Cost Basis Election Form

Use this form to establish or change your cost basis reporting election on any taxable DWS Fund account. Your election will be effective as of the date received by DWS, and will be effective for all accounts identified on this form.

Prior to taking any action on your account(s), please consult your legal or tax counsel for advice and information concerning the cost basis calculation methods and potential tax consequences that may apply to your account(s). Neither DWS nor any of its representatives may give tax or legal advice.

For business accounts, such as S-corporations, partnerships, sole proprietorships, trusts, custodial accounts, guardianships, and estates, further documentation may be required. For additional information, please contact Shareholder Services by calling (800) 728-3337 or e-mail: service@dws.com

Step 1 Account information

☐ 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

OR

○ Tax ID Number

Address

City

State

Zip

Daytime Phone Number

( )

Extension

Name of Joint Owner (if any)

Step 2 Cost basis election

Mutual funds must report the cost basis on any shares purchased on or after January 1, 2012 ("covered shares"). DWS has adopted Average Cost as the default calculation method, so this method will apply to your account(s) if no previous election was ever made. Under this method, cost basis will be calculated based on an average price of all "covered shares" purchased into your account and the holding period to determine whether any gain or loss is short-term or long-term.

Please indicate below which type of cost basis you would like us to furnish you and the IRS for all accounts identified.

If no fund name or number is specified below, the cost basis election will apply to all funds under the account number(s) provided. If you would like to provide selections for more than two accounts, please attach an additional form.

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Step 2 Cost basis election (continued)

Section A: Primary Cost Basis Election

Select one (if nothing is selected, Average Cost will be used)

Account Number
(include fund name or number if desired)

☐ Average Cost ☐ First-in, first-out (FIFO) ☐ Last-in, first-out (LIFO) ☐ High cost ☐ Low cost ☐ Loss/gain utilization ☐ Specific lot*

Account Number
(include fund name or number if desired)

☐ Average Cost ☐ First-in, first-out (FIFO) ☐ Last-in, first-out (LIFO) ☐ High cost ☐ Low cost ☐ Loss/gain utilization ☐ Specific lot*

*Please note, if you select "specific lot", you are required to make a secondary election in Section B of this step.

Section B: Secondary Cost Basis Election for Specific Lot

Select one (if nothing is selected, First-in, First out will be used)

Account Number
(include fund name or number if desired)

☐ First-in, first-out (FIFO) ☐ Last-in, first- out (LIFO) ☐ High cost ☐ Low cost ☐ Loss/gain utilization

Account Number
(include fund name or number if desired)

☐ First-in, first-out (FIFO) ☐ Last-in, first- out (LIFO) ☐ High cost ☐ Low cost ☐ Loss/gain utilization

Step 3 Cost basis election—future elections

Please indicate below if you would like to utilize the election(s) made above for any future new accounts established under the same SSN or Tax ID (listed above) with DWS.

☐ Yes, all future taxable DWS Fund accounts under this primary SSN/Tax ID should follow my above cost basis elections.

☐ No, I/we do not want to utilize the election(s) 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.

Step 4 Signature(s)

If you are acting on behalf of the account owner(s), but are not listed in the DWS Fund account registration(s), you must obtain a Medallion Signature Guarantee. Please contact us regarding additional documentation that may be required.

Account Owner/Authorized Party/Trustee

Print Name

Signature
(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)

continued on next page

Step 4 | Signature(s) (continued)

Joint Owner/Authorized Party/ Co-Trustee

Print Name

Signature
(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)

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.

† If acting on behalf of the account owner, or an entity such as a trust, a company, or an estate, you must sign in capacity with your title next to your signature as it relates to this account, i.e. Mary Thompson, Attorney-in-fact; Joe Smith, Trustee; John Brown, President; Pat Jones, Executor; etc.

The information provided by DWS should not be considered tax or legal advice. The rules affecting distributions from these accounts are complex and subject to change. Please consult your own tax or legal professional regarding your particular tax or legal situation before requesting a distribution.

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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