Voluntary Cash Purchase Program and Dividend Reinvestment Plan Enrollment Form

The European Equity Fund, Inc.
The New Germany Fund, Inc.
The Central and Eastern Europe Fund, Inc.

c/o DWS Service Company
P.O. Box 219066
Kansas City, MO 64121-9066
1-800-437-6269

Step 1 Enrollment in the plan

☐ The European Equity Fund ☐ The New Germany Fund ☐ The Central and Eastern Europe Fund

This Voluntary Cash Purchase Program and Dividend Reinvestment Plan (the "Plan") is administered by DWS Service Company ("DWS" or the "Transfer Agent"), not by The European Equity Fund, Inc., The New Germany Fund, Inc., or The Central and Eastern Europe Fund, Inc. (each, individually, the "Fund"). SS&C GIDS, Inc. acts as the Plan Agent under the Plan.

Step 2 Enrollment in the plan

You may enroll in the Plan by either making an initial cash deposit or by enrolling shares you already own into the Plan. If you elect to enroll in the Plan by making an initial cash deposit, the cash deposit must be in the form of a check made payable to DWS Service Company. If you elect to enroll shares you already own in the Plan, you must provide your DWS account number below.

Mailing Address

U.S. Street Address: _____
(P.O. Box not acceptable)

Address 2: _____

City/State/Zip Code: _____

Daytime Phone #: _____ Evening Phone #: _____

Email: _____

☐ Enroll By Cash Deposit.
Enclosed is a check for $_____ ($250 minimum) payable to DWS Service Company

☐ Enroll with Fund shares that you already own.
Please provide your DWS Fund account number below.

Acct.#: _____

Step 3 Account registration and required customer identification information

Important information about procedures for opening an account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or person(s) authorized to effect transactions in an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. Some or all of this information will be used to verify the identity of all persons opening an account.

Please check only the type of registration that is applicable to you and provide all requested information.

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No bank guarantee | Not FDIC insured | May lose value

☐ Individual or joint account:

Unless restricted by applicable state law or otherwise indicated, joint accounts will be presumed to be joint tenants. For joint accounts, the Social Security number of the primary account owner will be used for tax reporting.

Name of Primary Account Owner (First/MI/Last) | Social Security Number | Date Of Birth–MM/DD/YYYY

Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

Name Of Joint Owner (First/MI/Last) | Social Security Number | Date Of Birth–MM/DD/YYYY

Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

Please attach a separate sheet with the above information for each additional owner.

Go to Step 4

☐ Entity Account

* Select one: ☐ Trust ☐ Estate ☐ Guardianship/Conservator[1] ☐ Sole Proprietorship ☐ Limited Liability Corporation

☐ S corporation ☐ C corporation ☐ Partnership ☐ Charitable/Non-Profit Organization[2]

☐ Bank/Credit Union/Savings & Loan ☐ Township/City/County ☐ Club/Fraternal Organization[3]

☐ Cemetery/Funeral Home

Legal documentation proving the existence of the entity must be presented when establishing one of these account types. See Step 7 for additional information.

For a trust or business account, is the entity engaged in internet gambling or does it support companies engaged in internet gambling?

* Select one: ☐ Yes ☐ No

If yes, please explain:

* Name of legal entity | * Social Security # / Tax ID

* Street address of legal entity (P.O. Box not acceptable) | * City | * State | * Zip

* Mailing Address (if different) | * City | * State | * Zip

Daytime Phone Number | Extension | E-mail Address

* Date of trust agreement (for trusts only) – MM/DD/YYYY

Name of trustee/guardian/conservator/authorized signer | * Social Security # of trustee/guardian/ conservator/ authorized signer | * Date of Birth – MM/DD/YYYY

* U.S. residential address (P.O. Box not acceptable) | * City | * State | * Zip

[1] If acting as the guardian/conservator, please complete the section above for Individual Accounts with the shareholder's information.
[2] These organizations include: Hospitals & Medical Institutions, Churches & Religious Institutions, Schools, Colleges, and Universities.
[3] These organizations include: Unions, Investment Clubs.

