

# Non-IRA Electronic Transfer Services

Please use this form to add or update the banking information on your DWS fund non-IRA account. If you need assistance completing the form, please contact Shareholder Services.

Call: (800) 728-3337 or e-mail: service@dws.com

Step 1   Important account information											
Name of Primary Account Owner	Name of Joint Owner (if applicable)	Social Securi	Social Security Number on Account								
DWS Fund Account Number(s) <sup>1</sup> ( ) Daytime Phone Number Extension	( ) Evening Phone Number Extension										
Address	City	State	Zip								
Step 2 Account options											
<ul> <li>A. Telephone Services</li> <li>Telephone Wire Redemption: This option allows you to redeem (sell) a minimum of \$1,000 by telephone, and have the proceeds wired to the bank account appearing on your attached voided check or deposit slip. Your bank may charge you a fee on a wire redemption.</li> <li>Purchase: I want the ability to move a minimum of \$50 by telephone or online from my bank account to my DWS Fund account. We will use the bank account on your check or deposit slip attached in Step 3.</li> <li>Redeem: I want the ability to move a minimum of \$50 by telephone or online from my DWS Fund account to my bank account. We will use the bank account on your check or deposit slip attached in Step 3.</li> </ul>											
						B. Direct Distributions					
						The options below allow electronic bank transmission of either dividends/capital gains or automatic withdrawal plan payments.					
						Automatic Withdrawl Plan (AWP) – If setting up an AWP, all dividends and capital gains must be reinvested.					
☐ I would like distributions from my current be sent to the bank noted on my attached		ount number(s)	indicated in Step 1 to								

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<sup>&</sup>lt;sup>1</sup> We will update all Funds under your indicated account number(s). Please complete the IRA Electronic Transfer Services Form (IRA-10C) for your IRA account(s).

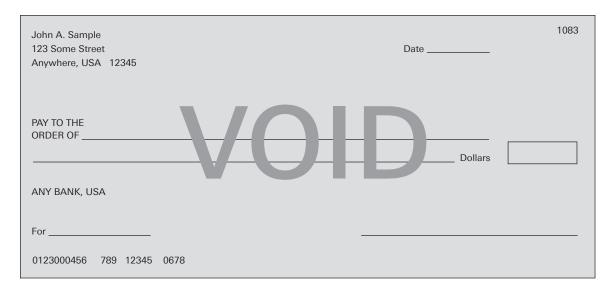
Step 2   Account options (co	intinued)				
Dividends and capital gains					
☐ I would like the dividends and short term capital gains from the account number(s) indicated in Step 1 to be sent to the bank noted on my attached voided check or deposit slip.					
☐ I would like the long term capital gains from the account number(s) indicated in Step 1 to be sent to the bank noted on my attached voided check or deposit slip.					
Please allow 30 days for this service to be activated. We do not charge a fee to establish Direct Distributions. However, you may wish to verify that your bank does not charge a fee for automated services.					
C. Automatic Investment Plan (AIP)					
This option allows you to inves	t automatically and regularly	y in your DWS Fund(s).			
1) Indicate the month and year you want your first AIP deposit to be made <sup>1</sup>					
		cy is indicated, AIP will be monthly	.)		
☐ Monthly (12 times a year) ☐ Semi-monthly (2 times a month) ☐ Bi-monthly (6 times a year)					
☐ Quarterly (4 times a year)					
3) Complete the information b	,	vestment Plan: (minimum amount p			
o, compress and annual control	,	, , , , , , , , , , , , , , , , , , , ,			
			\$		
Fund Name/Number	Account Number	Day(s) of the Month <sup>1</sup>	Dollar Amount		
Fund Name/Number	Account Number	Day(s) of the Month <sup>1</sup>	Dollar Amount		
		,,,	\$		
Fund Name/Number	Account Number	Day(s) of the Month <sup>1</sup>	Dollar Amount		
This authorization will continue until terminated by the account owner by written notice or by phone. Termination will be effective as soon as DWS Service Company has had reasonable time to act following receipt of such notice. Cancellation of an AIP must be received at least 30 business days prior to the next scheduled purchase date, otherwise we may not be able to stop the systematic purchase.					
Step 3 Banking information	n				
This information will be used for any banking services you select in Step 2. We cannot establish banking services from cash management, brokerage or mutual fund checks. Also, your name and address must be preprinted on the check or deposit slip.					
Select one:  Change my banking information (Any existing bank information will be removed)  OR Add supplemental banking information (Any existing bank information will not be removed)					
Note: If no selection is made, agreements will not be update	we will default to "Add Sup ed with the new bank inform	plemental Banking Information." Anation.	ny existing systematic		

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<sup>&</sup>lt;sup>1</sup> Note: If you do not select a day, we will automatically process your investment on the 25th day of the month. If the day you select falls on a weekend or holiday, your investment will be made on the next business day. We must receive this form seven days prior to the day you wish your investments to begin. Otherwise, your AIP will begin the following month.

