DWS Money Fund Account Application – S Corp/C Corp/LLC

Use this form to open an S Corp/C Corp/LLC, etc. account with DWS. Only a U.S. citizen or a resident alien with a valid Social Security number and U.S. residential address may open a new account with this application.

If you are opening a Trust/Estate/Sole Prop, etc. account, use the DWS Money Fund Account Application - Trust/Estate/Sole Prop form.

If you are opening an Individual/Joint/UTMA/UGMA account, use the DWS Money Fund Account Application - Individual/Joint/UTMA/UGMA form.

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

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

Note: If you do not designate an advisor, fees will be paid to DWS Distributors, Inc., the fund's principal underwriter.

Name of Firm

Number of Firm

Address of Branch

City

State

Zip

Number of Branch

( )

Phone Number of Advisor

Extension

Name of Advisor

Identification Number of Advisor (if applicable)

E-mail Address

continued on next page

Step 2 Legal documentation

If you are establishing an account for a legal entity, please provide the most recent version of one 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.

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

Financial institutions regulated by a federal regulator: Registration certificate

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

Bank regulated by a state bank regulator: Registration certificate

Limited Liability Corporation: Articles of organization, operating agreement

Cemetery/Funeral Home: Business license

Township/City/County: State issued document outlining the conditions under which a corporation, city, or other corporate body is organized, and defining its rights and privileges

Charitable/Non-Profit Organization: Articles of Incorporation, Copy of Business License, Certificate of Good Standing from Office of Secretary of State, Corporate Charter OR Certificate Resolution of Board of Directors

Club/Fraternal Organization: Business license, by-laws

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)

Step 3 Registration and required customer identification information

Important information about procedures for opening a DWS fund account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or person(s) authorized to effect transactions in an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. Some or all of this information will be used to verify the identity of all persons opening, and effecting transactions in, an account.

Entity Account *Indicates required field

* Select one: ☐ Limited Liability Corporation ☐ S Corporation ☐ C Corporation ☐ Partnership

☐ Charitable/Non-Profit Organization[1] ☐ Bank/Credit Union/Savings & Loan ☐ Township/City/County

☐ Club/Fraternal Organization[2] ☐ Cemetery/Funeral Home

Is the entity engaged in Internet Gambling or support companies engaged in Internet Gambling?

* Select one: ☐ Yes ☐ No

If yes, please explain: _____

[1] These organizations include: Hospitals & Medical Institutions, Churches & Religious Institutions, Schools, Colleges, and Universities.
[2] These organizations include: Unions, Investment Clubs.

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Entity Account (continued)

For all Account Types

For publicly traded companies, provide Exchange and Ticker Symbol:

For schools/colleges/universities, is the institution public or private: ☐ Public ☐ Private

* Name of Legal Entity

* Social Security Number OR Tax ID Number

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

* City

* State

* Zip

Mailing Address (if different)

* City

* State

* Zip

( )

Daytime Phone Number Extension

E-mail Address

* Name of Authorized Signer

* Social Security Number of Authorized Signer

* 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:

* Name of Authorized Signer

* Social Security Number of Authorized Signer

* 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:

Please attach a separate sheet with the above information for each authorized signer.

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Retirement/Savings Plan

Retirement plan (self-directed retirement plans only) – To have DWS Trust Company as the custodian/trustee on your IRA, please call us for the appropriate forms.

Select one:

- ☐ Self-directed IRA
- ☐ Self-directed Roth IRA
- ☐ 401(k) salary deferral
- ☐ Defined benefit
- ☐ SEP IRA
- ☐ Roth 401(k)
- ☐ Target benefit
- ☐ Simple IRA
- ☐ Money purchase pension plan
- ☐ Self-directed Coverdell Education Savings Account
- ☐ Other

Custodian/trustee

Note: An individual may not act as the custodian for their IRA account.