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* Mailing Address (if different) | * City | * State | * Zip

Daytime Phone Number | Extension | E-mail Address

* Select one: ☐ U.S. Citizen ☐ Resident alien If resident alien, please provide country of citizenship:

* Name of co-trustee/authorized signer | * Social Security # of co-trustee/ authorized signer | * Date of Birth – MM/DD/YYYY

* Mailing Address (if different from U.S. Street address) | * City | * State | * Zip

Daytime Phone Number | Extension | E-mail Address

* Select one: ☐ U.S. Citizen ☐ Resident alien If resident alien, please provide country of citizenship:

For a trust account

☐ Check here if the grantor/settlor is the same as the trustee

* For trust accounts, name of grantor/settlor (if different from trustee) | * Social Security # of co-trustee/ authorized signer | * Date of Birth – MM/DD/YYYY

* U.S. residential address (PO Box not acceptable) | * City | * State | * Zip

* Select one: ☐ U.S. Citizen ☐ Resident alien If resident alien, please provide country of citizenship:

Please attach a separate sheet with the above information for each additional trustee, grantor/settlor, or authorized signer.

Is the trust a Statutory Trust: ☐ Yes ☐ No

A Statutory Trust is a legal entity, separate from its trustees and beneficiaries, and is created by filing appropriate documentation with a Secretary of State or similar office.

For a business account, e.g. corporation, partnership, etc.

For publicly traded companies, provide Exchange and Ticker Symbol:

For schools/colleges/universities, is the institution public or private: ☐ Private ☐ Public

Controlling Persons

Skip this section if the entity is a publicly traded company, a public school, college, or university, a township, city, or county, club/ fraternal organization, or a bank, credit union, or savings & loan.

For trust accounts, complete this section only if the trust is a Statutory Trust, i.e. a legal entity, separate from its trustees and beneficiaries, and is created by filing appropriate documentation with a Secretary of State or similar office.

All other Account Types must provide this information.

Please complete this section for an individual with significant responsibility for managing the legal entity, e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer.

If appropriate, an individual listed as an Ultimate Beneficial Owner may also be listed here.

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* Name / Title | * Social Security Number | * Date of Birth–MM/DD/YYYY

* U.S. Residential Address (P.O. Box not acceptable) | * City | * State | * Zip

* Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

Ultimate Beneficial Owners

Please provide a listing of all individuals who own, directly or indirectly, 25% or more of the equity interests of the legal entity customer. (If there are none, write "none" above name or leave blank).

* Name | * Social Security Number | * Date of Birth–MM/DD/YYYY

* U.S. Residential Address (P.O. Box not acceptable) | * City | * State | * Zip

* Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

* Name | * Social Security Number | * Date of Birth–MM/DD/YYYY

* U.S. Residential Address (P.O. Box not acceptable) | * City | * State | * Zip

* Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

Please attach a separate sheet with the above information for each additional Ultimate Beneficial Owner.

Go to Step 4

☐ Uniform gifts to minors act (UGMA) or Uniform transfers to minors act (UTMA) account:

If the minor's Social Security number has been applied for but not yet received, please include a copy of the Social Security card application (Form-SS5). Unless you indicate otherwise, the account will follow the UGMA/UTMA rules for the minor's state.

Name of Minor | Social Security # of Minor | Date of Birth of Minor–MM/DD/YYYY

U.S. Residential Address of Minor (P.O. Box not acceptable) | City | State | Zip

Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

Name of Custodian | Social Security # of Custodian | Date of Birth of Custodian–MM/DD/YYYY

Mailing Address of Custodian (if different from U.S. Street address) | City | State | Zip

Select one: ☐ U.S. Citizen ☐ Resident Alien If resident alien, please provide country of citizenship:

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Step 4 | **Cost basis election**

Cost Basis Election

Please indicate which type of cost basis reporting you would like DWS to furnish you and the IRS for all accounts. If nothing is selected, we will default your cost basis election to Average Cost. If nothing is selected as a secondary cost basis election when Specific Lot is selected as primary, we will default your secondary election to First-In, First-Out (FIFO).

