



## Transfer on Death Change of Beneficiary Designation

Complete this form to change or correct a beneficiary designation on an existing Transfer on Death ("TOD") account. This form cannot be used to establish a TOD account. Before completing this form, see the "Rules for Registering Ownership of Accounts with Transfer on Death (TOD) Designation" ("RULES") that are included with the Transfer on Death (TOD) application. For assistance in completing this form, please contact Shareholder Services, at (800) 728-3337 or e-mail: [service@dws.com](mailto:service@dws.com)

There are numerous situations that may affect your beneficiary designation, such as, the death of a beneficiary, divorce, birth or adoption of a child or beneficiary name change. You may wish to notify each designated beneficiary that he/she is the beneficiary of your account(s).

### Step 1 | Shareholder information

TOD Account Number		Social Security Number on Account (required)	
Name of Primary Account Owner		Name of Joint Owner (if any)	
Address	City	State	Zip
( )			
Daytime Phone Number	Extension		

### Step 2 | Beneficiary designation

If more than two primary or two secondary beneficiaries are named, add pages with the same information as requested here. If you are married and name someone other than your spouse as your beneficiary, refer to the Spousal Consent section in Step 5.

By selecting "Yes" to LDPS below, if that beneficiary dies before you (or the survivor of your beneficiary and any joint owner, if applicable), the beneficiary's share will pass to his/her lineal descendants per stirpes. "LDPS" following the name of the primary or contingent beneficiary refers to a class of unnamed persons who are the lineal descendants per stirpes of the primary or contingent beneficiary, and who are to take, upon surviving the shareholder, in the place of and with the same priority as the beneficiary would have taken if the beneficiary had survived the shareholder. Lineal descendants, taking as substitutes for a beneficiary, if they are of the same degree of kinship to the nonsurviving beneficiary, share equally, but if they are of unequal degree, then those of more remote degree take the share of their parent by representation.

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### Primary beneficiaries

Percentages must equal 100%

<hr/>	%	<hr/>
Name	Percentage	<input type="radio"/> Social Security Number OR <input type="radio"/> Tax ID
<hr/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	LDPS <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth—MM/DD/YYYY		
<hr/>		
<hr/>	%	<hr/>
Name	Percentage	<input type="radio"/> Social Security Number OR <input type="radio"/> Tax ID
<hr/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	LDPS <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth—MM/DD/YYYY		

### Secondary beneficiaries

Percentages must equal 100%

<hr/>	%	<hr/>
Name	Percentage	<input type="radio"/> Social Security Number OR <input type="radio"/> Tax ID
<hr/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	LDPS <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth—MM/DD/YYYY		
<hr/>		
<hr/>	%	<hr/>
Name	Percentage	<input type="radio"/> Social Security Number OR <input type="radio"/> Tax ID
<hr/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	LDPS <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth—MM/DD/YYYY		

For the account listed in Step 1, I am (we are) designating the person(s) listed as my (our) beneficiary(ies) in Step 2, thereby assigning ownership of the Account on my (our) death (or on the death of the survivor of us) to my (our) beneficiary(ies). I (We) direct the Fund to transfer the Account, including unpaid distributions or a portion thereof, in accordance with this direction and the RULES. This direction revokes any previous beneficiary designation on the Account.

If I am the sole owner of the Account and if I am married, I understand that if I designate a beneficiary other than my spouse, then my spouse must approve my beneficiary designation by signing in Step 5. I understand that a change in my marital status before my death may make my designation of beneficiary ineffective. I understand that any person whom I marry after I make this designation must consent to my designation.

If there are joint owners of the Account other than two joint owners married to each other, and any of us are married, we understand that our respective spouse(s) must approve our designation of beneficiary by signing in Step 5. We understand that a change in marital status of any of us other than by reason of our respective deaths may make our designations of beneficiary ineffective, and we understand that any spouse whom either of us marries after we make this designation must consent to our designation. I (We) understand that it is my (our) responsibility to determine whether spousal consent is required. Neither DWS Service Company nor any Fund or any agent or affiliate thereof will be liable for any consequences resulting from my (our) failure to provide proper spousal consent.

