change your designation at any time; changes are effective when accepted by American Century, the Custodian and the plan administrator (whichever is applicable). 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 prior to my death are considered valid and enforceable.

403(b) Investors: 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 8 of this form).

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.

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.

Custodian Acceptance: State Street Bank and Trust Company will accept appointment as Custodian of your account. However, this Agreement is not binding upon the Custodian until you have received a statement confirming the initial transaction for the account. Receipt by you of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of your account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN



Signature

Date

Printed name

Title, if applicable

Upon completion, please return all 8 pages of this form.