Decedent IRA application

Use this form to register as the Beneficial Owner entitled to the Traditional, Roth or SEP IRA Account with DWS upon the death of the account owner. Beneficiaries should consult their tax advisors to determine which options are best for their individual circumstances. If you wish to take a distribution from the account, or need help completing this form, please contact Shareholder Services:

Call: (800) 728-3337 or e-mail: service@dws.com

Important information about procedures for opening an Account:

When you open an account, you must provide your name, address, date of birth, and other information that will allow us to identify you. 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 an account. You must obtain a signature guarantee for your signature in Step 6.

If you are the spouse of the deceased account owner DO NOT complete this form. Please complete the Spousal Inherited Retirement Form or call us for additional information and instructions.

Paperless Options

DWS is pleased to offer electronic delivery of fund and account documents. You can receive your DWS Fund account statements, transaction confirmations, tax forms, fund prospectuses, updates, annual and semi-annual reports electronically. Once you receive your New Account Confirmation you can register at www.dws.com or by downloading the DWS Direct USA mobile app (available for both iOS and Android) using your new account number. Once you consent, an e-mail will be sent notifying you when new fund or account materials are available for viewing online. Please note that no confidential information will be sent via e-mail.

Keep in mind that shareholders who adopt electronic delivery are not subject to the annual maintenance fee of $20 per fund account.

Step 1 | Your financial advisor (Class A and C shares only)

Note: Class A and C shares are designed for investors working with a financial advisor. If you do not designate an advisor, sales charges and fees will be paid to DWS Distributors, Inc., the fund's principal underwriter and distributor.

Firm Name

Financial Institution Identification Number

Branch Address

City

State

Zip

Branch Identification Number

Representative's Name

Representative's Identification Number (if applicable)

Representative's Phone Number

( )

Extension

Representative's E-mail Address

Step 2 | Account information (*Indicates required fields)

Name of Original Account Owner

* Date of Death — MM/DD/YYYY

Original Owner Account Number

* Name of Beneficial Owner/Trust/Estate[1]

Name of Trustee or Executor (if applicable)

* ○ Social Security Number OR ○ Tax ID of Beneficial Owner

Date of Trust – MM/DD/YYYY (if applicable)

* U.S. Residential Address of Beneficial Owner/Trustee/Executor[2]

City State Zip

Mailing Address (if different)

City State Zip

* Date of Birth of Beneficial Owner/Trustee/Executor – MM/DD/YYYY

Social Security Number of Trustee or Executor (if applicable)

Daytime Phone Number ( ) Extension

E-mail Address

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

Trust or Legal Entity Account

* Select one: ☐ Trust ☐ Estate ☐ Other

Legal documentation proving the existence of the entity must be presented when establishing one of these account types. See Step 7 for additional information.

For a trust or legal entity account, are you engaged in Internet Gambling or support companies engaged in Internet Gambling?

* Select one: ☐ Yes ☐ No

If yes, please explain:

* Name of Legal Entity

* ○ Social Security Number OR ○ Tax ID

* Street Address of Legal Entity (P.O. Box not acceptable)

* Date of Trust Agreement (for trusts only) – MM/DD/YYYY

* Name of Trustee/Authorized Signer

* Social Security Number of Trustee/Authorized Signer

* Date of Birth – MM/DD/YYYY

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

* City * State * Zip

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

* Name of Co-Trustee/Authorized Signer

* Social Security Number of Co-Trustee/Authorized Signer

* Date of birth – MM/DD/YYYY

* U.S. Residential Address

* City * State * Zip

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

[1] If a minor is named on the "Name of Beneficial Owner" line, write the word "minor" after the minor's name, and write the name of the minor's parent or legal guardian. In addition, Step 6 must be completed by the minor and his/her guardian. Please also refer to the minor's beneficiary note at the end of this form.
[2] P.O. Box is not acceptable.

continued on next page

Step 2 | Account information (*Indicates required fields) continued

For a Trust Account

☐ Check here if the grantor/settlor is the same as the trustee

* For Trust-Accounts, Name of Grantor/Settlor (if different from trustee)	* Social Security Number of Grantor/Settlor	* Date of birth – MM/DD/YYYY

* U.S. Residential Address (P.O. Box not acceptable)	* City	* State	* Zip

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

Please attach a separate sheet with the above information for each additional trustee, grantor/settlor, or authorized signer.

