Spousal inherited retirement account form

Use this form if you are the spouse and sole primary Beneficial Owner entitled to a retirement account with DWS Trust Company as custodian upon the death of the account owner. You should consult your tax advisor to determine which option is best for your individual circumstances. For assistance in completing this form, please contact Shareholder Services: Call: (800) 728-3337 or e-mail: service@dws.com

Step 1 Account information (*Indicates required fields)

* Account number(s) of original owner

* Name of original account owner

* Social Security number of original account owner

* Date of death – MM/DD/YYYY

Step 2 Spousal beneficiary information (*Indicates required fields)

* Name of beneficial owner

* Social Security number

* Date of Birth – MM/DD/YYYY

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

* City

* State

* Zip

Mailing Address (if different)

City

State

Zip

* Daytime Phone Number

Extension

( )

E-mail Address

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

Step 3 | Distribution options

Select only one of the following four options.

☐ Option 1: Transfer to my existing IRA
If you have an existing DWS Fund IRA account, and wish to re-register the decedent's retirement account in your name, please provide the account number on the following line: _____ We will update your existing IRA account(s) with any new bank and beneficiary information provided on this form, unless you specify otherwise below:

- ☐ Do not update the bank information on my existing IRA account(s).
- ☐ Do not update the beneficiary information on my existing IRA account(s).

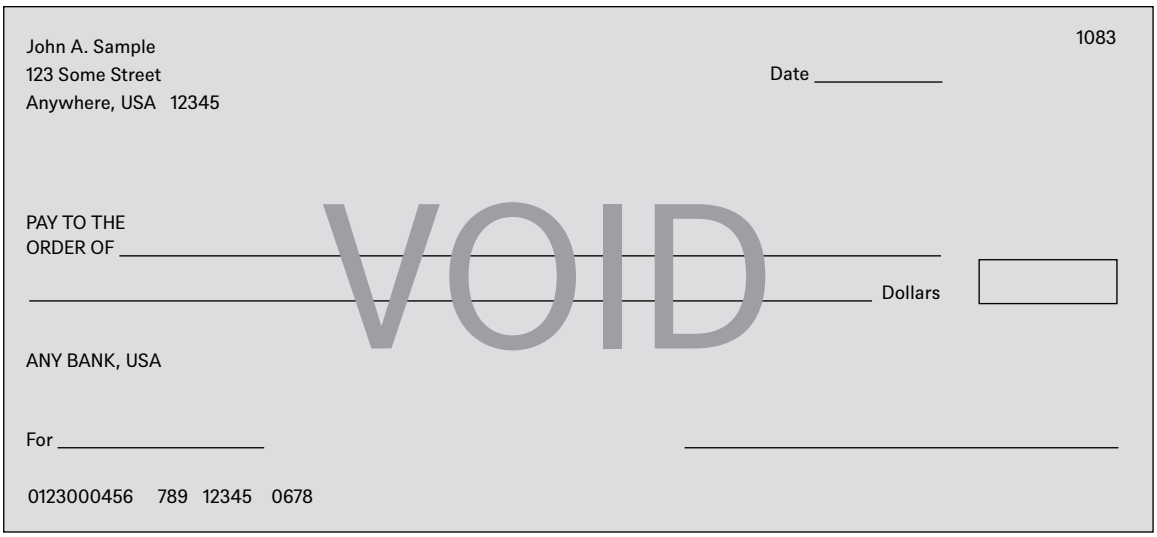
☐ Option 2: Transfer to a new IRA
If you wish to re-register the decedent's retirement account in your name, but do not have an existing DWS Fund IRA account, you will need to submit an IRA application along with this form. Please contact a financial advisor or Shareholder Services to obtain an application.

☐ Option 3: Transfer to an Inherited IRA account
If you wish to transfer all assets to an account registered as an Inherited IRA for the benefit of yourself, please provide beneficiary information in Step 6 and financial advisor information in Step 7. Distributions from the Inherited IRA must begin no later than December 31st of the year following the original account owner's death. You will need to submit an Inherited Retirement Account Distribution Request Form (IRA-10G) if you wish to schedule distributions immediately.

☐ Option 4: Lump sum distribution
If you wish to receive a total distribution (100%) in a single lump-sum payment, please select one of the following distribution options below, and select withholding option(s) in Step 5.

- ☐ A check sent to the address listed in Step 2.
- ☐ Funds sent to my bank.

Attach a voided check or deposit slip below. We cannot establish banking services from cash management, brokerage or mutual fund checks. Your name and address must be preprinted on the check or deposit slip. Please write "VOID" on your check before sending. Unless you request otherwise in Option 1 on previous page, we will change the banking information on your existing IRA account(s) to match the information on the voided check or deposit slip.



