

Account Application

For 403(b) Investors



American Century
Investments

If you have questions about this application, please call a Business Retirement Specialist at 1-800-345-3533.

■ Mail this completed application to American Century Investments to establish your new 403(b) account, or if required by your organization, return the application to your Human Resources office.

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

STEP 1 Provide Your Account Information

Please print clearly in CAPITAL letters using black ink.

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)

Street Address (No P.O. or Private Mail Boxes permitted.)

Street

Apt. / Unit

City

Check here if this is a new address.

State

ZIP

Mailing Address (If different from street address; P.O. or Private Mail Boxes permitted.)

Street

Apt. / Unit / PMB

City

Check here if this is a new address.

State

ZIP

Telephone number (daytime)

Telephone number (evening)

U.S. citizen

U.S. resident alien

Please provide your email address (required for the eCommunication service described in Step 7).

user name

@

service provider

(com, org, gov, edu, etc.)

STEP 2 Provide Alternate Contact Information

In case we lose contact with you, please provide an alternate contact who can be reached to help us locate you. (Do not list spouse or other person at your address.)

Name

Street

Apt. / Unit / PMB

City

State

ZIP

Telephone number (daytime)

Telephone number (evening)

STEP 3 Provide Your Employer Information

Employer name

403(b) employer contact name

Street

City

State

ZIP

Telephone number

Employer contact's email address

@

service provider

(com, org, gov, edu, etc.)

STEP 4 Indicate The Source Of Your Investment

Check all that apply.

Employee Voluntary Contribution (SRA, TSA, TDA)

Represents pretax contributions through voluntary salary reduction. You can find the 403(b) contribution limits in the *Plan and Custody Agreement*.

Contribution of \$, .
Approximate amount

How often will the contribution be made? (Check one.) Weekly Biweekly Monthly

Employer Contribution

Represents employer contributions or matches on your behalf.

Contribution of \$, .
Approximate amount

How often will the contribution be made? (Check one.) Weekly Biweekly Monthly

To begin your contributions, submit a salary reduction agreement to your employer.

Step 4 continued on Page 3 →

Indicate The Source Of Your Investment (continued)

Employee Mandatory Contribution

Represents mandatory pretax contributions through salary reduction to receive your employer's matching contributions.

Contribution of \$, .
Amount

How often will the contribution be made? (Check one.) Weekly Biweekly Monthly

Transfer of Assets from Another Institution

Complete and return the *Request to Transfer/Roll Over* form with this application. Proceed to Step 6 of this application.

Transfer of \$, .
Approximate amount

STEP 5 Select Your Investments

Please make investment choices for your future contributions and indicate the percentage to be allocated to each fund. If you do not specify a fund, you 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. Fund selections apply to all contribution types indicated in Step 4.

You may invest only in a fund for which you have a current prospectus. If you need additional prospectuses, call 1-800-345-3533 or view the prospectus on our Web site at americancentury.com. Please read a fund's prospectus carefully before investing.

A minimum monthly contribution of \$50 is required for each fund you select. If you're contributing less than \$50 a month, then 100% of your contribution must be allocated to one fund. If a fund's minimum is over \$2,500, you must meet the stated minimum.

For a list of fund names, see the enclosed Fund Choices and Service Options flier.

Fund name

%
Percentage

Fund name

%
Percentage

Fund name

%
Percentage

TOTAL 100%

STEP 6 Review Service Options Available To You

Automatic Services

American Century® will automatically establish the following services for your account, unless you choose to conduct business in writing only below. With these services, any one registered owner may transact by telephone, fax, in writing or online without a signature guarantee. In addition, you can sign up for our eCommunication service in Step 7.

- Authorized transactions by telephone or in writing
- Exchanges using our Automated Information Line and americancentury.com
- Redemptions in writing without a signature guarantee on our *403(b) Distribution Request* form

In Writing Only Option

- I want to conduct business in writing only. This means I must send signed instructions to exchange shares in writing and instructions to redeem on the *403(b) Distribution Request* form (with my signature guaranteed for redemptions greater than \$100,000). I will not receive the services listed above.

The option you choose will apply to all accounts listed under this Social Security number.

STEP 7 Select How You Want To Receive Investor Documents

If you would like documents such as annual and semiannual reports, prospectuses, statements and newsletters electronically rather than by U.S. mail, check the box below and provide your email address in Step 1. You'll receive an email that allows you to sign up for our eCommunication service. You may only sign up for this service electronically.

I want to receive an email to sign up for the eCommunication service. I have provided my email address in Step 1.

