Instructions for Change of Account Ownership – S Corp/C Corp/LLC

Existing Account Owners

The owner(s) of the existing account will complete Step 1 on the following pages. Since the ownership of the account will be changing, a Medallion Signature Guarantee or a Signature Guarantee is required for each existing account owner's signature to verify their identity. A certified death certificate is not needed for a deceased owner if a Medallion Signature Guarantee is obtained by a legal representative (executor, successor trustee, etc.); the date of death for the owner must be provided on the form.

You must return any outstanding certificates of shares before we can complete your transfer request.

Please note, if you will remain an owner upon re-registration of the account, you must sign as an existing account owner AND as a new account owner.

New Account Owners

Use this form if the new account owner will be an entity. The new account owner(s) will complete the remainder of the form to identify how the new account should be registered and to establish any features/services for the new account. Since the features and services on the existing account will NOT automatically transfer to the new account, this form can be used to re-elect those features.

Change of Account Ownership – S Corp/C Corp/LLC

Use this form to re-register part or all of the shares in a DWS fund non-retirement account into a new or existing DWS fund S Corp/C Corp/LLC, etc. account. 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 form.

If you are re-registering to an Individual/Joint/UTMA/UGMA account, use the Change of Account Ownership–Individual/Joint/UTMA/UGMA form.

If you are re-registering to a Trust/Estate/Sole Prop, etc. account, use the Change of Account Ownership–Trust/Estate/Sole Prop form.

If you wish to re-register a retirement account, or need assistance in completing this form, please contact Shareholder Services at (800) 728-3337 or e-mail: 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.

Existing account owners

Step 1 | Existing account information (*Indicates required fields)

Any individual completing this section must also sign and have their signature guaranteed in Step 7.

If all account owners are deceased, this section must be completed by a legal representative (executor, successor trustee, etc.).

* DWS Fund Account Number (We will update all funds held under this account number)		
* Existing Owner's Name	Date of Death (if applicable) – MM/DD/YYYY	* ○ Social Security Number OR ○ Tax ID
* Existing Owner's Name (if any)	Date of Death (if applicable) – MM/DD/YYYY	( ) Daytime Phone Number Extension

continued on next page

Reason for Transfer[1]

On October 3, 2008, the Emergency Economic Stabilization Act, HR1424, was signed into law, which included provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost basis reporting to their customers.

To ensure accurate cost basis reporting, indicate the type of transfer requested and provide transfer details where applicable.

☐ Re-registration (ownership change, etc.)[2]

☐ Death (inheritance)[2]

Date of Death: _____ MM/DD/YYYY Alternate Death: _____ MM/DD/YYYY OR Alternate Value: $ _____ (optional)[3]

☐ Gift[4]

Date of Gift: _____ MM/DD/YYYY

Transfer To

☐ New Account owner (must complete remainder of form)

☐ Existing Account Number _____ (Owner(s) must complete Step 7 of this form.)

Important–If ALL shares are selected, the existing account will be closed and if there is checkwriting on the existing account, do not continue to use checks. In order to re-establish the checkwriting feature on the new account, the new owner(s) designated in Step 4 must complete the Checkwriting form in addition to this Change of Ownership form. Once we receive these forms, new checks will be issued reflecting the new account ownership. Please contact Shareholder Services to request the Checkwriting form.

Transfer Amount(s)

If no amount is indicated, all shares will be transferred.

Fund Name, Number, or NASDAQ Symbol	☐ All	☐ Partial (select amount)	Share Quantity	OR	$ Dollar Amount	OR	% Percentage

[1] If a reason is not provided this transfer will be defaulted to a transfer due to gift.
[2] Re-registrations and Death (inheritance) transfers will proportionately deplete gains and losses unless provided alternate instructions below.
[3] A special rule under the estate tax law allows the executor to elect a different valuation date. Please consult your tax advisor for more details.
[4] If Gift is selected the account owner receiving the shares must acknowledge whether they will accept the shares valued at fair market value of the date of gift or the settlement date if shares should be transferred at a loss.

continued on next page

Cost Basis Information for Partial Transfer Only of Current Account (Optional)

Consult your tax advisor for more details before completing this section.

If you are transferring all shares from the account listed above, or if you are transferring shares purchased prior to January 1, 2012, you do not need to complete this section.

Your current cost basis method will be used to deplete shares for partial transfers unless you specify the shares to be transferred below. If your current method is Average Cost, then shares will be depleted using First-In, First-Out (FIFO).

If the share amount(s) you provide below do not equal the total amount of shares previously indicated in the Transfer Amounts Section, your current cost basis method will be utilized to complete this transfer.

Date of Purchase: _____ MM/DD/YYYY Number of Shares: _____

Date of Purchase: _____ MM/DD/YYYY Number of Shares: _____

Date of Purchase: _____ MM/DD/YYYY Number of Shares: _____

If you are establishing an account for a legal entity, please provide the most recent version of one 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, Copy of Business License, Certificate of Good Standing from Office of Secretary of State, Corporate Charter OR Certificate Resolution of Board of Directors

Club/Fraternal Organization: Business license, by-laws

continued on next page

New account owners

Step 3 Financial advisor for new account

Note: Class A and C shares are designed for investors working with a financial advisor. If you do not designate an advisor, sales charges and fees (if applicable) will be paid to DWS Distributors, Inc., the fund's principal underwriter and distributor.

Name of Firm

Firm Number

Branch Address

City

State

Zip

Branch Number

( )

Advisor's Phone Number

Extension

Advisor's Name

Advisor's Identification Number (if applicable)

E-mail Address

Step 4 Registration and required customer identification information

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.