Step 3 | Beneficiary designation (not applicable for a Trust or Estate Account)

The following person(s) or legal entity(ies) is to receive my IRA assets upon my death. I understand that this beneficiary designation is not effective unless filed with the custodian prior to my death. I understand that I can change this beneficiary designation during my lifetime by submitting a new form to DWS Trust Company. Your primary beneficiary (or primary beneficiaries, if more than one) is first in line to inherit your assets after your death. If no primary beneficiary that you designated is alive at the time of your death, then any secondary beneficiary you designated would be the next in line to inherit your assets. You may name more than one primary and/or secondary beneficiary and designate how the assets will be divided amount them. If I name more than one primary beneficiary and do not indicate percentages, distributions will be made equally to primary beneficiaries who survive me. If a percentage is indicated and a primary beneficiary doesn't survive me, the percentage of that beneficiary's share will be divided equally among the surviving primary beneficiaries, unless otherwise specified. Secondary beneficiaries will receive distributions only if there are no surviving primary beneficiaries. Distributions to secondary beneficiaries will be made according to the rules of succession, described above, for primary beneficiary. Percentages must total 100%.

If more than two primary or two secondary beneficiaries are named, add additional pages with the same information as requested here. (If you do not indicate the percentage, we will distribute the proceeds evenly).

Designate your beneficiaries (please note, there is no need to designate your estate as sole primary beneficiary because an IRA without any beneficiary designation will be transferred to the estate of the shareholder upon their death).

Primary Beneficiaries

Percentages must equal 100%

Name	Percentage	* ☐ Social Security Number	☐ Tax ID
	%		OR

Date of Birth or Trust Date – MM/DD/YYYY

Name	Percentage	* ☐ Social Security Number	☐ Tax ID
	%		OR

Date of Birth or Trust Date – MM/DD/YYYY

continued on next page

Step 3 Beneficiary designation (not applicable for a Trust or Estate Account) continued

Secondary Beneficiaries (If applicable)

Percentages must equal 100%

Name | Percentage | * ☐ Social Security Number | ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Name | Percentage | * ☐ Social Security Number | ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Step 4 Spousal consent

If you are married and live in a community property state, your spouse may have a property interest in the account and any beneficiary designation that you make other than to your spouse may be ineffective without spousal consent. DWS Trust Company, DWS Service Company, the DWS Funds and their respective affiliates make no warranty as to the ownership of the account after the death of the participant. By signing this application you and your spouse, as applicable, acknowledge that DWS has no obligation to locate or notify any beneficiary or to independently verify any information provided by you or any person claiming an interest in the account.

Community property is currently recognized in AZ, CA, ID, LA, NV, NM, TX, WA, WI and Puerto Rico, but this list is subject to change.

— **It is your responsibility to determine if this section applies.** You may need to consult with legal counsel.
— If this section applies, have your spouse sign as indicated.
— Neither DWS Trust Company nor DWS Service Company or its affiliates will be liable for any consequences resulting from failure to provide proper spousal consent.

I am the spouse of the above-named shareholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I have been advised to see a tax professional or legal advisor. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or the designated investment company or their affiliates.

Signature of Account Owner's Spouse | Date – MM/DD/YYYY

Step 5 Custodial fee

This fee is subject to change as provided in Article VIII or IX of the Individual Retirement Custodial Account Agreements.

What are custodial fees?

The amount of the fee varies based on your IRA plan balance and the number of funds in which you invest your IRA assets. An individual holding an IRA with one or more DWS funds will be charged an annual $18 per fund up to a maximum of $36 per year.

An individual with an aggregate IRA balance totaling $50,000 or more will not be charged an IRA custodial fee for that year.

What if I elect to pay the annual custodial fee directly?