Please indicate the type of account at your financial institution: (Only one type should be selected. If no selection is made, checking will be the default).

☐ Checking OR ☐ Savings

If the bank account registration does not match your DWS fund account registration, a Medallion Signature Guarantee is required for the DWS fund account owner(s) and all additional bank account owners.

Step 4 Required minimum distribution for decedent

If the original retirement account owner was subject to a Required Minimum Distribution (RMD) in the year of their death, and they did not fulfill the obligation, you are required to distribute the funds by completing this step and Step 5.

If you would like a RMD, please specify the amount: $ _____ .

- ☐ A check sent to the address listed in Step 2
- ☐ Funds sent to my bank (I have attached a voided check or deposit slip above).

Step 5 Tax withholding information (Only for Step 3, option 4 and Step 4)

Distributions pursuant to Step 3, option 4 and Step 4 are generally subject to Federal (and possibly state) income tax. Even if you elect not to have Federal income tax withheld, you are liable for the full payment of Federal income tax, any state or local taxes, and any penalties that may apply to the distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

If you choose to withhold Federal taxes, DWS will withhold any mandatory state taxes as well. If you would like to provide for any other state withholding, including for states where withholding is voluntary, you must complete the state withholding section below.

Before selecting a withholding option, please consult your legal or tax counsel for advice and information concerning your particular situation. Neither DWS nor any of its representatives may give tax or legal advice. Withholding requirements, exclusions and withholding tax rates are subject to change at any time. For the most up-to-date information on your state's tax withholding requirements, visit your state's website.

Your withholding selections will apply to all applicable distributions requested on this form.

Federal withholding

For distributions subject to Federal income tax, the default withholding rate is 10%. 10% of your distribution will be withheld and forwarded to the IRS unless you elect for a different rate to be withheld by completing Form W-4R. As indicated on Form W-4R, you can choose a rate between 0% (no Federal withholding) and 100%. If we do not receive a completed Form W-4R from you, we must withhold the default rate of 10% and you will be deemed to have elected this default rate. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

A copy of Form W-4R may be included with this form, or can be accessed at https://www.irs.gov/forms-instructions.

State withholding

For states and the District of Columbia that mandate withholding on distributions, DWS will automatically withhold the minimum required amount and forward it to the appropriate revenue service only if you have also elected for Federal withholding above. If you would like to specify an amount greater than the minimum, or if you would like voluntary state withholding taken, please indicate below. If the state withholding option is selected and your state does not accept withholding, DWS will not take state withholding from your distribution.

- ☐ Withhold a total of $ _____ and forward to my state revenue service. (Please note if the dollar amount provided is less than the state minimum, DWS will withhold the minimum amount required by your state. In addition, if there are multiple funds and/or accounts, the total withholding amount will be divided equally).

Step 6 Beneficiary designation (Only for Step 3, Option 3 above)

The following person(s) is to receive my Inherited 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

continued on next page

Step 6 | Beneficiary designation (continued)

who survive me. If a percentage is indicated and a primary beneficiary does not 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 beneficiaries. 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 percentages, we will distribute the proceeds evenly).

Primary Beneficiaries

Percentages must equal 100%

Name | Percentage | ○ Social Security Number OR ○ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY | Relationship: ☐ Spouse ☐ Other

Name | Percentage | ○ Social Security Number OR ○ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY | Relationship: ☐ Spouse ☐ Other

Secondary Beneficiaries

Percentages must equal 100%

Name | Percentage | ○ Social Security Number OR ○ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY | Relationship: ☐ Spouse ☐ Other

Name | Percentage | ○ Social Security Number OR ○ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY | Relationship: ☐ Spouse ☐ Other

Step 7 | 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 E-mail Address

Representative's Phone Number Extension

( )

Step 8 | Signature

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. DWS 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 6 of this form and certify that I have received and read the IRA Plan Document, and the current Prospectus(es) of the DWS Fund(s) 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 collection, verification, and retention of information (as set forth in this form) 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:

1) 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; and 2) I am a U.S. person (including a U.S. resident alien).

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

Name of beneficial owner (please print)

Signature

Date – MM/DD/YYYY

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

Bank Account Owner if Difference From Account Owner (if applicable)

Print Name

Signature of Bank Account Owner

Date – MM/DD/YYYY

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.

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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Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Give Form W-4R to the payer of your retirement payments.

OMB No. 1545-0074

2026

1a First name and middle initial	Last name	1b Social security number

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	**2**	%

Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to *www.irs.gov/FormW4R*.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 instead for this 37% rate.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including "-0-"). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying "hardship" distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be $20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.