Payroll/Direct Deposit

Submit this form to your Human Resources or Payroll Department

If you are enrolling in Payroll Deduction to have after-tax dollars deducted from your paycheck, it is important that you check with your employer to make sure your company can accommodate this service. Please allow 90 days for the institution sending your payments to complete the process. For assistance in completing this form, please contact Shareholder Services at (800) 728-3337 or e-mail us at service@dws.com

Step 1 Provide important account information

Account Owner Name | Social Security Number | Name of Joint Owner (if any)

Address | City | State | Zip

( )

Daytime Phone Number | E-mail Address

Step 2 Employer information

Employer Name | Employer Tax Identification Number | E-mail Address

Address | City | State | Zip

Step 3 Information to employer

Each investment must be at least $50 per fund/account. The maximum Payroll Direct Deposit amount is $250,000 per fund/account.

8 7 | Fund number | Account number | $ Dollar Amount | ☐ Check if IRA*

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To avoid delays in the electronic transfer of your funds, please enter your account number without spaces or hyphens. Place zeros in the extra spaces before your DWS Fund and account numbers. For example, if your DWS Fund number is 6, you should enter 00006; if your account number is 123456789, you should enter the account number as 0123456789.

*Please do not exceed the maximum annual IRA contribution limit.

continued on next page

No bank guarantee | Not FDIC insured | May lose value

Step 4 Authorization/signature(s) (required)

I authorize the payment of my funds into the above referenced account(s) from each of my salary payments. I realize I can change the amount deducted from my paycheck (Payroll Deduction) or cancel this service at any time by notifying my employer or issuer of the DWS Funds. I have read the prospectus for the DWS Fund(s) I have chosen. I understand that purchases will continue regardless of share price levels, and there is no assurance of profit or protection against loss in down markets. I have considered my ability to maintain this plan during such times.

Account Owner's Signature	Date (MM/DD/YYYY)
Joint Owner's Signature (if any)	Date (MM/DD/YYYY)

Notice to employee:

Submit this form to your Human Resources or Payroll Department.

Notice to employer:

Money should be routed to UMB, Routing Number 101218856. Please code this as a checking account for ACH purposes. You may retain this form to confirm the employee's authorization of Payroll Direct Deposit. If you have questions, please call us toll-free at (800) 728-3337. One of our Shareholder Services representatives will be happy to assist you.

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.

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