You may pay the custodial fee for the first year by remitting a check payable to DWS Trust Company and including it with this form. If you elect to send a check for the annual custodial fee in subsequent years, make sure to do so before the fourth-quarter automatic deduction. Send a letter referencing the exact name on your account, the fund name, and the account number. Make your check payable and mail to:

DWS Trust Company
DWS Service Company
P.O. Box 219151
Kansas City, MO 64121-9151

Step 6 Authorization

The Internal Revenue Service does not require your consent to any part of this document other than the certification of your Social Security Number.

Print Name

Signature of Existing Account Owner
(If acting on behalf of the account owner you must sign in capacity†)

Date – MM/DD/YYYY

DWS Trust Company, Custodian

Affix Medallion Signature Guarantee or Guarantee stamp
(a notary seal is not acceptable)

Special note to Medallion Signature Guarantee guarantors: 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.

Medallion Signature Guarantee

A Medallion Signature Guarantee is issued by a bank, savings and loan, trust company, credit union, broker/dealer, or any member or participant of an approved signature guarantee program. Please note that a notary public is not an acceptable guarantor. An officer of the institution will ask for identification to be sure that you are, in fact, the person identified on this form and the person signing it. Once the guarantor has reviewed your request, verified your identity and your authority to act on the account presented to them, they will affix a Medallion Signature Guarantee stamp to your form.

DWS prefers Medallion Signature Guarantee stamps. We must receive an original stamp. If more than one signature is required on this form, we will need separate stamps for each signature. If you are obtaining a non-Medallion Signature Guarantee, please contact us. We may require additional documentation to complete your request.

Step 7 Legal documentation

If you are establishing an account for a legal entity, please provide the most recent versions of the documents listed below. We reserve the right to require additional documents on future transactions. Please note this is not an all inclusive list of documents.

Trust: Trust document (copy of the portion(s) of the trust document that shows the name of the trust, date of the trust, and the trustee name(s)) or certificate/affidavit of trust

Corporation: Articles of incorporation, certificate of incumbency or corporate by-laws

Financial institution regulated by a federal regulator: Registration certificate

Guardianship/conservatorship: Appointment of guardian/conservator certified within 60 days

Partnership or sole proprietorship: Most recent agreement or documentation showing the existence of a partnership or sole proprietorship

Estate: Appointment of executor(trix) certified within 60 days

Bank regulated by a state bank regulator: Registration certificate

Publicly traded company: (Please provide company's CUSIP number)

Retirement plan under ERISA: Copy of plan document (If each participant is to have a separate account for the contributions, call us for special forms)

Forms commonly used with this document

IRA-Electronic Services Form

† 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. The institution providing the Medallion Signature Guarantee for these types of accounts will require additional documentation. You may wish to contact the institution to confirm the documentation they require to provide you with a Medallion Signature Guarantee.

Step 8 | Terms

I authorize DWS to act on any instructions (including those by telephone or electronically submitted) reasonably believed to be genuine for any of the services designated or received automatically. They employ procedures that are designed to give reasonable assurance that instructions communicated electronically or by telephone are genuine. Provided these procedures are followed, I agree that DWS Trust Company ("the Custodian"), any fund, or DWS will not be held liable for acting on such instructions.

I hereby designate the beneficiaries in Step 3 of this form and certify that I have received and read the IRA Plan Document and the current Prospectus of the DWS funds in this account, and agree to their terms. I understand that I am solely responsible for ensuring that my beneficiary designations meet federal and state legal requirements. Once the Custodian acknowledges receipt of this form, it shall be deemed accepted and, therefore, effective as of the date I signed it.

By signing this form, I understand and consent to DWS's collection, verification, and retention of information (as set forth in this application) that identifies each person who opens an account. I certify that all account information and disclosures made on this form are true and accurate.

I certify under penalties of perjury that:

A) The Social Security or Tax Identification Number shown on this form is correct and may be used for any account opened for me by the Funds.
B) I am a U.S. person (including a U.S. resident alien).

Note: The beneficiary for a minor beneficial owner is automatically his or her estate until the Custodian has been properly notified that the minor has reached the applicable age of majority, and the former minor has subsequently designated another beneficiary.

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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