Trade Authorization

Use this form to appoint either one or two authorized traders on your account(s) or to change current authorized trader information[1]. In the event two authorized traders are named, either authorized trader individually will have the ability to act on the account(s). If you are establishing a new account, you must also fill out the New Account Application. If you need assistance completing this form, please contact Shareholder Services at (800) 728-3337 or by e-mail: service@dws.com.

This privilege is available ONLY on accounts with certain types of registration. Individual or joint registrations qualify, as well as IRA and Coverdell Education Savings accounts with DWS Trust Company as custodian.

Authorized traders are allowed to request:

- Exchanges
- Account information
- ACH purchases from bank on record
- Redemptions made payable to the shareholder(s) at the address or bank on record

Step 1 Account information (*Indicates required field)

* Account Number(s)[1]

* Name of Primary Account Owner

* Name of Joint Owner (if any)

* Social Security Number on Account

Daytime Phone Number

Extension

E-mail Address

Step 2 Appointment of/changes to existing authorized trader(s)

The authorized trader(s) on this form replace all authorized trader(s) that you may already have on your account. Therefore, if you currently have an authorized trader on your account, you must list him/her if you wish for them to remain on the account.

By completing this section, I(we) do hereby revoke all authorized trader(s) previously appointed on this account (if any) and do hereby make, constitute and appoint the following as authorized trader(s) as that term is defined in Step 3 and, subject to the terms and conditions set forth in Step 3 ("Terms"), as such Terms currently exist and may be modified in the future. The undersigned and each authorized trader have read the Terms in their entirety and agree to be bound by such Terms.

Important information

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including DWS, to obtain, verify and record information that identifies each person who opens or can transact on an account. What this means for you: When you open an account or are granted certain authority to act on an account, you must provide your name, street address, date of birth and other information that will allow us to identify you.

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[1]This trade authorization will be effective for all DWS Funds under the account number(s).

Step 2 Appointment of/changes to existing authorized trader(s) (continued) (*Indicates required field)

* Name of Authorized Trader

* Social Security Number of Authorized Trader

* Date of Birth of Authorized Trader – MM/DD/YYYY

* U.S. Residential Address of Authorized Trader (P.O. Box not acceptable)

* City

* State

* Zip

Daytime Phone Number

Extension

* Signature of Authorized Trader

* Name of Authorized Trader

* Social Security Number of Authorized Trader

* Date of Birth of Authorized Trader – MM/DD/YYYY

* U.S. Residential Address of Authorized Trader (P.O. Box not acceptable)

* City

* State

* Zip

Daytime Phone Number

Extension

* Signature of Authorized Trader

Step 3 Authorized trader(s) terms and conditions

The undersigned account owner(s) do hereby appoint those person(s) in Step 2 ("Authorized Traders") as my(our) true and lawful attorney(s) or authorized agent(s) to act individually (if more than one Authorized Trader is designated, each Authorized Trader can act alone) in my name, place and stead in any way which I myself could do to give instructions to DWS Service Company with respect to the account(s) listed above in Step 1, in order to buy, sell, exchange, redeem, or effect transactions. This authorization also applies to accounts with identical registrations which may be opened at some time in the future while this trade authorization privilege is in full force and effect. DWS Service Company may add, change, delete or limit the types of transactions that an Authorized Trader may perform with respect to an Account at any time without notice and retains the right to require additional or full written documentation prior to processing a particular transaction.

I(We) agree that upon receipt by DWS Service Company of an executed copy of this instrument, it may act hereunder, and that revocation or termination hereby shall be ineffective as to DWS Service Company unless and until it shall have received actual notice or knowledge of such revocation or termination.

I(We) and each Authorized Trader hereby agree to indemnify, defend and to hold harmless the DWS Funds, DWS Service Company, DWS Distributors, Inc., DWS Trust Company, DWS Investment Management Americas, Inc, any of the foregoing's agents or assigns, and each of their respective officers, affiliates, directors, trustees and employees, from and against any and all claims, damages, liabilities, suits or actions of any sort or nature whatsoever brought or asserted by any person or entity whatsoever for or related to the compliance by DWS with the instructions contained in this Trade Authorization ("Authorization") or any and all steps or acts undertaken by DWS Service Company in connection with this Authorization, and for acting upon any instructions, either oral or in writing, believed to have originated from such Authorized Trader(s) and all acts of said Authorized Trader(s) with respect to Fund shares held in my account(s) and I(we) agree that the foregoing indemnification and hold harmless provision shall extend to and include 1) interest on any of its monies which DWS Service Company may be required to or may expend in compliance with this Authorization and 2) attorney's fees in connection with its defense or enforcement. DWS Service Company shall assume no liability for reviewing or monitoring any investment decision or activity of the Authorized Trader(s). Further, each Authorized Trader agrees that they are solely responsible to the account owner for all of their trading and other activities in connection with the Account.

This indemnity is a continuing one and shall remain in full force and in effect even upon the disability or incompetence of the undersigned, and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns, until revoked by the undersigned by a written notice addressed to DWS Service Company and delivered to its main office; such revocation will become effective as soon as DWS Service Company has had a reasonable amount of time to act upon it. The letter of instruction requesting removal of the Authorized Trader must be signed by the account owner(s) or the Authorized Trader. The revocation shall not result in any liability to DWS Service Company or the DWS Funds with respect to transactions initiated prior to acting on such revocation within a reasonable amount of time after receipt thereof.

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Step 3 Authorized trader(s) terms and conditions (continued)

By signing this form, I(we) understand and consent to DWS Service Company collection, verification and retention of information (as set forth in this form) that identifies each person who opens or can transact on an account. I(we) certify that all account information and disclosures made on this form are true and accurate. This Agreement shall be construed and the provisions thereof interpreted under and in accordance with the laws of the state of Illinois. In the event of any litigation arising out of or relating to the matters contemplated by this authorization, the undersigned and each Authorized Trader agree to the exclusive jurisdiction and venue of courts of competent jurisdiction in the state of Illinois, City of Chicago, Cook County and the undersigned and each Authorized Trader agrees that such courts are convenient forums and irrevocably submit to the personal jurisdiction of such courts.

My(Our) subsequent disability or incompetence shall not revoke or terminate the authority of my(our) Authorized Trader(s). I(We) am aware the Authorized Trader's authority terminates upon my death. In witness whereof I(we) have hereunto signed my(our) name(s) and affixed a Notary public stamp or seal for my(our) signature(s).

Step 4 Signature(s)

For your protection, a Notary public stamp or seal is required from all registered owners if you are adding this service.

Name of Account Owner (please print)

Signature of Account Owner

Date – MM/DD/YYYY

Name of Joint Owner (please print)

Signature of Joint Owner

Date – MM/DD/YYYY

continued on next page

Step 4 | Signature(s) (continued)

Notary Public Signature(s)

Affix Notary stamp or seal
(Must be dated within 60 days of our receipt of form)

State of _____

County of _____

On this _____ day of _____ , _____ before me personally appeared _____

and _____ to me known to be the individual(s) who executed the foregoing instrument and acknowledged that he/she/they executed the same. In witness whereof, I have hereunto signed my name and affixed my seal.

Signature of notary public _____ My commission expires _____

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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