Net Asset Value (NAV) Purchase Certification Statement

Use this form if you qualify for NAV pricing in a new or existing account in Class A shares in a DWS Fund account.

For assistance in completing this form, or for additional information, please contact Shareholder Services by calling (800) 728-3337 or by e-mail: service@dws.com

Step 1 Account information (*Indicates required fields)

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

Please provide your account number(s) if you are making a subsequent purchase(s) in an existing account(s). The account(s) will be changed to NAV pricing on future purchases.

We will update all DWS Funds held under each account number provided below.

☐ Please check here if the address listed below is a new address, and you would like your account(s) updated.

* Name of Account Owner

* Social Security Number

* Address

* City

* State

* Zip

* Daytime Phone Number

Extension

Step 2 Certification (please see a Fund's prospectus for additional details)

Please select one:

☐ I certify that I am a current or former director or trustee of DWS Funds, or an employee of the Funds' investment advisor, principal underwriter or certain affiliated companies. I understand that Class A shares of the DWS Funds can be sold at net asset value in any amount to myself or members of my family (spouse or life partner and children or stepchildren age 21 or younger) or any trust, pension, profit sharing or other benefit plan for only such persons.

☐ I certify that I am currently a registered representative or employee of a broker/dealer firm that has a Selling Group Agreement with DWS Distributors, Inc., or an employee of a subadvisor to, or service agent of, a DWS Fund. I understand that Class A shares of the DWS Funds can be sold at net asset value in any amount to myself or members of my family (spouse or life partner and children or stepchildren age 21 or younger) or any trust, pension, profit sharing or other benefit plan for only such persons.

☐ I certify that I am an employee (including spouse or life partner and children or stepchildren age 21 or younger) of a bank or other financial services firm that provides administrative services related to order placement and payment to facilitate transactions in shares of DWS Funds for its clients pursuant to an agreement with DWS Distributors, Inc., or one of its affiliates, and that as part of my usual duties provide such services to the DWS Funds.

☐ I certify that my shares are being purchased through an investment advisor or financial services firm for a "wrap account" or similar program under which I have paid a fee to that investment advisor or firm.

☐ I certify that I owned shares of the Kemper Short-Term Global Fund between October 29, 1990 and December 31, 1992, and qualify for the NAV privilege that went into effect on February 1, 1996 as a result of the Tabankin settlement.

You may be asked by Shareholder Services to provide account statements or other information regarding related accounts of you or your immediate family in order to verify your eligibility for a reduced sales charge.

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Step 3 Your financial advisor

Note: Class A shares are designed for investors working with a financial advisor. If you do not designate an advisor, you will be instructed to complete an application for Class S shares.

Name of Firm

Identification Number of Firm

Address of Branch

City

State

Zip

Identification Number of Branch

Name of Advisor

Identification Number of Advisor (if applicable)

Phone Number of Advisor

Extension

E-Mail Address of Advisor

Step 4 Signature of owner (*Indicates required field)

I hereby agree to notify DWS in writing of any change in the foregoing certification and agree not to purchase additional shares under this feature unless entitled to do so. I understand that this feature may be modified or terminated by DWS at any time and agree that this feature is subject to the prospectus of the DWS Fund being purchased, including the condition that shares purchased not be resold except through redemption or repurchase by the Fund.

* Signature of Account Owner

* Date – MM/DD/YYYY

Step 5 Provisions

This form must be submitted to qualify for NAV purchases on a new or existing account. This form must be on file at DWS Service Company prior to making telephone exchanges at NAV.

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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DWS Distributors, Inc.
222 South Riverside Plaza
Chicago, IL 60606-5808
www.dws.com

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