

Brokerage IRA Application

for Traditional, Roth, Rollover or
Beneficiary IRA Investors



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 or visit americancentury.com/open_account/open_brokerage_account_online.jsp.

We cannot accept this application by fax.

Please print clearly in CAPITAL letters using black ink and sign on page 11.

If you have questions, please call us at 1-888-345-2071.

1 Select Type of Account

Choose only one:

Traditional IRA Rollover IRA Roth IRA Beneficiary Traditional IRA Beneficiary Roth IRA

Name of deceased (required for
Beneficiary Traditional and Roth IRA
accounts)

Date of birth
of deceased

Date of death
of deceased

Relationship

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

Country of citizenship

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

Home telephone number

Business telephone number

Mobile telephone number

Email address—Go to americancentury.com/brokerage for account information, online trading, and to sign up for electronic delivery of your account documents.

3 Provide Affiliation/Institutional Account Information

We are required to have all questions below answered before we can open this account.

Are you (any account owner, trustee, agent or authorized signer) or an immediate family member (spouse or domestic partner, minor child or a relative who shares your home) employed by or affiliated with a member firm of an exchange or FINRA, including American Century Investments?

Yes No If yes, list company, name, position, affiliation and address. Duplicate statements and duplicate confirmations will be sent to your employer in accordance with current regulations.

Company name	Position	Address
--------------	----------	---------

Employee name	Affiliation firm, exchange or FINRA
---------------	-------------------------------------

Are you (any account owner, trustee, agent or authorized signer) or an immediate family member (spouse or domestic partner, minor child or a relative who shares your home) a registered investment advisor?

Yes No If yes, list company, name, position and address.

Company name	Position	Address
--------------	----------	---------

Employee name

Are you (any account owner, trustee, agent or authorized signer) or an immediate family member (spouse or domestic partner, minor child or a relative who shares your home) a natural person, corporation, partnership, trust or otherwise, with total assets of at least \$50 million?

Yes No If yes, provide the individual or entity name.

Individual or entity name

Are you (any account owner, trustee, agent or authorized signer) or an immediate family member (spouse or domestic partner, minor child or a relative who shares your home) a director, a 10% shareholder or policy-making executive of a publicly traded company?

Yes No If yes, list company, name, position and address. American Century Investments will not monitor or restrict account trading. It is the responsibility of the account owner to monitor trading to ensure adherence to all applicable trading regulations.

Company name	Position	Address
--------------	----------	---------

Employee name

Are you (any account owner, trustee, agent or authorized signer) or an immediate family member (spouse or domestic partner, minor child or a relative who shares your home) a large trader?

Yes No If yes, provide your large trader identification number: _____
LTID No.

4 Indicate Source of Investment

Tell us where the funds are coming from for the IRA type you selected in step 1. The minimum initial investment for an IRA is \$2,500.

Contribution for tax year _____

Check included. Checks must be payable to American Century Brokerage.

Transfer* from an existing American Century Brokerage account.

4MV- _____

\$ _____

Account number

Amount

* 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 Brokerage account.

By Direct Transfer from American Century Investments

- Transfer in-kind—The account registration must be identical to transfer in-kind mutual fund shares. All money market funds will be liquidated and deposited as cash into the American Century Brokerage sweep account.
- Liquidate—Mutual fund shares will be sold and transferred as cash to the brokerage account. For transfers of cash between different registrations, a letter of authorization signed by all owners of the American Century Investments account must be received. Signatures must be guaranteed if transferring over \$100,000 between different registrations.
- Automatic investments on your mutual fund account will be discontinued. To set up an automatic or one-time investment on your new brokerage account, complete the *Brokerage Investment and Redemption Form*, available online or by contacting us.
- By signing this form you are authorizing us to transfer the fund(s) listed below from American Century Investments (if more than two funds, please list on a duplicate page).

Transfer Instructions

Dollars/Shares

Transfer in-kind

_____ Shares

All

Liquidate

\$ _____

All

Name of fund/account number/CUSIP

Transfer in-kind

_____ Shares

All

Liquidate

\$ _____

All

Name of fund/account number/CUSIP

Transfer from another financial institution. You must also complete the *Brokerage Transfer Form*. Complete one transfer form for each financial institution and attach a copy of your most recent statement. For additional transfer forms, copy or download from americancentury.com.

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 Brokerage Traditional, Rollover or SEP IRA to a Roth IRA.

Transfer Instructions

Dollars/Shares

Transfer in-kind

_____ Shares

All

Liquidate

\$ _____

All

Name of fund/account number/CUSIP

Transfer in-kind

_____ Shares

All

Liquidate

\$ _____

All

Name of fund/account number/CUSIP

Step 4 continued on page 4

Indicate Source of Investment (continued)

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 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.

5 Select Additional Account Services

Automatic Sweep Account

The sweep program consists of sweep options, which may include money market mutual funds or bank deposit products. Once a sweep option is elected, any free credit balance in your brokerage account will be automatically invested into the sweep product selected. Any debits in your brokerage account will also be covered automatically by redemptions, to the extent you have a balance in the sweep product sufficient to cover the debit balance.

