

# Account Application

for 403(b) and 457(b) Investors



SSBT If you are a non-resident alien, call us before completing this application.

**Mail this completed application to American Century Investments® to establish your new account. Or, if required by your employer, return the application to your Human Resources office.**

**Please print clearly in CAPITAL letters using black ink and sign in step 7.**

**If you have questions, please call us at 1-800-345-3533.**

## 1 Select Your Account Type

Choose only one:  403(b)  457(b)

If you would like to open more than one type of account, please complete a separate application for each type.

## 2 Provide Information About Yourself

Mr. / Mrs. / Ms. First name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Check one:  U.S. citizen  U.S. resident alien

Street address (No P.O. or Private Mail Boxes permitted.) Apartment/Unit

City State ZIP

Mailing address (If different from above; P.O. or Private Mail Boxes permitted.) Apartment/Unit

City State ZIP

Telephone number (daytime) Telephone number (evening)

Email address (Consider electronic delivery – our eCommunication service is a fast, timely and secure way to get your account information without all of the paper. When you provide your email address, we will send you more information about this service and a link to enroll.)

### 3 Provide Your Employer Information

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American Century Investments Plan ID (if known)

Employer name

Is your employer a government entity?  Yes  No

Employer contact name

Street address

City

State

ZIP

Telephone number

Employer contact's email address

### 4 Select Your Investments

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Please read a fund's prospectus carefully before investing. You may only invest in a fund for which you have a current prospectus. If you need additional prospectuses, call 1-800-345-3533 or view the prospectus at [americancentury.com](http://americancentury.com).

Please make your fund selections for your initial and future contributions and indicate the percentage you want allocated to each fund. If you do not specify a fund, select a fund that is not available to your plan, or your allocation percentages do not total 100%, we will invest your contributions in the Prime Money Market Fund or the default fund selected by your employer.

**Please use the full fund name below. To select additional funds, attach a separate piece of paper with your instructions.**

Fund name	Percentage	%
Fund name	Percentage	%
Fund name	Percentage	%
	<b>100</b>	<b>%</b>
	Total Percentage	

### 5 Review Services Available To You

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#### How to Manage Your Account

As account owner, you may transact by telephone, fax, in writing or online. For redemptions, the *Distribution Request* form must be completed. For descriptions and the terms and conditions that apply to all the options offered, see *Service Options* accompanying this application.

## 6 Designate Your Beneficiary

Your employer may require additional information for your designation of beneficiary. Please check with your Human Resources office before completing this section.

### Read before you complete your designation

- Provide all information requested. **You must sign and date in step 7 to make your designation effective.**
- If you live in a community property state and you do not designate your spouse as sole primary beneficiary, consult with your attorney to determine if your spouse needs to consent on page 6.
- If a trust is your beneficiary, consult your attorney and submit a copy of the first page, signature page, and any other pages of the trust document that reveal the order of successor trustees.
- American Century Investments will pay benefits only to those beneficiaries living at the time of your death.
- **We will not accept a per stirpes designation.**
- You may change your designation at any time. Your change is effective when it is received and accepted by the Custodian and, if applicable, the plan administrator. Keep a copy of this application as a record of your designation.

### For 403(b) Investors Only

- If you are not married, death benefits will be paid to the beneficiaries shown in this section.
- If you are married, or later become married, and your plan is subject to the Qualified Preretirement Survivor Annuity (QPSA) requirements of the Employee Retirement Income Security Act of 1974 (ERISA), both you and your spouse must consent to alternative beneficiaries by completing this section and having your spouse's signature notarized on page 6.

### If you already have a designation on file with us

- This designation replaces and revokes any you have on file for assets held in the same type of retirement plan you are opening with this application.
- If you do not name a beneficiary here, your existing designation will apply.

### Applying your designation

Unless you check the box below, this designation will also apply to all other retirement plan types you currently have invested with us.

Retirement plans include: [Traditional/Rollover IRA\*, Roth IRA, SEP IRA, SARSEP IRA, SIMPLE IRA, 403(b), 457(b), and any Beneficiary accounts (Traditional IRA, Roth IRA, 403(b) and 457(b) assets for which you were named the beneficiary].

- I **DO NOT** want the designation below to also apply to all other retirement plan types (listed above) I currently hold with American Century Investments. I understand that this designation will **ONLY** apply to the retirement plan type for which I am opening with this application. Any designations I have on file for existing plan types I hold with American Century Investments will not be changed.

