New Account Application Class S - S Corp/C Corp/LLC

Use this form to open an S Corp/C Corp/LLC, etc. account in Class S shares of a DWS fund. Your Class S shares fund account will be held directly with the fund's transfer agent, and is generally used by entities that plan to manage their account on their own, without the assistance of a financial advisor. If you are using or intend to use the services of a financial advisor, your advisor may instruct you to use the New Account Application for Class A, Class C or (if eligible) Institutional Class shares. Only a U.S. citizen or a resident alien with a valid Social Security number and U.S. residential address may open a new account with this application.

If you are opening a Trust/Estate/Sole Prop, etc. account in Class S shares, use the New Account Application Class S – Trust/Estate/Sole Prop form.

If you are opening an Individual/Joint/UTMA/UGMA account in Class S shares use the New Account Application Class S – Individual/Joint/UTMA/UGMA form.

For assistance in completing this form, please call Shareholder Services at (800) 728-3337 or email: service@dws.com

Paperless options

DWS is pleased to offer electronic delivery of fund and account documents. You can receive your DWS fund account statements, transaction confirmations, tax forms, fund prospectuses, updates, annual and semi-annual reports electronically. Once you receive your New Account Confirmation you can register at www.dws.com or by downloading the DWS Direct USA mobile app (available for both iOS and Android) using your new account number. Once you consent, an e-mail will be sent notifying you when new fund or account materials are available for viewing online. Please note that no confidential information will be sent via e-mail. Keep in mind that shareholders who adopt electronic delivery are not subject to the annual maintenance fee of $20 per fund account.

Step 1 Legal documentation

If you are establishing an account for 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.

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

Financial institutions regulated by a federal regulator: Registration certificate

Partnership: Most recent agreement or documentation showing the existence of a partnership

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 corporation, city, or other corporate body is organized, and defining its rights and privileges

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

Club/Fraternal Organization: Business license, by-laws

Retirement plan under ERISA: Copy of plan document (If each participant is to have a separate account for the contributions, call us for special forms)

Important information about procedures for opening a DWS fund 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, and effecting transactions in, an account.

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Entity Account * Indicates required field

* Select one: ☐ Limited Liability Corporation ☐ S Corporation ☐ C Corporation ☐ Partnership
☐ Charitable/Non-Profit Organization[1] ☐ Bank/Credit Union/Savings & Loan ☐ Township/City/County
☐ Club/Fraternal Organization[2] ☐ Cemetery/Funeral Home

Is the entity engaged in Internet Gambling or support companies engaged in Internet Gambling?

* Select one: ☐ Yes ☐ No

If yes, please explain:

For all Account Types

For publicly traded companies, provide Exchange and Ticker Symbol:

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

* Name of Legal Entity
* ○ Social Security Number OR ○ Tax ID Number
* 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

* Name of Authorized Signer
* Social Security Number of Authorized Signer
* Date of Birth – MM/DD/YYYY
* U.S. Residential Address (P.O. Box not acceptable)
* City
* State
* Zip
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 Additional Authorized Signer
* Social Security Number of Additional Authorized Signer
* Date of Birth – MM/DD/YYYY

[1] These organizations include: Hospitals & Medical Institutions, Churches & Religious Institutions, Schools, Colleges, and Universities.
[2] These organizations include: Unions, Investment Clubs.

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

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:

Please attach a separate sheet with the above information for each authorized signer.

Retirement/savings plan

Retirement plan (self-directed retirement plans only)–To have DWS Trust Company as the custodian/trustee on your IRA, please call us for the appropriate forms.

Select one:

☐ Self-directed IRA ☐ Self-directed Roth IRA ☐ SEP IRA ☐ Simple IRA

☐ 401(k) salary deferral ☐ Roth 401(k) ☐ Defined benefit ☐ Target benefit

☐ Self-directed Coverdell ESA ☐ Other

Custodian/Trustee

Note: An individual may not act as the custodian for their IRA account.

* Name of Custodian/Trustee | * Tax ID Number

* U.S. Business Address | * City | * State | * Zip

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

( ) Daytime Phone Number | Extension

Participant/Employee

* Name of Participant/Employee | * 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:

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Controlling Persons

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

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.

