Trusted Contact Designation Form

Use this form to add or remove a trusted contact to your new or existing DWS fund account(s). Designating a trusted contact is not required and does not authorize the named individual to transact on or to make changes to your account. This form authorizes DWS to contact the trusted contact and disclose limited account information if there are questions or concerns about your current contact information, health status or in the event DWS suspects that you may be a victim of fraud or financial exploitation.

Your trusted contact should be someone that you trust and will know how to reach you, and must be at least 18 years old. Your trusted contact should not be a joint owner or financial advisor on record. **We can only maintain information for one trusted contact per account.** We recommend you inform your trusted contact so they are prepared in the event we need to contact them.

For assistance in completing this form, please contact Shareholder Services at (800) 728-3337 or email: service@dws.com

Step 1 Account owner information (*Indicates required field)

We will update all funds under your indicated account number(s).

* Account Number(s)

* Social Security Number on Account(s)

* Name of Primary Account Owner

* Name of Joint Owner(s) (if any)

( )
* Daytime Phone Number

* Email Address

* Mailing Address

* City

* State

* Zip

Step 2 Trusted contact information (Must be age 18 or older) (*Indicates required field)

Please select one.

☐ Add the following individual as trusted contact to my account(s). **We can only maintain information for one trusted contact per account. If you are updating existing trusted contact information, the information below will replace any and all information on file.**

☐ Remove the following individual as trusted contact from my account.

* First name

MI

* Last name

( )
* Daytime Phone Number

* Email Address

* Mailing Address

* City

* State

* Zip

continued on next page

Step 3	Signature(s) (*Indicates required field)

By choosing to provide information about a trusted contact person, you are authorizing DWS to contact the trusted contact person and to communicate with them about your account in certain circumstances. These circumstances would include: to address possible financial exploitation, to confirm your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney.

* Signature of Primary Account Owner	* Date – MM/DD/YYYY
* Signature of Joint Account Owner (if any)	* Date – MM/DD/YYYY

Please note, if you are signing in your capacity as power of attorney, you will need to contact us at the number listed above regarding additional documentation that may be required.

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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