Brokerage Account Application

For Corporations, Partnerships, Not-For-Profit and Other Institutional Investors



CIP CDD Use this form to open an American Century Investments® brokerage business account.

- Accounts are available only to U.S. entities.
- You must attach a copy of the appropriate documentation that supports the identity of your
 organization and its authorized signers and a completed certification form, as indicated below. The
 authorized signers listed on this application must also be authorized by your entity's supporting
 documents. If your supporting documents authorize additional signers, only the individuals listed on
 this form will be authorized on your account(s).
 - Corporations: Attach a certified copy of the articles of incorporation; a certified copy of either a corporate resolution or the minutes of a board meeting documenting the authorized signers for your corporation; and a completed Corporate Resolution Certification form.
 - Partnerships: Attach a copy of the partnership agreement and a completed Partnership Account form.
 - Limited Liability Companies (LLC): Attach a copy of the operating or membership agreement and a completed Limited Liability Company Resolution Certification form.
 - *Unincorporated Associations:* Attach a copy of your organization's charter document; a certified copy of the minutes of a meeting documenting the authorized signers for the association; and a completed *Non-Corporate Resolution* form.
 - Foundations and Endowments: Attach a copy of your organization's charter document; a certified copy of the minutes of a meeting documenting the authorized signers for your organization; and a completed Non-Corporate Resolution form.
 - Sole Proprietorships: Attach a copy of your charter document or the IRS letter confirming the assignment of your Employer Identification number and a completed Non-Corporate Resolution form.

Please print clearly in CAPITAL letters using black ink and sign on page 10.

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Provide Your Account Information

Entity name ¹ Di	Disregarded entity name, if applicable	
Employer Identification number ²		
Business street address (No PO or PMB permitted.)		Apartment/Unit
City	State	ZIP
Business mailing address (If different from street address; PO or F	PMB permitted.)	Apartment/Unit
City	State	ZIP

¹ For a single-member LLC that is a disregarded entity, list the single member's name.

² For a single-member LLC that is a disregarded entity, list the single member's tax identification number.

Contact person's full name			
Telephone number (daytime)		Fax number	
Email address			
Provide Information About	our Organization		
A. Tell us about your organizati	ion		
Indicate source of the organization's inc	ome		
Indicate the purpose of the account			
Is your organization a governmental	entity? Yes] No	
B. Indicate how the organization	on is taxed (mark one)		
☐ Unincorporated association☐ Sole proprietorship☐ Tax-exempt not-for-profit	☐ S Corporation ☐ C Corporation ☐ Partnership	LLC taxed as a (select one):	☐ Partnership ☐ C Corporation ☐ S Corporation ☐ Single member/ disregarded entit
Provide Information About V			al entity in step 2. you
may skip this step and step 4 an	d proceed to step 5.		
To help the government fight finance record information about the individual			tutions to obtain, verify ar
Please provide all of the information the legal entity, such as an executive			
Control Person for the Organization	<u>on</u> :		
Control Person's full name			
Title			



Provide Information About the Owners of the Organization

If you marked tax-exempt not-for-profit, unincorporated association, sole proprietorship or governmental entity in step 2, you may skip this step and proceed to step 5.

Please provide **all** of the information requested below for each individual who owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25% or more of the equity interests of the organization. **Owners with less than 25% should not be listed.**

\square Mark this box if no one directly or indirectly owns at least 25% of the equity interests of the organization.			
Owner's full name			
U.S. Social Security number	Date of birth		
Residential street address (No PO or PMB; do not enter the business address)	City	State	ZIP
Owner's full name			
U.S. Social Security number	Date of birth		
Residential street address (No PO or PMB; do not enter the business address)	City	State	ZIP
Owner's full name			
U.S. Social Security number	Date of birth		
Residential street address (No PO or PMB; do not enter the business address)	City	State	ZIP
Owner's full name			
U.S. Social Security number	Date of birth		
Residential street address (No PO or PMB; do not enter the business address)	City	State	ZIP

If this page is left blank, you confirm that no one directly or indirectly owns at least 25% of the organization's equity interests.

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List the Authorized Signers for the New Account (Signatures Required)

List each individual authorized to direct transactions on this account and all other accounts established under the Employer Identification number listed in step 1 and have the authorized individual sign. If you need to list additional signers, please make a copy of this page and attach it to this application.

Note: If you are a sole proprietor, you may only authorize yourself in this section.