Select one:

- ☐ Average Cost
  - ☐ First-In, First-Out (FIFO)
  - ☐ Last-In, First-Out (LIFO)
  - ☐ High Cost
  - ☐ Low Cost
  - ☐ Loss/Gain Utilization
- ☐ Specific Lot (if chosen as primary, you must also make secondary selection, below)
  - ☐ First-In, First-Out (FIFO)
  - ☐ Last-In, First-Out (LIFO)
  - ☐ High Cost
  - ☐ Low Cost
  - ☐ Loss/Gain Utilization

Cost Basis Election (Future Elections)

Please indicate below if you would like to utilize the elections made above for any future new DWS fund account established under the same SSN or Tax ID (listed above) with us.

☐ Yes, all future taxable accounts under this primary SSN/Tax ID should follow my above Cost Basis elections.

☐ No, I/we do not want to utilize the elections made above for future accounts established under this SSN or Tax ID. I/we understand that all future accounts will utilize the fund's default method unless another method is designated.

Step 5 | **Dividend and capital gain reinvestment**

By completing this enrollment form to participate in the Plan, I hereby authorize the Fund to pay to the Transfer Agent for my account all capital gains distributions, income dividends and return of capital distributions payable to me on shares of Common Stock of the Fund now or hereafter registered in my name and enrolled in the Plan, in accordance with the Terms and Conditions of the Plan (the "Terms and Conditions") set forth in the accompanying brochure.

continued on next page

Bank Instructions

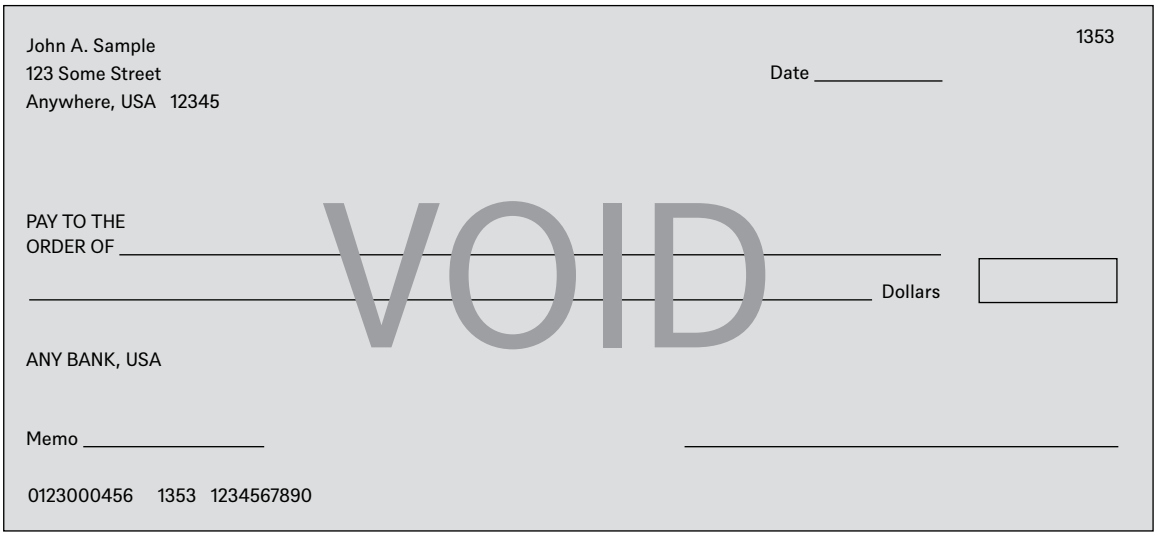
If you select additional privileges, please tape a voided check below to transfer money between your bank and your DWS Fund account. Your name and address must be preprinted on the check. Please write "VOID" on your check before sending.

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.

Tape your voided check here.