* 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.

continued on next page

Step 3 Mutual fund selection and funding options

Your initial investment can be made by check or ACH Purchase. Please make check payable to DWS Funds. Your name and address must be preprinted on the check. If you wish to make your initial purchase by ACH, please indicate that in Step 6.

To view a complete list of Class S funds, please visit https://fundsus.dws.com/us/en-us/products/mutual-funds./

DWS mutual funds

* $2,500 minimum per fund

Percentages must equal 100%

Fund Name, Number, or NASDAQ Symbol	$ Dollar Amount*	OR	Percentage %
	$	OR	%
	$	OR	%
	$	OR	%

*$2,500 minimum per fund.

Step 4 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 apply the fund's default cost basis election of average cost.

If nothing is selected as a secondary cost basis election when "specific lot" is selected as primary, we will apply the fund's default secondary election of "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).

☐ Yes, all future taxable DWS fund accounts under this primary SSN/Tax ID should follow my above cost basis election(s).

☐ No, I/we do not want to utilize the election(s) 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.

continued on next page

Step 5 Dividends and capital gains

You may select how your dividends and capital gains are distributed. Dividends and capital gains will automatically reinvest in the same fund account, unless you indicate otherwise below. Refer to the prospectus or contact us if you would like to consider additional options.

☐ Pay Dividends and Short Term Capital Gains in cash. ☐ Pay Long Term Capital Gains in cash.

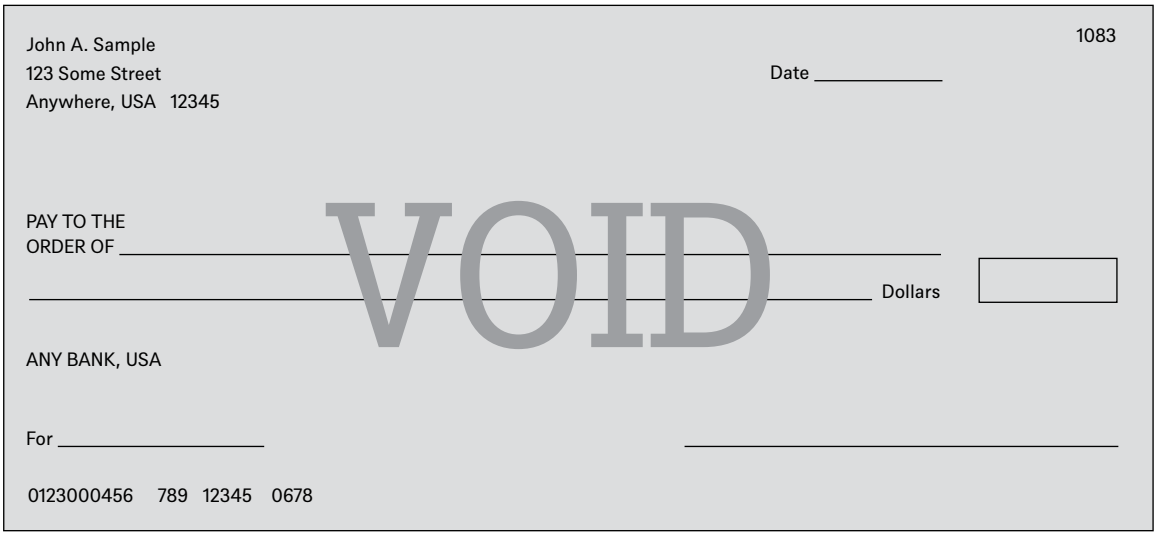
If you select cash option(s) above, distributions will be sent electronically to your bank account if you provide a voided check or deposit slip in Step 6. Otherwise, distribution checks will be sent to the account address.

Step 6 Account options

Bank Instructions

Any bank account owner not listed on the new DWS Fund account must provide a signature with a Medallion Signature Guarantee in Step 7 if choosing purchase privileges.

Tape your voided check or deposit slip here to transfer money between your bank and your DWS fund account. Your name and address must be preprinted on the check or deposit slip. 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.

☐ Purchase by ACH $ _____

Initiate a one-time investment from your bank account via Automated Clearing House (ACH). Please complete the ACH banking instructions section directly above.

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Purchase

I want the ability to move money (a minimum of $50 and a maximum of $250,000) by telephone or online from my bank account to my DWS fund account. Please tape a voided check above.