* Name of Custodian/Trustee
* Tax ID Number
* U.S. Business Address
* City
* State
* ZIP
* Mailing Address (if different)
* City
* State
* ZIP
( )
* Daytime Phone Number
Extension

Participant/employee

* Name of Participant/Employee
* Social Security Number
* 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:

Controlling Persons

Skip this section if the entity is a publicly traded company, a public school, college, or university, a township, city, or county, or a bank, credit union, or savings & loan.

All other Account Types must provide this information.

Please complete this section for an individual with significant responsibility for managing the legal entity, e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer.

If appropriate, an individual listed as an Ultimate Beneficial Owner may also be listed here.

* Name / Title
* Social Security Number
* 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:

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Step 3 | Registration and required customer identification information (continued)

Ultimate Beneficial Owners

Please provide a listing of all individuals who own, directly or indirectly, 25% or more of the equity interests of the legal entity customer. (If there are none, write "none" above name or leave blank).

* Name	* Social Security Number	* 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	* Social Security Number	* 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 Ultimate Beneficial Owner.

Step 4 | Money fund choice

Your initial investment check must be submitted with this application. Please make check payable to DWS Funds. Your name and address must be preprinted on the check.

☐ Government & Agency Securities Portfolio–DWS Government & Agency Money Fund (356)

Step 5 | Initial investment

For each DWS Fund, you must invest a minimum of $1,000 to establish an account. The minimum initial investment is reduced to $500 if you are initiating an automatic investment plan for at least $50 per month. Please read the prospectus carefully before investing.

$ (Initial investment amount) Your initial investment must be submitted with this application. Please make check payable to DWS Funds or the applicable fund name. For the protection of all our shareholders, there will be a 10-day hold placed on your investment check to ensure good funds.

Step 6 | Dividends and capital gains

You may select how your dividends and capital gains are distributed. Dividends and capital gains will automatically reinvest in the same fund account, unless you indicate otherwise below. Refer to the prospectus or contact us if you would like to consider additional options.

☐ Pay dividends and short term capital gains in cash. ☐ Pay long term capital gains in cash.

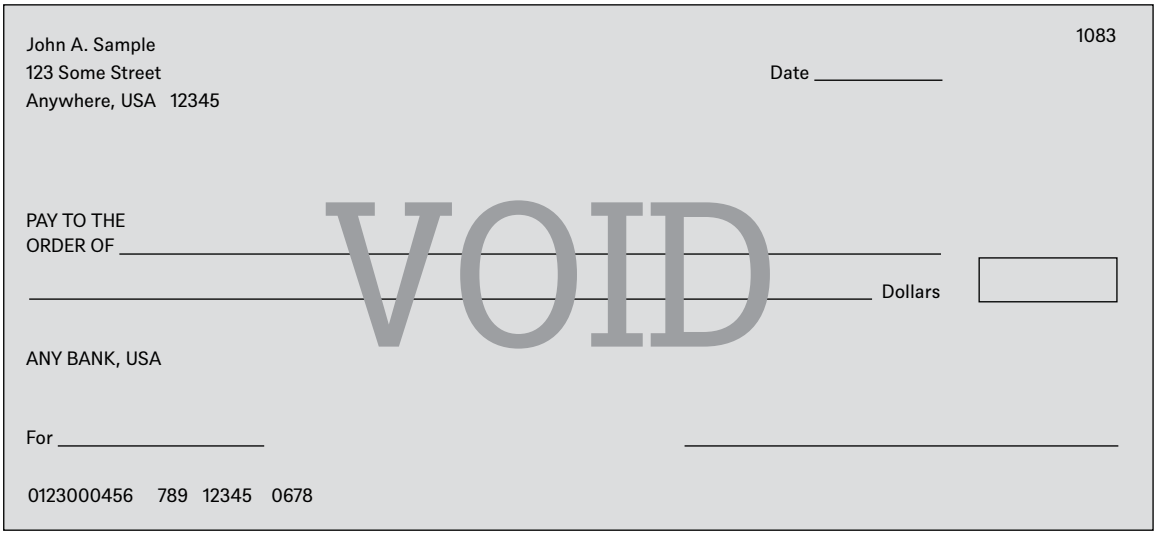
If you select cash option(s) above, distributions will be sent electronically to your bank account if you provide a voided check or deposit slip in Step 7. Otherwise, distribution checks will be sent to the account address.