Before signing, carefully read the "Rules for Registering Ownership of Accounts with Transfer on Death (TOD) Designation," as they will be binding upon you, your heirs, representatives, successors and assigns. It is recommended that you seek the advice of an attorney with respect to the legal consequences of signing this form. Neither DWS Service Company nor any Fund or any agent or affiliate is responsible for determining the legal and tax consequences to you and your successors of a registration in TOD form.

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## A Notary public is required to update beneficiary designations on an existing TOD account

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date—MM/DD/YYYY

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Joint Account Owner (if applicable)

\_\_\_\_\_  
Date—MM/DD/YYYY

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## Notary public signature(s)

Affix Notary stamp or seal  
(Must be dated within 60 days of our receipt of form.)

\_\_\_\_\_  
State of

\_\_\_\_\_  
County of

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_

and \_\_\_\_\_ to me known to be the individual(s) who executed the foregoing instrument and acknowledged that he/she/they executed the same. In witness whereof I have hereunto signed my name and affixed my seal.

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
My commission expires

Step 5 Spousal consent

This section should be reviewed if you are married, live in a community property or marital property state and designate a beneficiary other than your spouse.

- It is your responsibility to determine if this section applies. You may need to consult with legal counsel.
- If this section applies, have your spouse sign as indicated.
- Neither DWS Trust Company nor DWS Service Company or its affiliates will be liable for any consequences resulting from failure to provide proper spousal consent.

Community property is recognized in AZ, CA, ID, LA, NV, NM, TX, WA, WI and Puerto Rico, but this list is subject to change.

I hereby consent to the beneficiary designation stated above. I understand that the beneficiary designations made by my spouse may be ineffective unless I consent thereto. I understand that by consenting, I will not receive any interest in the Account(s) at the death of the shareholder or surviving joint tenant shareholder, except as specifically provided in this form. I hereby consent to any beneficiary designation made by my spouse at any time. I consent to each specific beneficiary designation and change in designation that may be made by my spouse from time to time. I fully understand that my spouse may change any designated beneficiary(ies) without my consent.

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date— MM/DD/YYYY

\_\_\_\_\_  
Name of Joint Owner's Spouse

\_\_\_\_\_  
Signature of Joint Owner's Spouse

\_\_\_\_\_  
Date— MM/DD/YYYY

Step 6 Terms

**Acceptance by the fund:** The Fund's acceptance of the beneficiary designations set forth herein is effective when the Form is submitted in good order and accepted by the Fund prior to your death. Acceptance by the Fund shall relate back and take effect at the time the Form was received. However, the Fund's acceptance of the direction for a shareholder or joint shareholder who marries after the acceptance of this Form is not valid without spousal consent. The Fund may refuse to accept a TOD direction if the number of beneficiaries and the length of their descriptions makes it impractical, in the Fund's discretion, to execute your TOD direction accurately.

**Primary and secondary beneficiaries:** You may designate one or more primary beneficiaries and one or more secondary beneficiaries. When multiple primary or multiple secondary beneficiaries are designated, you may provide for distribution in equal shares or in unequal shares. Unless a percentage share is stated for each beneficiary, surviving multiple primary or secondary beneficiaries will share equally. You may provide for unequal distribution of shares by expressing the percentage of your interest in the Account for each multiple beneficiary.

**Acceptance of beneficiary designations:** You may designate a trust as beneficiary by providing the name(s) of the trustee(s), the complete name of the trust, and the date of the trust or will. You may designate as a beneficiary a custodian under the Uniform Transfers to Minors Act or similar law of a state for the account of a beneficiary who is a minor at the time this Form is signed. Transfers to custodians under a Uniform Gifts to Minors Act are not permitted. A TOD beneficiary may not be designated for a limited estate of the shareholder's interest in the Accounts, and no attempted direction to transfer the Accounts to a beneficiary for a term of years or for the life of the beneficiary will be accepted. Non-LDPS TOD beneficiaries may not be designated by class, such as children, heirs or descendants.

**Who may complete this form?** A guardian, conservator or attorney-in-fact may not complete this form and in any way change a beneficiary designation except by court order approving the revocation or change.

**Please consult the RULES included with the Transfer on Death application before completing this form.** If you have additional questions, contact Shareholder Services by calling (800) 728-3337 or e-mail: [service@db.com](mailto:service@db.com)

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## 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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