Redeem

☐ I want the ability to move money (a minimum of $50 and a maximum of $250,000) by telephone or online from my DWS fund account to my bank account. Please tape a voided check above.

Wire Redemption

☐ I authorize the fund or its agents to honor telephone or other instructions from any authorized person for the redemption of fund shares, equalling at least $1000. Proceeds are to be wire transferred to my financial institution account. Please tape a voided check above.

Telephone Exchange and Check Redemption

Exchanges and redemptions are permitted by telephone UNLESS you indicate otherwise below:

☐ I DO NOT authorize exchanges between DWS funds upon instruction from any authorized person by telephone.

☐ I DO NOT authorize redemptions by check to the address on record upon instruction from any authorized person by telephone.

Forms commonly used with this document

Checkwriting: To add checkwriting (money market funds only)

Non-IRA Electronic Services Form: To establish an automatic investment plan

continued on next page

Step 7 | Signatures

By signing this form:

I certify that I have the authority and legal capacity to open this account and to establish and use any related privileges.
I understand that by completing this form, I will be investing in Class S shares of the DWS fund(s) that I am receiving.
For each fund, I have received the prospectus, I understand the investment objectives, and agree to the terms and conditions set forth in the prospectus and statement of additional information.

I understand that if I do not select a fund for investment or if DWS Service Company cannot determine which fund I have selected, my investment check will be used to purchase share of DWS U.S. Treasury Money Fund-S. My investment will remain in this fund until I instruct otherwise.

I authorize DWS Service Company and its agents to act on any instructions (including telephone or electronic instructions, as applicable) they reasonably believe to be genuine for services requested and/or received automatically. DWS Service Company will use reasonable security procedures to provide assurance that telephone or electronic instructions are genuine, including verifying the identity of the caller, and will not be responsible for acting on instructions reasonably believed to be genuine.

I understand that it is my responsibility to monitor the activity in my account, including opening all mail received from the fund promptly, and to protect sensitive account information, including my online username and password. The DWS Account Security Program provides further information on protecting my account. I agree to notify DWS Service Company immediately if I suspect someone has gained unauthorized access to my account.

I authorize my bank to honor all entries to my bank account arising in connection with any services I select or receive automatically. This 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.

I understand that if my account has no activity and/or if no contact is made for certain specified time periods, DWS Service Company may be required to transfer it to the appropriate state under abandoned property laws.

I certify that I have relied on my own judgment or that of my advisor with respect to the suitability of each investment for this account, and acknowledge that DWS has not provided me with a recommendation or with investment, tax or legal advice of any kind.

I certify under penalties of perjury that:

1) the Social Security or tax identification number provided on this form is correct and may be used for any account opened for me and 2) unless the box below is checked, I am not subject to backup withholding because a) I am exempt from backup withholding; or b) the Internal Revenue Service (IRS) has not notified me that I am subject to backup withholding as a result of 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).

☐ Please check this box only if you are subject to backup withholding. Please include a copy of the notification letter you received from the IRS.

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.

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 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.

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Medallion Signature Guarantee Requirements:

- A Medallion Signature Guarantee is NOT required if your bank account matches the DWS account registration.
- If the bank account registration does not match your DWS account registration, a Medallion Signature Guarantee is required for the DWS account owner(s) and all additional bank account owners.

New Account Owner's Name/Authorized Signer

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

Print Name / Title

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

Date – MM/DD/YYYY

Additional Authorized Signer (if any)

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

Print Name / Title

Signature of Additional Authorized Signer
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

Additional Authorized Signer (if any)

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

Print Name / Title

Signature of Additional Authorized Signer
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

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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 / Title

Signature of Bank Account Owner

Date – MM/DD/YYYY

Special note to Medallion Signature Guarantee guarantors: By affixing the Medallion Signature Guarantee, you are verifying the identity and capacity 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.

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.

† 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., Maria Perez, Trustee; Mohammad Patel, President; Keisha 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.

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Checklist

Before mailing this application, please check that you have:

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

Please mail completed form to:

DWS Service Company
P.O. Box 219151
Kansas City, MO 64121-9151

Overnight Address:

DWS Service Company
801 Pennsylvania Ave
Suite 219151
Kansas City, MO 64105-1307

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