Automatic Investment Plan (AIP)

Invest in your DWS Fund account by automatically moving money from your bank account for each Fund. Please tape a voided check to this application as directed.

Consult your Fund's Voluntary Cash Purchase Plan document for the most complete information regarding when your Fund accepts investments, purchases shares, and annual maximum investment amounts.

Indicate the first month and year you want your first AIP deposit to be made: _____ (MM/YYYY)

Select the frequency of your investment: Purchases will be made in accordance with the fund's Voluntary Cash Purchase Plan.

☐ Monthly (12 times a year) ☐ Quarterly (4 times a year) ☐ Bi-monthly (6 times a year)

☐ Semi-annually (2 times a year) ☐ Annually (once a year)

Fund Name, Fund Number, or Ticker	$ Dollar Amount	Fund Name, Fund Number, or Ticker	$ Dollar Amount
	$		$

Beneficiaries/Transfer on Death (TOD)

To establish beneficiaries on your account, please complete the Transfer on Death (TOD) application and include it with this application.

continued on next page

Step 7 Legal documentation

If you are establishing a legal entity, please provide the most recent versions of the documents listed below. We reserve the right to require additional documents on future transactions. Please note this is not an all inclusive list of documents.

Trust: Trust document (copy of the portion(s) of the trust document that shows the name of the trust, the trust date, and the trustee name(s)) or Certificate/Affidavit of Trust

Corporation: Articles of incorporation, certificate of incumbency, or corporate by-laws

Financial institutions regulated by a federal regulator: Registration certificate

Guardianship/Conservatorship: Appointment of Guardian/Conservator certified within 60 days

Partnership and Sole Proprietorship: Most recent agreement or documentation showing the existence of a partnership or sole proprietorship

Estate: Appointment of Executor(trix) certified within 60 days

Bank regulated by a state bank regulator: Registration certificate

Limited Liability Corporation: Articles of organization, operating agreement

Cemetery/Funeral Home: Business license

Township/City/County: State issued document outlining the conditions under which a township, city, or county is organized, and defining its rights and privileges

Charitable/Non-profit Organization: Articles of incorporation, by-laws

Club/Fraternal Organization: Business license, by-laws

Step 8 Signatures

By signing this form, I elect to be enrolled in the Plan for the Fund. I certify that I have read the accompanying brochure describing the Plan, and I agree to abide by the Terms and Conditions set forth in the accompanying brochure. I hereby appoint each of the Transfer Agent and the Plan Agent as my Agent, subject to the Terms and Conditions and authorize each of the Transfer Agent and the Plan Agent, as such Agent, in accordance with such Terms and Conditions (a) to apply my initial cash deposit (if applicable), after deduction of applicable charges as provided in such Terms and Conditions, to the purchase of shares of Common Stock of the Fund in the manner set forth in the Terms and Conditions, (b) to apply all income, dividends and capital gains distributions payable solely in cash, after deducting any applicable charges as provided in such Terms and Conditions of the Plan, to the purchase of shares of Common Stock of the Fund in the manner set forth in the Terms and Conditions, (c) to elect to receive in stock all optional stock or cash income dividends and capital gains distributions payable on my shares held under the Plan, and (d) to apply all funds sent by me pursuant to the voluntary cash purchase feature to the purchase of shares of Common Stock of the Fund in the manner set forth in the Terms and Conditions, after deduction of applicable charges, as provided in such Terms and Conditions.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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. 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.

continued on next page

Step 8 | Signature(s) (continued)

I certify that I have the authority and legal capacity to open this account and to establish and use any related privileges. I authorize DWS Service Company to act on any instructions (including telephone or electronic instructions) they reasonably believe to be genuine for services requested and/or received automatically. DWS Service Company will use procedures to give reasonable assurance that telephone or electronic instructions are genuine, including verifying the identity of the caller, and will not be responsible for acting on the instructions if the procedures are followed.

I also 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.