Bank Instructions

Any bank account owner not listed on the new account must provide a signature with a Medallion Signature Guarantee in Step 8 if choosing purchase privileges.

Tape your voided check or deposit slip here to transfer money between your bank and your DWS fund account.

Your name and address must be preprinted on the check or deposit slip. Please write "VOID" on your check before sending.



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). We cannot establish banking services from cash management, brokerage or mutual fund checks.

☐ 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.

☐ Purchase by ACH $

Initiate a one-time investment from your bank account via Automated Clearing House (ACH). Please complete the ACH banking instructions section directly above.

Purchase

☐ I want the ability to move money by telephone or online from my bank account to my DWS fund account. Please tape a voided check above.

Redeem

☐ I want the ability to move money by telephone or online from my DWS fund account to my bank account. Please tape a voided check on previous page.

Wire Redemption

☐ I authorize the fund or its agents to honor telephone or other instructions from any authorized person for the redemption of fund shares. Proceeds are to be wire transferred to my financial institution account. Please tape a voided check above.

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Step 7 | Account options (continued)

Telephone Exchange and Check Redemption

Telephone and exchange redemptions are automatically provided UNLESS you check the boxes below:

☐ I DO NOT authorize exchanges between DWS funds upon instruction from any authorized person by telephone.

☐ I DO NOT authorize redemptions by check to the address on record upon instruction from any authorized person by telephone.

Checkwriting

☐ Write checks of $500 or more on your DWS Money Fund account by checking this box. (Privilege not available for an account with power of attorney).

Please provide information below regarding the number of signatures required on each check. if this section is not completed, a single signature will be the requirement.

Number of persons required to sign checks: ☐.

Forms commonly used with this document

Non-IRA Electronic Services Form: To establish an automatic investment plan

Step 8 | Signature(s)

By signing this form:

I certify that I have the authority and legal capacity to open this account and to establish and use any related privileges. I understand that by completing this form, I will be investing in shares of Government & Agency Securities Portfolio -- DWS Government & Agency Money Fund. For each fund, I have received the prospectus, I understand the investment objectives, and agree to the terms and conditions set forth in the prospectus and statement of additional information.

I authorize DWS Service Company and its agents to act on any instructions (including telephone or electronic instructions, as applicable) they reasonably believe to be genuine for services requested and/or received automatically. DWS Service Company will use reasonable security procedures to provide assurance that telephone or electronic instructions are genuine, including verifying the identity of the caller, and will not be responsible for acting on instructions reasonably believed to be genuine.

I understand that it is my responsibility to monitor the activity in my account, including opening all mail received from the fund promptly, and to protect sensitive account information, including my online username and password. The DWS Account Security Program provides further information on protecting my account. I agree to notify DWS Service Company immediately if I suspect someone has gained unauthorized access to my account.

I authorize my bank to honor all entries to my bank account arising in connection with any services I select or receive automatically. This power will continue if I am disabled or incapacitated. I understand that if I choose to invest in my account through the automatic investment plan, my investments 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.

I understand that if my account has no activity and/or if no contact is made for certain specified time periods, DWS Service Company may be required to transfer it to the appropriate state under abandoned property laws.

I certify that I have relied on my own judgment or that of my advisor with respect to the suitability of each investment for this account, and acknowledge that DWS has not provided me with a recommendation or with investment, tax or legal advice of any kind.

I certify under penalties of perjury that:

1) the Social Security or tax identification number provided on this form is correct and may be used for any account opened for me by DWS; and 2) unless the box below is checked, I am not subject to backup withholding because a) I am exempt from backup withholding; or b) the Internal Revenue Service (IRS) has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. person (including a U.S. resident alien).

