Transfer on Death Affidavit

Each beneficiary of a Transfer on Death ("TOD") account must complete and submit a separate affidavit to transfer their respective portion of the TOD account into their own name. For assistance in completing this affidavit or making your request, contact Shareholder Services.

Call: (800) 728-3337 or e-mail: service@dws.com

Important information for opening an account:

–If you are a beneficiary as the result of an LDPS (Lineal Descendants Per Stirpes) designation, you will need to contact us regarding additional paperwork that is required.
–A certified copy of the owner's death certificate and tax waiver (if applicable) will need to be submitted if a Signature Guarantee is obtained in Step 5.
–The owner's date of death and tax waiver (if applicable) will need to be included if a Medallion Signature Guarantee is obtained in Step 5.

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, or effecting transactions in, an account.

Step 1 Current TOD account information (*Indicates required fields)

* Name of Owner

Date of Death of Owner – MM/DD/YYYY

* Social Security Number

* U.S. Residential Address

* City

* State

* Zip

* Account Number

Name of Joint Owner (if any)

Date of Death of Joint Owner–MM/DD/YYYY

Step 2 Beneficiary information (*Indicates required fields)

* Name

* ○ Social Security Number OR ○ Tax ID

* Date of Birth or Trust Date – MM/DD/YYYY

* U.S. Residential Address (P.O. Box is not acceptable)

* City

* State

* Zip

Mailing Address (if different)

* City

* State

* Zip

( )

Daytime Phone Number Extension

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Step 3 Distribution instructions

Select one:

☐ Open a new account with my portion of the shares in the existing account. (A completed New Account Application must be included with this affidavit).

☐ Transfer my portion of the shares in the account to my existing account (indicate account number).

Account Number

☐ Liquidate my portion of the account and send the proceeds to my address shown in Step 2.

Step 4 Terms

1. The undersigned being first duly sworn, deposes and says:

This affidavit is made to affect each fund making up the account listed in Step 1 ("Funds") to transfer the Funds to the TOD beneficiary(ies) as provided by the original account owner.

Select one:

☐ There is only one TOD beneficiary.

☐ There are multiple TOD beneficiaries (each beneficiary must submit a separate, completed affidavit).

2. Mark either of the following as appropriate:

☐ The decedent is not survived by a spouse.

☐ The decedent is survived by a spouse who is:

Name

Address | City | State | Zip

3. The undersigned has attained the age of majority as defined in the laws of his/her state of residence, and the birth date or trust date as stated in Step 2 is correct.

4. If a Signature Guarantee is obtained in Step 5, a certified death certificate for each account owner is attached or has already been submitted (circle one). If a beneficiary predeceased the account owner(s), a certified death certificate for the beneficiary is also attached or has already been submitted (circle one). If a Medallion Signature Guarantee is obtained in Step 5, the date(s) of death is included on Page 1 of this form.

5. If required by my state, a tax waiver is attached to this affidavit.

6. All outstanding certificated shares (if any) have been surrendered with this affidavit.

7. There are no known disputes as to the person(s) entitled to a transfer under the TOD direction, and there are no claims that would affect the transfer(s) requested.

8. In consideration for the requested transfer(s), the undersigned agrees to indemnify and hold harmless each of the Funds, DWS Service Company and its affiliates, State Street Bank and Trust Company, and each of their officers, directors, trustees, employees, agents, affiliates, successors, and assigns from and against any and all claims, losses, liabilities, damages, actions, charges, and expenses (including reasonable attorneys' fees) sustained or incurred by reason of this requested transfer.

9. The undersigned agrees that if title to all or any portion of the account is determined to belong to another, then the undersigned will transfer that portion improperly received and all earnings thereon to the person entitled to it.

10. The undersigned affirms under penalty of perjury that the information and representations submitted on this form are true and correct to the best of his/her knowledge and belief.

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Step 4 | Terms (continued)

11. I certify under penalties of perjury that:

(a) the Social Security or tax identification number provided on this form is correct and may be used for any account opened for me by DWS; and (b) unless the box below is checked, I am not subject to backup withholding because (1) I am exempt from backup withholding; or (2) 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 (3) the IRS has notified me that I am no longer subject to backup withholding; and (c) I am a U.S. person (including a U.S. resident alien).

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

Step 5 | Signature

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

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

Print Name of TOD Beneficiary

Signature of TOD Beneficiary
(If acting on behalf of the TOD Beneficiary you must sign in capacity†)

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 Signature Guarantee, please contact us. We may require additional documentation to complete your request.

† If acting on behalf of the TOD Beneficiary, you must sign in capacity of your title as it relates to this account, i.e., Joe Smith, Trustee; 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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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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