

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last, First, Middle

Address: \_\_\_\_\_  
Street Apt. # / PO Box #  
\_\_\_\_\_  
City State Zip Code

Birth Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Month Day Year Month Day Year

**I. Choose the Percentage or Dollar of Pay to Contribute**

You must contact your employer to complete the form necessary to start deferring into the plan.

**II. Make Your Investment Election Below (Enter whole % only. Total must equal 100%)**

Investment Options	Percent	Investment Options	Percent
59 - DWS U.S. Treasury Money Fund - Class S	%	22 - DWS Short Term Bond Fund - Class S	%
65 - DWS Cash Investment Trust - Class S	%	5A - DWS GNMA Fund - Class S	%
63 - DWS Core Plus Income Fund - Class S	%	61 - DWS Global Bond Fund - Class S	%
53 - DWS Conservative Allocation Fund - Class S	%	7X - DWS High Income Plus Fund - Class S	%
7T - DWS Balanced Fund - Class S	%	81 - DWS Moderate Allocation Fund - Class S	%
76 - DWS Emerging Markets Fixed Income Fund - S	%	3S - DWS Health Care Fund - Class S	%
82 - DWS Growth Allocation Fund - Class S	%	64 - DWS Growth & Income Fund - Class S	%
07 - DWS Global Thematic Fund - Class S	%	U8 - DWS Mid Cap Growth Fund - Class S	%
68 - DWS International Fund - Class S	%	3I - DWS Enhanced S&P 500 Index Fund - Class S	%
3B - DWS S&P 500 Index Fund - Class S	%	7Q - DWS Large Cap Value Fund - Class S	%
5B - DWS Capital Growth Fund - Class S	%	60 - DWS Large Company Growth Fund - Class S	%
10 - DWS Global Opportunities Fund - Class S	%	78 - DWS Small Cap Value Fund - Class S	%
1V - DWS Japan Equity Fund - Class S	%	73 - DWS Pacific Opportunities Fund - Class S	%
5C - DWS Small Cap Core Fund - Class S	%	7R - DWS Small Cap Growth Fund - Class S	%
79 - DWS Emerging Markets Equity Fund - Class S	%	77 - DWS Europe Equity Fund - Class S	%
74 - DWS Latin America Fund - Class S	%	7P - DWS Technology Fund - Class S	%
19 - DWS Gold & Precious Metals Fund - Class S	%		
<b>Total (must equal 100%)</b>			<b>100 %</b>

- Yes, I want to elect automatic Account Rebalancing and have my account automatically reallocated to match my most current investment election designation on the last business day of the month coinciding with the frequency I elect below. Check (√) one
- Quarterly (Mar, Jun, Sep, Dec)       Semi-Annually (Jun, Dec)       Annually (Dec)

Please see other side of this form for important information on market timing.

Note: This form was created by ADP, Inc. Retirement Services Division. Neither DWS Scudder Distributors Inc. nor any of its affiliates is responsible for the content of this form.

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Plan Number: **063442**      Plan Administrator Approval: \_\_\_\_\_      Date Received: \_\_\_\_\_

### III. Acknowledgement and Signature

By signing this application establishing a 403(b)(7) Custodial Account, I the under signed hereby certify that I have the power & authority to establish this account. Retain DWS Trust Company, or its successors. As Custodian of my 403(b)(7) account. Acknowledge receipt & acceptance of the Custodial Agreement. Acknowledge that I have received and read the prospectus for the investment(s) selected and this account will be subject to the prospectus as amended from time to time. Agree to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement. Acknowledge that I have verified with my Employer named above that it is an educational organization or 501(c)(3) tax exempt organization described under Section 403(b)(1)(a) of the Internal Revenue Code and that it has established a 403(b) plan in compliance with all applicable laws. Acknowledge that I am authorized to establish this 403(b)(7) account under my Employers 403(b) plan and in connection therewith I have entered into an elective salary reduction agreement with my Employer. Acknowledge that Deutsche Investment Management Americas Inc. and its affiliates have no responsibility for administering the Employer's 403(b) plan or for computing the applicable contribution limitations for my 403(b)(7) account under the Internal Revenue Code. Certify under penalties of perjury that: 1) the Social Security number provided on this form is correct and may be used for any account opened for me by DWS Trust Company, and 2) I am a US citizen or US resident alien. Certify to the truth of all the information and representations contained in this application. Furthermore, I understand that if I fail to complete the investment election in Section II., I will be deemed to direct that future contributions will be invested in the plans default fund.