☐ Please check this box only if you are subject to backup withholding. Please include a copy of the notification letter you received from the IRS.

I understand that these authorizations and certifications will apply to any DWS Fund investment I make now or in the future and that these terms replace the terms contained in any new account application I signed previously. The Authorizations and

continued on next page

Certifications apply to each person who signs this application.

I understand and consent to DWS's 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.

Please sign below exactly as your name(s) appears/will appear on the registration of your account. All account owners must sign. Your signature indicates that you have read, understood, and agreed to the terms stated on this form. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Medallion Signature Guarantee Requirements:

- A Medallion Signature Guarantee is NOT required if you bank account matches the DWS account registration.
- If the bank account registration does not match your DWS account registration, a Medallion Signature Guarantee is required for the DWS account owner(s) and all additional bank account owners.

Primary Account Owner/Authorized Signer

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

Print Name

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

Date – MM/DD/YYYY

Additional Authorized Signer (if any)

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

Print Name

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

Date – MM/DD/YYYY

Additional Authorized Signer (if any)

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

Print Name

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

Date – MM/DD/YYYY

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Bank Account Owner if Different from DWS Fund Account Owner (if applicable)

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

Print Name

Signature of Bank Account Owner

Date – MM/DD/YYYY

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.

† If acting on behalf of the account owner, or an entity such as a Trust, a Company, or an Estate, you must sign in the capacity of your title as it relates to this account, i.e., Maria Perez, Trustee; Mohammad Patel, President; Keisha Jones, Executor; etc. 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.

Checklist

Before mailing this application, please check that you have:

- ☐ Selected one account type in Step 3.
- ☐ Attach an initial investment check reflecting at least the proper investment minimums in Step 4.
- ☐ Selected all other options you wish to have set up and supplied the required information in Steps 6 and 7.
- ☐ Provided the most recent versions of the documents listed in Step 2 (if applicable).
- ☐ Signed and, if required, had your signature guaranteed in Step 8.
- ☐ Made a copy of all information you are supplying for your records.

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

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.

DWS Distributors, Inc.
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www.dws.com

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Important Terms and Conditions for Checkwriting

Retain these pages for your records.

Checkwriting privilege terms and conditions

1. Checkwriting authorization
   By requesting the checkwriting privilege, you authorize DWS Service Company ("DWS" or "us" or "we") to honor and pay checks drawn on your DWS Money Fund ("Fund") account ("Account"). You acknowledge that checks are authorizations to redeem shares of the Fund and must be on drafts provided by the Fund. You agree to appoint UMB Bank, N.A., or its bank affiliates (collectively "the Bank") as your agent for the purposes of this Checkwriting Account Agreement. The Bank is authorized upon presentment of checks to transmit such checks to the Fund or its transfer agent as requests to redeem shares in the Account in an amount sufficient to pay such checks. You also agree that the Bank may honor electronic payments to and from the Account as authorized by you when such payments are processed in accordance with law and the applicable payment systems rules. By requesting the checkwriting privilege, you authorize us to redeem Fund shares in the Account to pay a check. Redemption of Fund shares is always subject to the acceptance of the Fund. We reserve the right to terminate your checkwriting privilege at any time, and the Fund or its transfer agent may require us to do so. Your participation in our checkwriting service does not create a deposit or banking relationship between you and the Bank or between you and the Fund or its transfer agent. These terms and conditions ("Terms") may be amended by us and shall be binding on you and the Account after we mail revised Terms to you. Further, we agree that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time.

2. Sufficient funds
   By requesting the checkwriting privilege, you agree that you will not write checks that will exceed the balance of the Account. If a check is presented to us for payment on the same day as a redemption of Fund shares in your Account (pursuant to your request or in order to settle a trade), the redemption will be effected before the check is paid. If the value of your Account after the redemption is less than the amount of the check, that check will be returned unpaid and marked to indicate insufficient funds. The unpaid check will be returned, and a $10 fee will be assessed on your Account.