Printed Name	Title
Signature	Date
Printed Name	Title
Signature	Date
Printed Name	Title
Signature	Date
Printed Name	Title
Signature	Date
Printed Name	Title
Signature	Date

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?			
If yes, list company name, emp confirmations will be sent to yo	oloyee name, position, affiliation our employer in accordance wit	and address. Duplicate statem h current regulations.	ents and duplicate
Company name	Position	Address	
Employee name	Affiliation firm, exch	ange 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, emp	loyee name, position and addr	ess.	
Company name	Position	Address	
Employee name			
	or a relative who shares your ho of at least \$50 million?	ner) or an immediate family mer ome) a natural person, corporati	
Individual or entity name			
Are you (any account owner, trudomestic partner, minor child or executive of a publicly traded or Yes No If yes, list company name, emplor restrict account trading. It is all applicable trading regulation	a relative who shares your hor ompany? oyee name, position and addres the responsibility of the accoun	ne) a director, a 10% shareholds ss. American Century Investmen	der or policy-making nts will not monitor
Company name	Position	Address	
Employee name			
Are you (any account owner, tru domestic partner, minor child or			ber (spouse or
☐ Yes ☐ No	•	-	
lf yes, provide your large trader	identification number:		
		LTID No.	

Designate Account Funding

The minimum initial investment for a Standard Account is \$2,500 and \$10,000 for a Corestone Account® (the Corestone Account is not available for corporations). Checks must be payable to American Century Brokerage.

	-0
	By Check I have enclosed a check payable to American Century Brokerage in the amount of \$
	By Stock or Bond Certificates I have enclosedcertificate(s) endorsed exactly as they are registered on each face and have written Pershing LLC on the line between "appoint" and "attorney."
	By Transfer from Another Financial Institution Complete the <i>Brokerage Transfer Form</i> included in your information packet. Fill out one <i>Brokerage Transfer Form</i> per financial institution and attach a copy of the last statement(s). If you need additional forms, please make a copy or go to americancentury.com to download a copy.
	By Direct Transfer from American Century Investments Mutual funds held directly with American Century Investments can be transferred to the new account. Please note a Giftrust account is not available for transfer to a brokerage account.
	Upon transfer from American Century Investments, automatic investments will be discontinued. To make automatic investments or a one-time investment into the brokerage account, please complete our <i>Brokerage Investment and Redemption Form.</i>
tho	rization to Transfer from American Century Investments

Au

If transferring funds in-kind and the fund ownership remains intact, no taxable event will be incurred. If liquidating the funds and transferring the cash, this may be a taxable event.

- Transfer in-kind The account registration must be identical. Indicate the number of shares to transfer in-kind below. Please note all money market funds will be liquidated.
- Liquidate The current mutual fund shares will be sold and transferred as cash to the brokerage account. If transferring among accounts with different registrations, please include a letter of authorization with all owners' signatures. For transfers exceeding \$100,000, your letter of authorization must have all owners' signatures guaranteed. Indicate the dollar amount to liquidate below.

Name of Fund / Account Number	Transfer Instructions	Dollars / Shares
	☐ Transfer in-kind ☐ Liquidate	All Portion: \$ or Shares
	☐ Transfer in-kind ☐ Liquidate	All Portion: \$ or Shares
	☐ Transfer in-kind ☐ Liquidate	All Portion: \$ or Shares

Trading After Account has been Established

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.