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:

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

continued on next page

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

* 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 (if applicable)

* 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 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:

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

continued on next page

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

Cost Basis Election For New Account

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 cost basis election to Average Cost.

If nothing is selected as a secondary cost basis election(s) when Specific Lot is selected as primary, we will default secondary election(s) to First-In, First-Out (FIFO).

Select one:

- ☐ Average Cost
- ☐ Specific Lot (if chosen as primary, you must also make secondary selection, below)

☐ First-In, First-Out (FIFO)	☐ First-In, First-Out (FIFO)
☐ Last-In, First-Out (LIFO)	☐ Last-In, First-Out (LIFO)
☐ High Cost	☐ High Cost
☐ Low Cost	☐ Low Cost
☐ Loss/Gain Utilization	☐ 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 account established under the same SSN or Tax ID (listed above) with DWS.

☐ Yes, all future taxable DWS fund account(s) 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.

Cumulative Discount

Reduced sales charges (Class A shares only—does not apply to money market funds)

If you, your spouse/life partner, or minor children/stepchildren, own shares in other DWS funds, you may be eligible for a reduced sales charge on current and future purchases. See the prospectus or talk with your financial advisor for more information.

Please list the qualifying account numbers below.

Account Number	Account Number
Account Number	Account Number

Cumulative Discount Number (if known)

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.

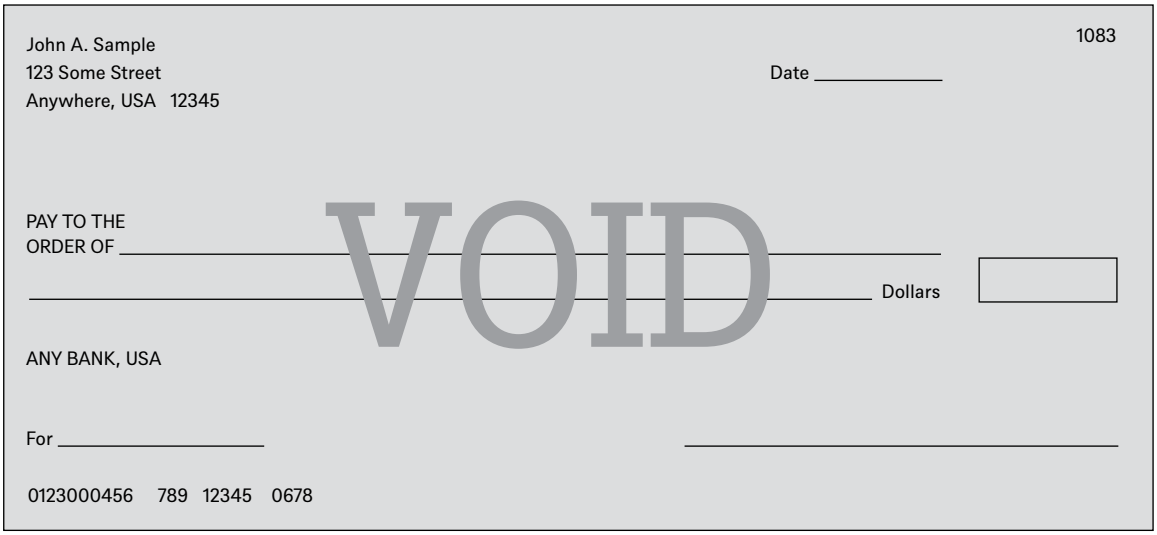
If you select cash option(s) above distributions will be sent electronically to your bank account if you provide a voided check or deposit slip in Step 6. Otherwise, distribution checks will be sent to the account address.

continued on next page

Bank Instructions

Any bank account owner not listed on the new 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

☐ I want the ability to move money 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 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. Proceeds are to be wire transferred to my financial institution account. Please tape a voided check above.

Telephone Exchange and Check Redemption

Exhanges 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.

continued on next page

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

Existing and new account owners

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 shares that I have identified in this application. 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 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.

As the account owner receiving shares transferred as a gift into an existing account, I accept the shares valued at fair market value of the date of gift or the settlement date if the shares should be transferred at a loss.

☐ Please check this box if as the account owner receiving shares transferred as a gift into an existing account, you do not accept the shares valued at fair market value of the date of gift or the settlement date if the shares should be transferred at a loss. If you choose not to accept the shares at a loss a new account will be established for these shares.

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 Change of Account Ownership form.

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 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.

continued on next page

Step 7 | Signatures (continued)

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.

If you are a current account owner and will continue to be an account owner, you must sign both under "Existing account owners," and "New account owners."

Existing Account Owners

By signing the Change of Account Ownership form, the owner(s) of the account referenced in Step 1 hereby authorizes and approves that all fund shares held in his/her account be transferred to the new owner(s) as set forth herein.

All owners listed in Step 1 of this form must sign here and have their signature guaranteed.

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

Print Name / Title

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

Date – MM/DD/YYYY

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

Print Name / Title

Signature of Existing Account Owner (if any)

Date – MM/DD/YYYY

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

New Account Owners

Medallion Signature Guarantee Requirements:

- A Medallion Signature Guarantee is NOT required if you 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 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 New Account Owner
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

continued on next page

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 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.

Checklist

Before mailing this application, please check that you have:

Existing Owners:

- ☐ Provided information on existing ownership.

New Owners:

- ☐ Selected one account type.
- ☐ Selected all other options you, as the new owner, wish to have set up and supplied the required information.

Existing and New Owners:

- ☐ Provided the most recent versions of the documents listed for entity accounts.
- ☐ Signed and, if required, had your signature guaranteed.
- ☐ 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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