Joint accounts will be established as "joint tenants with rights of survivorship," unless I specify otherwise. If the joint account is established in the state of Louisiana, it will be established as "tenants in common." For an account established as "tenants in common," unless designated otherwise, each owner has an equal share of ownership, all owners signatures are required for any written instruction, and any account owner is able to act on the full value of the account for any telephone services.

By signing this form, I consent to the "householded" delivery of any shareholder reports, or other documents (except transaction confirmations and account statements) that I must legally receive. This means that I and any other funds shareholder residing at my address and perceived by DWS Service Company to be as member of my family, will receive a single report at our address. Please note that the "householded" delivery of mail may reduce the amount of mail you receive from DWS Service Company, and it may also help to lower Fund expenses.

I understand that these authorizations and certifications will apply to any DWS Fund investment I make now or in the future and that these terms replace the terms contained in any new account application I signed previously. The Authorizations and Certifications apply to each person who signs this application.

By signing this form, I understand and consent to DWS' collection, verification, and retention of information (as set forth in this form) that identifies each person who opens an account. I certify that all account information and disclosures made on this form are true and accurate.

Please sign below exactly as your name(s) appears/will appear on the registration of your DWS Fund account(s). All account owners must sign. Your signature indicates that you have read, understood, and agreed to the terms stated on this form. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

A Medallion Signature Guarantee is required from all DWS Fund account owners on any account if:
- you are establishing a feature to purchase shares from your bank, and there are additional non-DWS Fund account owners on your bank account; or
- the account is for a legal entity (trust, business, etc.) for which bank privileges are selected, and the registrations of the DWS Fund account and bank account do not match exactly

New Account Owner's Name/Custodian/Trustee/Executor/Authorized Signer

Affix Medallion Signature Guarantee or Guarantee Stamp
(a notary seal is not acceptable)

Print Name

Signature of New Account Owner
(If acting on behalf of the account owner you must sign in capacity[1])

Date – MM/DD/YYYY

continued on next page

Joint Owner/Co-Trustee/Co-Executor/Authorized Signer (if any)

Affix Medallion Signature Guarantee or Guarantee Stamp
(a notary seal is not acceptable)

Print Name

Signature of Joint Account Owner
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

Additional Joint Owner/Co-Trustee/Additional Authorized Signer (if any)

Affix Medallion Signature Guarantee or Guarantee Stamp
(a notary seal is not acceptable)

Print Name

Signature of Joint Account Owner
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

Bank Account Owner if Different from DWS Fund Account Owner (if applicable)

Affix Medallion Signature Guarantee or Guarantee Stamp
(a notary seal is not acceptable)

Print Name

Signature of Bank Account Owner

Date – MM/DD/YYYY

† 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, Trustee; John Brown, President; Pat Jones, Executor; etc. 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.

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.

continued on next page

Step 8 | **Signature(s) (continued)**

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 guarantor. 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.

Step 9 | **Mailing instructions**

Before mailing this application, please check that you have:

- ☐ Selected one account type in Step 3.
- ☐ Selected the DWS Funds that you would like to purchase and attached an initial investment check reflecting at least the proper investment minimums in Steps 1 and 2.
- ☐ Selected all other options you wish to have set up and supplied the required information in Steps 3, 4 and 6.
- ☐ Provided the most recent versions of the documents listed in Step 7 (if applicable).
- ☐ Signed and, if required, had your signature guaranteed in Step 8.
- ☐ Made a copy of all information you are supplying for your records.

Please mail completed form to:

DWS Service Company
P.O. Box 219066
Kansas City, MO 64121-9066

Overnight Address:

DWS Service Company
801 Pennsylvania Ave
Suite 219066
Kansas City, MO 64105-1307

Closed-end funds, unlike open-end funds, are not continuously offered. There is a one-time public offering and once issued, shares of closed-end funds are sold in the open market through a stock exchange. Shares of closed-end funds frequently trade at a discount to net asset value. The price of the fund's shares is determined by a number of factors, several of which are beyond the control of the fund. Therefore, the fund cannot predict whether its shares will trade at, below or above net asset value.

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