Select Type of Account, Enhanced Cost Basis and CheckWriting

Choose One — Standard or Corestone Account (if blank, a Standard Account will be established without Enhanced Cost Basis or CheckWriting) ☐ Standard Account — A semi-annual maintenance fee may apply. Please see the Brokerage Fees and Commissions schedule. This fee is waived for Platinum, Gold and Silver Priority Investors. Select the services below that you would like to establish for your Standard Account. If left blank, CheckWriting and Enhanced Cost Basis will not be established. ☐ **Enhanced Cost Basis** — A \$25 annual fee will apply. This fee is waived for Platinum, Gold and Silver Priority Investors. Enhanced Cost Basis will provide realized and unrealized gain/loss information on all covered and noncovered shares for which we have original purchase information. Cost basis information will be included on your periodic statements. ☐ CheckWriting — A \$25 annual fee will apply to accounts with an average month-end sweep balance below \$25,000. This fee is waived for Platinum, Gold and Silver Priority Investors. I acknowledge that I will receive a checkbook and that only one signature is needed to sign checks. The name and address that will appear on your checks will be taken from your brokerage account. You may add one additional line of information on your checks, such as your telephone number. ☐ Do not include an address on my checks. ☐ Include additional information below (optional): May not exceed 32 characters including spaces (e.g., telephone number) ☐ Corestone Account (not available for corporations) — A \$100 annual fee will apply to accounts with a balance below \$50,000. This fee is waived for Platinum, Gold and Silver Priority Investors. • Enhanced Cost Basis — Enhanced Cost Basis will provide realized and unrealized gain/loss information on all covered and noncovered shares for which we have original purchase information. Cost basis information will be included on your periodic statements. • CheckWriting — Electronic checking will automatically be established for your Corestone Account. You will receive a checking account number and ABA number to be used for electronic fund transfers unless you elect to receive a paper checkbook below. ☐ Checkbook — I acknowledge that I will receive a checkbook and that only one signature is needed to sign checks. The name and address that will appear on your checks will be taken from your brokerage account. You may add one additional line of information on your checks, such as your telephone number. ☐ Do not include an address on my checks. ☐ Include additional information below (optional): May not exceed 32 characters including spaces (e.g., telephone number)

Cost Basis Election Method

We will use the default disposition method of First In First Out (FIFO) in reporting cost basis for sales of all securities, except for mutual funds transferred directly from American Century Investments with average cost disposition. Bonds contain a provision that allows investors to amortize the premium or accrue the discount using different methods. We will amortize taxable bond premiums and apply the Market Discount Accrual Method using the Constant Yield as a default, unless otherwise notified. Additional information regarding cost basis for bonds can be found at americancentury.com (search "cost basis reporting"). You may make an alternative election by forwarding a signed request to American Century Investments. Please consult a tax advisor for any questions regarding your specific tax situation.

Select Additional Account Services

Automatic Sweep Account (required)

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 U.S. Government Money Market Fund for accounts beneficially owned by a nonnatural person (entities), or the Prime Money Market Fund for accounts beneficially owned by a natural person (sole proprietorships). ☐ U.S. Government Money Market ☐ Capital Preservation ☐ California Tax-Free Money Market ☐ Tax-Free Money Market (income may be (refer to prospectus for state availability) subject to the Alternative Minimum Tax) ☐ Prime 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. Electronic Payment from/to Your Financial Institution (optional) To establish the ability to electronically transfer funds by ACH (Automated Clearing House) or wire, complete our Brokerage Investment and Redemption Form. **Debit Card Services (available only for Corestone Accounts)** Please select the debit card service(s) you would like to establish: ☐ I would like to establish Debit Card Services on this account. I acknowledge that Visa® debit card(s) will be issued to the account owner(s) indicated on this application (not available for corporations). ☐ I would also like to establish RewardSuite™ on this account. RewardSuite is a client loyalty program, available only for Visa® debit card holders. RewardSuite provides points for eligible purchases made with your Visa® debit card and redemption options including air travel, gift cards or cash back. Please refer to the RewardSuite website for information on eligible purchases. If you sign up for RewardSuite, you must abide by the program's terms and conditions. For information, please visit myrewardsuite.com. BillSuite™ (available only for accounts with CheckWriting) BillSuite enables you to view, pay and manage bills online. BillSuite is available for all Standard and Corestone Accounts that have CheckWriting at no additional charge. You may use this service by going online to your brokerage account website at americancentury.com/brokerage. For questions please contact us at 1-888-345-2071. ☐ I would like to establish BillSuite on this account. **Margin Feature** Margin borrowing may provide overdraft protection and a secured line of credit for purchases. To provide you with these benefits, the account may automatically be established with the margin feature unless you check the box below. Corporations are required to supply a corporate resolution to establish the margin feature. ☐ I DO NOT want to add the margin feature to my account. Addition of this feature is subject to American Century Investments' approval and may require a review of your credit history. Margin borrowing involves additional risks and is not suitable for all investors.

Your signature on this application acknowledges that you have read the Margin Agreement section of the

Step 9 continued on page 9

Customer Agreement and agree to its terms.

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Select Additional Account Services (continued)

Duplicate Statements

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

Select from the list below (check applicable box)

☐ Please send duplicate statements.	Please send duplicate statements. Please send duplicate trade confirmations.	
Name		
Street address (Foreign address permitted.)		Apartment/Unit
City	State	ZIP

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 the 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 after your account is established.

