Durable Power of Attorney

This form is used to designate either one or two agents to act on your behalf on a DWS Fund account. In order to be valid, the last page of the form must include a notary stamp or seal, and be signed by the notary public within the last sixty days. Since an attorney-in-fact can only act for an owner if they have been specifically appointed by that owner, each owner of a joint account must complete a separate form to designate their own attorney(s)-in-fact.

If you are establishing a new account, you must also complete a new account application. Keep in mind that the checkwriting feature is not allowed on any account with a power of attorney designation in the account registration. If you need assistance completing this form, please contact Shareholder Services at (800) 728-3337 or by email: service@dws.com.

This form does not apply to fiduciary accounts (estates, trusts, guardianships, etc.) or retirement accounts other than IRA accounts (Traditional, Roth, Inherited/Conduit, or SEP) for which DWS Trust Company acts as custodian and DWS Service Company acts as its agent.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including DWS Service Company, 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 an account.

Step 1 Account information

Account Number(s)[1]

Name of Primary Account Owner

Social Security Number on Account (required)

Name of Joint Owner (if any)

Daytime Phone Number

Extension

E-mail Address

Step 2 Power of Attorney authorization

I, _____ do hereby make, constitute and appoint,
Name of Primary Account Owner

Name of Attorney-In-Fact/Agent

Social Security Number of Agent

Date of Birth – MM/DD/YYYY

U.S. Residential Address of Agent (P.O. Box not acceptable)

City

State

Zip

[1]This Power of Attorney will be effective for all Funds under each account number.

continued on next page

Step 2 | Power of Attorney authorization (continued)

Daytime Phone Number of Agent | Extension

Select one: ☐ U.S. Citizen ☐ Resident alien If resident alien, please provide country of citizenship: _____

Signature of agent (By signing here the attorney-in-fact/agent agrees to the terms and conditions set forth herein.)

I, _____ do hereby make, constitute and appoint,
Name of Primary Account Owner

Name of Attorney-In-Fact/Agent | Social Security Number of Agent | Date of Birth – MM/DD/YYYY

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

Daytime Phone Number of Agent | Extension

Select one: ☐ U.S. Citizen ☐ Resident alien If resident alien, please provide country of citizenship: _____

Signature of agent (By signing here the attorney-in-fact/agent agrees to the terms and conditions set forth herein.)

I authorize my true and lawful attorney(s) or agent(s) ("Attorney(s)-in-Fact") to act severally (if more than one agent is designated, each agent 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 in Step 1, in order to buy, sell, exchange, transfer or redeem, or make gifts of, securities and, to myself or others, effect transactions for the account(s) or for any account(s) (including, without limitation, any account which is an IRA (e.g., Traditional, Roth, SEP or Inherited/Conduit) or 403(b) plan account for which DWS Trust Company acts as custodian, and any accounts for plans intending to be qualified under section 401(a) of the Internal Revenue Code of 1986, as amended) with identical registration which may be opened at some time in the future while this Power of Attorney is in full force and effect.

I agree that upon receipt by DWS Service Company 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 hereby agree to indemnify and to hold harmless the DWS Funds, DWS Service Company, DWS Distributors, Inc., DWS Trust Company, DWS Investment Management Americas, Inc., and their affiliates and their agents and assigns and each of their respective officers, directors, trustees and employees from 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 Service Company with the instructions contained in this Durable Power of Attorney 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 Attorney(s)-in-Fact and all acts of said Attorney(s)-in-Fact with respect to shares held in my account with respect to such investment companies; and I 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. 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 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.

I certify that all account information and disclosures made on this form are true and accurate. In addition, I understand that DWS Service Company can modify the terms and conditions of this agreement at anytime in the future by providing 30 days' written notice to the address on record for the account.

continued on next page

Step 2 | Power of Attorney authorization (continued)

My subsequent disability or incompetence shall not revoke or terminate the authority of my Attorney(s)-in-Fact. In witness whereof, I have hereunto signed my name and obtained a notary stamp or seal.

Signature of primary account owner adding the attorney(s)-in-fact (required)

Date – MM/DD/YYYY

Signature of joint owner (if any) (required)

Date – MM/DD/YYYY

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 64121-6151

Overnight Address:

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

The brand DWS represents DWS Group GmbH & Co. KGaA and any of its subsidiaries such as DWS Distributors, Inc. which offers investment products or DWS Investment Management Americas, Inc. and RREEF America L.L.C. which offer advisory services.

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

© 2025 DWS Group GmbH & Co. KGaA. All rights reserved. (11/25) B-004211-18 Form-65