Please select one of the money market funds below. IF you do not select a fund, your cash balance will automatically be swept into the Prime Money Market Fund for accounts beneficially owned by natural persons or U.S. Government Money Market Fund for accounts not owned by natural persons.

Capital Preservation Prime Money Market U.S. Government Money Market

Please refer to the appropriate prospectus for more information on these funds. If you need additional prospectuses, please contact us at 1-888-345-2071 or download them from americancentury.com.

Duplicate Statements

If you would like duplicate account statements or trade confirmations sent to a different address, please provide the address below.

Select one option:

Please send duplicate statements. Please send duplicate trade confirmations.

Name

Street address (Foreign address permitted.)

Apartment/Unit

City

State

ZIP

Step 5 continued on page 5

Select Additional Account Services (continued)

Mutual Fund and Equity Dividend Reinvestments

Dividend and capital gain distributions may be reinvested or swept into your brokerage account. New mutual fund purchases default to reinvest. Equity purchases default to pay distributions as cash to your sweep account. A security issuer may declare an optional dividend that requires you elect either cash or stock prior to payment. We will apply your dividend reinvestment instruction to any future optional dividends, unless you notify us of alternate instructions prior to the election cut-off time. If you desire to change the defaults, please contact us at 1-888-345-2071 once your account is established.

Automatic Investments

An automatic investment plan is available for Roth, SEP, SIMPLE and Traditional IRAs. To establish, submit a *Brokerage Investment and Redemption Form* with this application.

6

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. The Responsible Individual must complete step 3, Provide Affiliation/Institutional Account Information.

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 _____
Country of citizenship

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

7 Designate Your Beneficiaries

Read before you complete your designation

- Provide all information requested. **You must sign and date in step 9 to make your designation effective.**
- If you are married, spousal consent may be required. Please see page 9 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 Brokerage will pay benefits only to those beneficiaries living at the time of your death.

Applying your designation

This designation applies to this account only unless you indicate to add this beneficiary designation to additional American Century Brokerage accounts listed below.

4MV-

4MV-

If you already have a designation on file with us

This designation replaces any you have on file for the accounts listed on this application. If you do not name a beneficiary here, your existing American Century Brokerage IRA designation for the accounts listed will apply. IRA designations for accounts held directly with American Century Investments do not apply to American Century Brokerage.

Step 7 continued on page 7

Designate Your Beneficiaries (continued)

Primary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than three 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		

Total must equal 100%

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

Step 7 continued on page 8

Designate Your Beneficiaries (continued)

Secondary Beneficiaries

Please provide all requested information about each beneficiary. **If you would like to list more than three 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 application are living at the time of my death, pay the balance of the retirement account(s) I indicated in this form 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		

Total must equal 100%

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

8 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 Investment 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.

Spousal Consent

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

- I have read the beneficiary section on 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.

Name of spouse (please print)

Spouse's signature

Date

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)

Please make sure you sign and date this application in step 9.

Continue to step 9 on page 10

9 Sign Your Name and Date

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

- 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 acknowledge that American Century Investment Services, Inc. (American Century), acting through one of its divisions, American Century Brokerage, does not provide investment, tax or legal advice and makes no recommendations concerning securities purchases and sales.
- All securities transactions are accepted by American Century on an unsolicited basis and are the result of independent action by me.
- I understand that an annual IRA custodial fee applies to each account and will be waived if my IRA balance is \$10,000 or more or if I am a Priority Investor.
- I acknowledge receipt of a current prospectus for the applicable American Century money market fund.
- I have read and understand the applicable fees and commissions outlined in the *Brokerage Fees and Commissions Schedule*.
- With my signature on this document, I authorize any free credit balance in my account to be automatically invested into the sweep product elected, unless I instruct American Century differently. Pershing LLC is further authorized to rely on instructions that I give to American Century regarding my sweep elections. I agree that my sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I authorize American Century, its affiliated companies and agents, to act upon my instructions provided herein.
- 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.

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 8, 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.

Step 9 continued on page 11

Sign Your Name and Date Below (continued)

- **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.

I HAVE RECEIVED, READ, UNDERSTOOD, CONSENTED AND AGREED TO ALL TERMS AND CONDITIONS OF THE APPROPRIATE *IRA DISCLOSURE STATEMENT AND CUSTODIAL AGREEMENT* AND THE *AMERICAN CENTURY BROKERAGE CUSTOMER AGREEMENT* ("CUSTOMER AGREEMENT") AND FURTHER ACKNOWLEDGE THAT THE *CUSTOMER AGREEMENT* CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN SECTIONS B.23 AND B.24, PAGE 14, AND SECTIONS 20 AND 21, PAGE 32, IN THE *CUSTOMER AGREEMENT*, AND AGREE TO BE BOUND BY ITS TERMS.



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 (and Account Application) 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 or deposit of securities, cash or other instruments 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

We do not accept written trade instructions. To initiate a trade, please access your account at americancentury.com/brokerage, call TeleSelect at 1-888-345-2091 or contact us at 1-888-345-2071.

American Century Investments

P.O. Box 419146
Kansas City, MO 64141-6146
Investment Specialist:
1-888-345-2071

For Overnight Deliveries:

American Century Investments

Attn: Brokerage
430 W. 7th St.
Kansas City, MO 64105-1407
americancentury.com/brokerage