STEP 8 Designate Your Beneficiary

If you live in a community property state and you do not designate your spouse as your sole primary beneficiary, consult your attorney or tax advisor to determine if your spouse must consent in writing to your designation of beneficiary.

Complete this section to name beneficiaries who will receive any plan benefits payable at the time of your death. 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 covered under ERISA, both you and your spouse must consent to alternative beneficiaries by completing this section and having your spouse's signature notarized in Step 10. You can change your beneficiaries at any time by completing a *Designation of Beneficiary* form. Your organization may require additional information with your designation of a beneficiary. Please check with your Human Resources office before completing this section.

To designate multiple beneficiaries, complete a *Designation of Beneficiary* form. Please call us or go to the Business Retirement Services section of americancentury.com/formcenter for this form.

Are you married? Yes No

Primary Beneficiary

Death benefits will be paid to the primary beneficiary living at the time of your death. Provide all information requested to designate your primary beneficiary.

In the event of my death, pay the balance of my 403(b) to:

First name or name of trust

%
Percentage

Last name or name of trustee

 - -

U.S. Social Security number

OR

 -

Trust's Tax ID number

 - -

Date of birth or trust's agreement date

Relationship to you

Street

Apt. / Unit / PMB

City

State

 -

ZIP

Step 8 continued on Page 5 →

Designate Your Beneficiary (continued)

Secondary Beneficiary

Death benefits will be paid to the secondary beneficiary only if your primary beneficiary is no longer living at the time of your death. **Provide all information requested to designate your secondary beneficiary.**

If my primary beneficiary is not living at the time of my death, pay the balance of my 403(b) to:

First name or name of trust

%
Percentage

Last name or name of trustee

 - -

U.S. Social Security number

OR

 -

Trust's Tax ID number

 - -

Date of birth or trust's agreement date

Relationship to you

Street

Apt. / Unit / PMB

City

State

 -

ZIP

STEP 9 Sign Your Name

General Agreements

Please sign exactly as your name appears in Step 1.

- I have received and read the *403(b) Plan and Custody Agreement*.
- I am of legal age.
- I authorize American Century Services, LLC ("American Century") to act upon my instructions for the services I have selected on this application. This authorization applies to all accounts in all investment companies in the American Century family, listed under the Tax Identification number shown on this application.
- In consideration of American Century or employees providing the services established on this application, I agree to defend, hold harmless and indemnify American Century and 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 have read the prospectus for the fund(s) in which I'm investing.
- By choosing to do business by telephone, online, facsimile, in writing without a signature guarantee, or any other means, I agree to indemnify American Century and its affiliated companies from liability for any loss I may sustain. American Century will use reasonable procedures to confirm that instructions communicated by these same means 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 any affiliated company 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 mechanical equipment, communications line failure, 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.

Employee signature and date

- 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

- I hereby revoke all previous designations of beneficiaries for my 403(b) 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 and the custodian.
- 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 covered under ERISA, this designation of beneficiaries will not be valid unless my surviving spouse has consented to this designation by signing in Step 10. The signature must be witnessed by a notary public.

- I certify, under penalties of perjury, that:
 - (1) The Tax Identification number shown on this application is correct; and
 - (2) I am not subject to backup withholding because I have NOT been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends (strike the word "NOT" above if you have received IRS notification), or the IRS has notified me that I am no longer subject to backup withholding; and
 - (3) I am a U.S. person (including a U.S. resident alien).
- The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Proceed to Step 10, on back →

STEP 10 Obtain Consent Of Spouse

If you are married, your plan is covered under ERISA, and you have not designated your spouse as your sole primary beneficiary, your spouse must complete this section.

- As the spouse of the account owner named in Step 1, I certify I have read this designation of beneficiaries and voluntarily and irrevocably consent to the designation of beneficiaries. I understand I am not designated as the owner's sole primary beneficiary. I understand that if I were to decline to sign this consent, as the owner's surviving spouse, I would be entitled to 100% of any death benefits payable at the time of his or her death.

Mr. / Mrs. / Ms.

Spouse's first name

Middle initial

Spouse's last name

Your spouse's signature must be acknowledged by a notary public.

Spouse's signature and date

Acknowledgement

This section must be completed by a notary public.

State of County of

On the date below, before me the undersigned, a notary public, appeared in person, the person(s) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) who executed the foregoing instrument and acknowledged that he or she (they) executed the same as his or her (their) free act and deed.

Date of notarization (month-day-year)

Signature of notary public (Seal)

Date your commission expires (month-day-year)

Mailing address

American Century Investments
P.O. Box 419385 • Kansas City, MO 64141-6385

Contact number

1-800-345-3533
americentury.com

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