

# Direct Deposit Instructions



Follow these instructions to set up a direct deposit from sources such as a paycheck, pension and Social Security to your American Century Investments® account. Check with your employer or government agency to see if they require their own form to be completed.

**For non-brokerage accounts:** We will send a quarterly statement confirming your direct deposit transactions.

**For brokerage accounts:** Use this form if you do not have an American Century Investments brokerage checking account. If you do, please provide a voided check from that account to your employer or government agency. We will send a monthly statement confirming your direct deposit transactions.

- You must call us or return the form below to establish your investment instructions.**
- Provide your payroll department or other funding source the following: name, Social Security number, American Century Investments account number, transit routing number and investment instructions.
  - **For non-brokerage accounts:** transit routing # 101000019
  - **For brokerage accounts:** transit routing # 021000018
- If you are a government employee or direct depositing from a Social Security check:
  - **For non-brokerage accounts:** Also complete the shaded boxes on the enclosed *Form 1199A Government Direct Deposit* form and submit it to your payroll office.
  - **For brokerage accounts:** Obtain the correct form from your employer/agency and return it to them.
- If your direct deposits will be sent to us by check, include: entity name and entity's contact name/number.
- Once your direct deposit is established, you may call us at any time to change your investment instructions.

**Provide the following information to your employer, government agency or payment entity that will be setting up the direct deposit.**

Owner's name	U.S. Social Security number
<b>9999</b>	OR <b>4MV-</b>
American Century Investments account number	American Century Investments brokerage account number*

Direct deposit amount (\$50/month minimum per account): \$ \_\_\_\_\_

\*For American Century Investments brokerage accounts, direct deposits will go into your sweep account.

## INVESTMENT INSTRUCTIONS REMITTANCE FORM

**Please return this portion of the form to American Century Investments. Addresses are located on the back of this form.**

Your name	U.S. Social Security number
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Recipient's name (if different from your name)	U.S. Social Security number
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Name of employer, government agency or payment entity
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Entity's contact name	Contact's telephone number
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My employer or the designated government agency will make payments into my account from:

Check one:  Payroll    Social Security    Other \_\_\_\_\_

**Continued on Page 2**

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Direct deposit amount (\$50/month minimum per account): \$ \_\_\_\_\_

Date of direct deposit: \_\_\_\_\_ (Month-day-year)

Payment cycle:  Weekly  Every two weeks  Twice per month  Monthly

Use percentages to allocate investments among your accounts. If more than two accounts, please list accounts and percentages on a separate sheet. **Percentages must total 100%.**

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Fund name or account number*	Percentage
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Fund name or account number*	Percentage
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\*For American Century Investments brokerage accounts, direct deposits will go into your sweep account.

STANDARD FORM 1199A  
(Rev. June 1987)  
Prescribed by Treasury  
Department  
Treasury Dept. Cir. 1076

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

## SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )			<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )			<b>E</b> DEPOSITOR ACCOUNT NUMBER		
CITY STATE ZIP CODE			9 9 9 9		
TELEPHONE NUMBER AREA CODE			<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )		
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;"><i>(specify)</i></span>		
<b>C</b> CLAIM OR PAYROLL ID NUMBER			<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>If applicable</i> )		
Prefix Suffix			TYPE		AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE		DATE	SIGNATURE		DATE
SIGNATURE		DATE	SIGNATURE		DATE

## SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER				CHECK DIGIT
<b>Commerce Bank N.A. Kansas City Dep American Century P.O. Box 419200 Kansas City, MO 64141-6200</b>		1 0 1 0 0 0 0 1				9
DEPOSITOR ACCOUNT TITLE						
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.						
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE
Michael J. Raddie				1-800-345-2021		

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

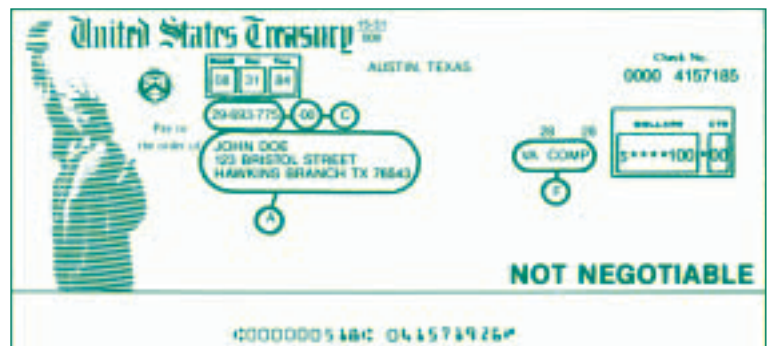
## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A,C and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.



### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.