

3 Designate Your 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.

Joint Accounts: Do not name a joint owner as beneficiary. Upon the death of an owner, the surviving owner(s) continue(s) to own the account. Your TOD designation is effective after all owners are deceased.

In the event of my death, transfer the ownership of my shares to:

Beneficiary name	Indicate Percentage for this Beneficiary _____%	
Street address		
City		
State ZIP		
U.S. Social Security number OR 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		
U.S. Social Security number OR 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		
U.S. Social Security number OR 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		
U.S. Social Security number OR 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.

4 Designate Your 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 none of my primary beneficiaries listed on this form are living at the time of my death, transfer the ownership of my shares to:

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

Total must equal 100%

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

5**Obtain Spousal Consent, if Necessary**

If you are the sole owner of the account(s) listed on this agreement and you are married but your spouse is not your sole primary beneficiary, your spouse's consent may be required if you reside in a Community Property state.

It is your responsibility to determine if such spousal consent is required and to ascertain if the spousal consent language on this agreement satisfies applicable state statutes. The Corporation, any affiliate and/or any of their directors, trustees, employees and agents are not liable for any consequences resulting from an investor's failure to obtain and provide spousal consent.

Spousal Consent:

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

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

Spouse's signature

Date

Printed Name

6**Review TOD Agreement and Sign Your Name Below**

Before signing, carefully read and comply with the following TOD agreement and the requirements printed on the front page. Each registered owner must sign below exactly as his or her name appears on the account registration.

By signing below, I/we understand that:

- This agreement applies to shares registered in beneficiary form in any of the Corporations, as defined in the TOD rules.
- All TOD accounts registered identically with American Century must have the same TOD beneficiary designation.
- All previous TOD beneficiary designations for my/our American Century account(s) indicated in step 2 are revoked. I/we understand that I/we may change the TOD designation at any time and that the change is effective when American Century receives it in writing and accepts it. If the TOD designation is not accepted, any prior designation will remain in effect.
- This TOD designation must be received and accepted by American Century Investments prior to my/our death(s) in order for it to be valid.
- This TOD designation 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). Only beneficiary revocations and designations filed with and accepted by American Century are considered valid and enforceable.
- Acceptance and execution of TOD directions is a matter of contract between the Corporations and me/us and is subject to the rules adopted by the Corporations, whose rules are incorporated by reference in this agreement.
- I/we hereby instruct the Corporations and American Century to register the shares held in the referenced account(s), or to be established by the accompanying application, in beneficiary form, assigning ownership on my/our death(s) to the designated beneficiaries. I/we direct the Corporations to transfer these shares and any shares into which these shares have been exchanged, in accordance with this direction and the rules of the Corporations respecting TOD directions.
- American Century and the Corporations, including any affiliate and/or any of their directors, officers, trustees, employees and agents, are not liable for any consequences resulting from my/our failure to provide any necessary spousal consent.
- The Corporations accept this agreement to register shares in beneficiary form in Kansas City, Missouri.
- By registering or reregistering these shares in accordance with the TOD designation, the Corporations agree to execute it in accordance with the rules of the Corporations and the Missouri Nonprobate Transfers Law, Chapter 461, RSMo. Missouri law shall govern all aspects of this agreement, including nonprobate TOD, and all conflicts or litigation over or resulting from this agreement shall be heard in Missouri courts.

Signature

Date

Printed name

Signature

Date

Printed name

Page 4 of 4

For Overnight Deliveries:

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

American Century Investments

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