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Read and Sign Your Name

By signing this application, I/we agree to the following:

- I/We acknowledge receipt of a current prospectus for the applicable American Century Investments money market fund.
- I/We 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.
- 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.
- All securities transactions are accepted by American Century on an unsolicited basis and are the result of independent action by me/us.
- If a brokerage Standard Account with CheckWriting or Corestone Account is selected, I/we consent and agree to all terms and conditions of Section II of the Customer Agreement.
- If I choose, I authorize PNC Bank, N.A. to issue Visa® debit card(s), and The Bank of New York Mellon to issue checks as indicated on this application. Prior to signing on the next page, I/we have received and read Section II of the *Customer Agreement*, as currently in effect and as amended from time to time, which governs my Brokerage Account and associated debit card, CheckWriting and related services, and I agree to be bound by such *Customer Agreement*.
- To the extent that I/we engage in Precious Metals transactions, I/we agree to all terms and conditions of the Precious Metals section of the Customer Agreement.
- In consideration of American Century, its employees or agents providing the services established on this form, I/we agree to defend, hold harmless and indemnify American Century, its officers, agents, employees, affiliates and successors from all losses, claims, expenses and liabilities that any of them may suffer arising from, or as a result of, American Century's acceptance of transaction instructions through these services.
- I/We understand that neither American Century nor any affiliated companies shall be responsible or liable for any damages related to online service including, but not
 limited to, those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure, telephone or interconnectivity
 problems, or other occurrences beyond their control.
- American Century will report tax information, including cost basis information, to the IRS annually. American Century is not required to report tax information on financial institutions, insurance companies or C Corporations.
- I/We hereby certify, to the best of my/our knowledge, that the information provided on this application is complete and correct, including the control and beneficial ownership information. I/We agree to notify American Century Investments if this information changes.
- 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 documents and information requested on this application. In some instances, we may request additional documentation.

Step 10 continued on page 10

Read and Sign Your Name (continued)					
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.i FATCA Reporting - If you are submitting this form for an account you hold in the United States, you may leave the second field below blank. The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.					
				Exemptions Codes (Codes apply only to certain entities,	not individuals that are exempt from reporting under FATCA)
				Exemptions (see instructions in IRS Form W-9):	
Exempt payee code (if any)Exemption fro	om FATCA reporting code (if any)(Applies to accounts maintained outside the U.S.)				
Under penalties of perjury, I certify that:					
1. The number shown on this form is my correct taxpayer identi	fication 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.					
4. The FATCA code(s) entered on this form (if any) indicating that	at I am exempt from FATCA reporting is correct.				
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 d	ocument other than the certifications required to avoid backup withholding.				
NEW YORK MELLON CORPORATION, OR LOANED OUT TO OTHE I/WE HAVE RECEIVED, READ, UNDERSTOOD, CONSENT AND AG ("CUSTOMER AGREEMENT") AND FURTHER ACKNOWLEDGE TH	BY ME/US MAY BE LOANED TO AMERICAN CENTURY OR PERSHING LLC, A SUBSIDIARY OF THE BANK OF IRS. IREE TO ALL TERMS AND CONDITIONS OF THE AMERICAN CENTURY BROKERAGE <i>CUSTOMER AGREEMENT</i> IN THE <i>CUSTOMER AGREEMENT</i> CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN PAGE 32, IN THE <i>CUSTOMER AGREEMENT</i> , AND AGREE TO BE BOUND BY ITS TERMS.				
	must sign and state their titles. If there are more than two signers, please provide signatures				
• For a corporate account, a vice president or a	above must sign and state his or her title.				
 For an unincorporated association, two officers must sign and state their titles. For a general partnership, one partner must sign with the words "general partner" following his or her signature. 					
					• For a limited partnership, the managing or gi
	esident or above must sign and state his or her title.				
Printed Name	Title				
Signature	Date				
Printed Name	Title				

Signature

American Century Brokerage, a Division of American Century Investment Services, Inc., Member SIPC ${\rm \rlap{I}}$

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Date

Attn: Brokerage 430 W. 7th St. Kansas City, MO 64105-1407 American Century Investments
P.O. Box 419146
Kansas City, MO 64141-6146
Investment Specialist:
1-888-345-2071
americancentury.com/brokerage