### **Bank Instructions**

If you select any of the privileges in Step 2 above, please tape a voided check or deposit slip here to transfer money between your bank and your DWS Fund account. The name and address on the bank account registration must be preprinted on the check or deposit slip. Please write "VOID" on your check before sending.



Please indicate the type of account at your financial institution. Only one type should be selected. If no selection is made, checking will be the default. We cannot establish banking services from cash management, brokerage or mutual fund checks.

☐ Checking OR ☐ Savings

If the bank account registration does not match your DWS fund account registration, a Medallion Signature Guarantee is required for the DWS fund account owner(s) and all additional bank account owners.

#### Step 4 | Signature(

By signing this form:

I certify that I have the authority and legal capacity to establish and use the electronic Account Services chosen for my account(s).

I authorize DWS Service Company and its agents to act on any instructions (including telephone or electronic instructions, as applicable) they reasonably believe to be genuine for services requested and/or received automatically. DWS Service Company will use reasonable security procedures to provide assurance that telephone or electronic instructions are genuine, including verifying the identity of the caller, and will not be responsible for acting on instructions reasonably believed to be genuine.

I authorize my bank to honor all entries to my bank account arising in connection with any services I select or receive automatically. The power will continue if I am disabled or incapacitated. I understand that if I choose to invest in my account through the automatic investment plan, my investments will continue regardless of share price levels, and there is no assurance of profit or protection against loss in down markets. I have considered my ability to maintain this plan during such times.

I understand that any service I elect to receive using this form is governed by the terms and conditions of the DWS fund prospectus and the rules of the Automated Clearing house, as applicable, and may be terminated or modified at any time without notice. I hereby release the DWS Funds, their affiliates, their agents and representatives from all liability and agree to indemnify the same from any and all losses, damages or costs for acting in good faith in accordance with the services selected herein. In no event shall the DWS Funds or their agents or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives and assigns of my account.

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Step 4 | Signature(s) (continued

Date - MM/DD/YYYY

#### Medallion Signature Guarantee Requirements:

- A Medallion Signature Guarantee is NOT required if your bank account matches the DWS fund account registration.
- If the bank account registration does not match your DWS fund account registration, a Medallion Signature Guarantee is required for the DWS account owner(s) and all additional bank account owners.

Account Owner/Authorized Party/Trustee	
	Affix Medallion Signature Guarantee or Guarantee stamp (a notary seal is not acceptable)
Print Name	
Signature (If acting on behalf of the account owner you must sign in capacity†)	
Date – MM/DD/YYYY	
Joint Owner/Authorized Party/Co-Trustee	
	Affix Medallion Signature Guarantee or Guarantee stamp (a notary seal is not acceptable)
Print Name	
Signature	
Date – MM/DD/YYYY	
Bank Account Owner if Different from DWS	S Fund Account Owner (if applicable)
	Affix Medallion Signature Guarantee or Guarantee stamp (a notary seal is not acceptable)
Print Name/Title	
Signature of Rank Account Owner	

Special note to Medallion Signature Guarantee guarantors: By affixing the Medallion Signature Guarantee, you are verifying the identity of the individuals and entities assigned to this account and are accepting liability for any misrepresentation as it applies to this registration and any accompanying documentation.

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<sup>&</sup>lt;sup>†</sup> If acting on behalf of the account owner, or an entity such as a Trust, a Company, or an Estate, you must sign in the capacity of your title as it relates to this account (i.e. Joe Smith, Attorney-in-Fact). The institution providing the Medallion Signature Guarantee for these types of accounts will require additional documentation. You may wish to contact the institution to confirm the documentation they require to provide you with a Medallion Signature Guarantee.

## Medallion Signature Guarantee

A Medallion Signature Guarantee is issued by a bank, savings and loan, trust company, credit union, broker/dealer, or any member or participant of an approved signature guarantee program. Please note that a notary public is not an acceptable quarantor. An officer of the institution will ask for identification to be sure that you are, in fact, the person identified on this form and the person signing it. Once the guarantor has reviewed your request, verified your identity and your authority to act on the account presented to them, they will affix a Medallion Signature Guarantee stamp to your form.

DWS prefers Medallion Signature Guarantee stamps. We must receive an original stamp. If more than one signature is required on this form, we will need separate stamps for each signature. If you are obtaining a non-Medallion Signature Guarantee, please contact us. We may require additional documentation to complete your request.

To arrange a wire redemption: For DWS Money Funds, a wire will be sent the same day if requested before 11 a.m. CT and requests made after 11 a.m. will result in the funds being wired on the next business day. Wires from DWS Fund accounts, requested prior to 3 p.m. CT, will be sent the next business day.

## Please mail completed form to:

**DWS Service Company** P.O. Box 219151 Kansas City, MO 64121-9151

Overnight Address:

**DWS Service Company** 430 W. 7th Street Suite 219151 Kansas City, MO 64105-1407

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