Signature of Employee/Participant

Date:

### IV. Return Form to Your Benefits Office

In an effort to prevent short-term trading and market timing, many investment companies have established excessive trading and/or redemption fee policies for certain investments. ADP Retirement Services, whenever possible, implements the investment company's market timing policy (please review the fund's prospectus for information on a specific fund company's policies). However, there are instances when ADP Retirement Services may need to implement its own market timing policy, which could differ from the investment company's policy, in order to ensure compliance with the fund's prospectus. Because investment options in your retirement savings plan may be subject to these policies, please refer to your Plan Participant Web site (or, if the Web site is not available to you, call a Client Services Representative) for additional information.

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Name: \_\_\_\_\_

\_\_\_\_\_  
Last, First, Middle

Participant's Marital Status:  Single  Married  Divorced  Legally separated or abandoned (must provide court order to Plan Administrator)

**I. Beneficiary Instructions**

The Beneficiary Designation Form is used to designate the recipient of your account balance upon your death. This form must be completed by all employees when completing the Enrollment Form or Rollover Form (if not previously enrolled).

Section II. A primary beneficiary must and a secondary beneficiary may be designated. If you are married, your spouse must be the sole primary beneficiary, unless your spouse approves otherwise and signs the waiver below. If the primary beneficiary(ies) predeceases you, the secondary beneficiary(ies) will receive the account balance. You must attach an additional beneficiary form(s), if you elect to designate more than two primary and/or more than two secondary beneficiaries. Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all secondary beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the secondary beneficiary. Sign and date the form upon completion.

Section III. If you are legally married and have chosen a primary beneficiary other than your spouse, Section III must be completed and notarized.

**II. Beneficiary Designation**

**Primary Beneficiary**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
Street Apt # / PO Box#

\_\_\_\_\_  
City, State, Zip

Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ %  
Month Day Year

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
Street Apt # / PO Box#

\_\_\_\_\_  
City, State, Zip

Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ %  
Month Day Year

**Secondary Beneficiary**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
Street Apt # / PO Box#

\_\_\_\_\_  
City, State, Zip

Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ %  
Month Day Year

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
Street Apt # / PO Box#

\_\_\_\_\_  
City, State, Zip

Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ %  
Month Day Year

**III. Acknowledgement and Signature**

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to a default beneficiary or beneficiaries in accordance with the terms of the plan. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my plan balance.

\_\_\_\_\_  
Name (please print) and Signature of Employee/Participant

\_\_\_\_\_  
Date:

**IV. Spousal Consent & Distribution Election Waiver (Do not complete if your spouse is the sole beneficiary.)**

I hereby consent to the above designation by my spouse of a beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the election. I have read the instructions above and understand that by consenting to the above designation, either (I) no benefit from the Plan will be payable to me upon my spouse's death or (II) only a partial benefit from the Plan will be payable to me upon my spouse's death if a Joint Primary Beneficiary Designation was elected above.

\_\_\_\_\_  
Name (please print) and Signature of Spouse

\_\_\_\_\_  
Date:

Acknowledgement of Witness:

I hereby acknowledge that \_\_\_\_\_, to me know personally, appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and subscribed his/her name above and acknowledged to me that he/she did so free and voluntary act and deed for the purpose set forth in this form,  
Notary Public for the State/Commonwealth of: \_\_\_\_\_ County of: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
\_\_\_\_\_ Affix Seal Here

**V. Return the Form to ADP Retirement Services**

ADP Retirement Services  
71 Hanover Road  
Daily Production Unit MS 572  
Florham Park, NJ 07932

Note: This form was created by ADP, Inc. Retirement Services Division. Neither DWS Scudder Distributors Inc. nor any of its affiliates is responsible for the content of this form.

Plan Number: **0 6 3 4 4 2**

063442-FM05-03/06