\* Updates to a Traditional IRA designation also apply to a Rollover IRA and vice versa. A Rollover IRA is a Traditional IRA that only contains assets rolled over from a former qualified retirement plan.

To designate more than one beneficiary, or unique beneficiaries for multiple retirement plan types you hold with us, visit [americancentury.com/bene](http://americancentury.com/bene).

*Step 6 continued on page 4*

## Designate Your Beneficiary (continued)

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Provide all information requested to designate your beneficiaries.

### Primary Beneficiary

In the event of my death, pay the balance of my plan to:

Primary beneficiary's name or name of trust **100** %  
Percentage

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Name of trustee (if applicable)

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U.S. Social Security number **OR** Trust's Tax ID number

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Street Address Apt./Unit

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City State Zip

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Date of birth or trust agreement Relationship to you

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### Secondary Beneficiary

If my primary beneficiary is not living at the time of my death, pay the balance of my plan to:

Secondary beneficiary's name or name of trust **100** %  
Percentage

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Name of trustee (if applicable)

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U.S. Social Security number **OR** Trust's Tax ID number

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Street Address Apt./Unit

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City State Zip

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Date of birth or trust agreement Relationship to you

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## 7 Sign Your Name and Date Below

### General Agreements

Please review the following carefully and sign exactly as your name appears in step 2.

- I have received and read the , and/or 457(b) Plan and Custodial Agreement, whichever is appropriate.
- I am of legal age.
- I have read and agree to the terms and conditions stated in the *Service Options*, which is incorporated into this application.
- I authorize American Century Services, LLC (“American Century”), its affiliated companies and agents, to act upon my instructions provided herein. I understand that I am authorized to transact business on this account by telephone, online, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all current and future accounts in all investment companies in the American Century family, listed under the taxpayer identification number shown on this form.
- In consideration of American Century accepting this 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 have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I’m investing.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by me online, by telephone, 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.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I acknowledge that State Street Bank and Trust Company, the Custodian, and American Century shall not be liable for any tax or other consequences in connection with contributions to my plan.
- 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.

### Beneficiary Agreements

- If naming a new beneficiary on this application: I hereby revoke all previous designations of beneficiaries for my plan.
- I understand that I may change my beneficiaries at any time by completing a *Designation of Beneficiary* form and that the change is effective when received in writing and accepted by the plan administrator, if applicable, and the custodian.
- **403(b) Investors:** I understand that if I am married at the time of my death, my surviving spouse is not designated as my sole primary beneficiary, and my plan is subject to the QPSA requirements of ERISA, this designation of beneficiaries will not be valid unless my surviving spouse has waived the QPSA (on a form provided by my employer) and consented to this beneficiary designation by signing in step 8. The signature must be witnessed by a notary public.

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.

**Participant’s signature**

**Date**

**Custodian Acceptance.** State Street Bank and Trust Company will accept appointment as Custodian of your account. However, this Agreement is not binding upon the Custodian until you have received a statement confirming the initial account set up and/or initial transaction for the account. Receipt by you of a confirmation of the initial account set up and/or purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company’s acceptance of appointment as Custodian of your account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

**Obtain Consent of Spouse [403(b) investors only] in step 8, if applicable**

## 8 Obtain Consent of Spouse

It is the account owner's responsibility to determine if this section applies, and to ascertain if the spousal consent language appearing below is sufficient to satisfy applicable state statutes. American Century Services, LLC, State Street Bank and Trust Company, and any affiliate and/or any of their directors, officers, trustees, employees and agents are not liable for any consequences resulting from your failure to provide proper spousal consent.

Your spouse must complete this step if:

- You live in a community property state and you are NOT designating your spouse as sole primary beneficiary; OR
- Your 403(b) plan is subject to the QPSA requirement and you are NOT designating your spouse as sole primary beneficiary. Check with your employer to determine if your plan is subject to this provision.

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

- I have read the beneficiary section of 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 or participant's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of the account owner's/participant's death.
- For 403(b) Spouses: I have read and understand the explanation and waiver of QPSA provided by my spouse's employer; I understand the financial effect of my spouse's election to waive the QPSA and I waived all rights to a QPSA under my spouse's 403(b) plan.

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**Name of Spouse (please print)**

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**Spouse's signature**

**Date**

### Acknowledgement

(Your spouse's signature must be acknowledged 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.

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**Notary public's signature (Seal)**

**Commission expires (month-day-year)**