3. Authorized signers
   You must provide a proper sample signature on this form prior to participating in our checkwriting services. In providing such sample signature(s), you represent and warrant that each signature set forth hereon is a proper sample and a fair representation of that individual's signature. Only one signature will be required on your checks unless you specify otherwise.

4. Indemnification
   By requesting the checkwriting privilege, you agree to indemnify and hold harmless DWS, the Bank, the Fund, and any of their affiliates, directors, officers, employees, and agents, from and against any loss, claim or liability that arises in connection with the processing, clearing, payment or dishonor of any check written by the authorized signer(s) or reasonably believed to have been written by the authorized signer(s). In the event DWS, the Fund or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the check or other payment improperly made.

5. Account statements
   By requesting the checkwriting privilege, you agree to examine your account statements promptly when received and to notify us promptly, at most within 30 days of receipt of a statement, of any checks charged against the Account that you did not write and of any other errors, omissions, alterations, forgeries or other fraudulent occurrences. Failure to notify us within that time will preclude any claim against us, the Fund, the Fund's transfer agent, the Bank, and any of their affiliates, directors, officers, employees, and agents by reason of any unauthorized or missing signature, alteration or error of any kind.

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Checkwriting privilege terms and conditions (continued)

6. Loss of checks
   By requesting the checkwriting privilege, you agree to notify us promptly, at most within 24 hours, of the loss or theft of any of your checks or your checkbook. In order to notify us, please call us or have a letter delivered to us overnight at the following address:

   DWS Service Company
   801 Pennsylvania Ave
   Suite 219151
   Kansas City, MO 64105-1307

   You agree, further, to report a theft of your checks or checkbooks promptly to the police, to obtain a copy of the police report resulting from your report, and to provide a copy of such police report to us upon request.

7. Cooperation in event of fraud
   By requesting the checkwriting privilege you agree that, in the event of any fraudulent occurrence in your Account, including, but not limited to the writing of forged checks against your Account, the altering of checks written against your Account, or the forging of endorsements on checks written against your Account, you will report such fraudulent occurrence promptly to the police, obtain a copy of the police report resulting from your report, and provide a copy of such police report to us upon request. Further, you will cooperate with the police and with us, the Fund's transfer agent, and any of our agents in any investigation of such fraudulent occurrence, and you will complete and swear required affidavits promptly, accurately, and thoroughly. You understand that, if you fail to do any of these things, you may encounter delays in regaining access to assets in your Account.

Electronic fund transfer act disclosures

The Funds will accept Automated Clearing House ("ACH") debit entries for accounts that have elected the checkwriting redemption privilege. An example of an ACH debit is a transaction in which you have given your insurance company or health club the right to withdraw your monthly payment from your account. Sometimes, you may give a merchant from whom you wish to purchase goods the right to convert your check to an ACH debit. You may also authorize a third party to initiate an individual payment in a specific amount from your account by providing your account information and authorization to such third party via the Internet or telephone. The important information and disclosures set forth below apply to such electronic fund transfers and the accounts to which they are made. For purposes hereof, the terms "we," "us" and "our" shall mean (i) any Funds held in your account at any time; (ii) the Fund's transfer agent and/or shareholder service agent, (iii) your financial advisor or broker holding Shares of the Fund in an omnibus account or street name on your behalf, if applicable, and (iv) their respective affiliates, officers, directors, employees, and agents.

1. Use of account numbers
   Upon receipt of an ACH debit entry referencing your account number, you authorize us to redeem Fund shares in your account to pay the entry to the third party originating the debit. You agree that we will make the payment on the basis of the account number that you provide to your merchant and will not compare this account number with the name on the account. Neither we nor any other person or system handling the transaction is required to determine if there is a discrepancy between the name and the account number shown on the transfer instructions.

2. Sufficiency of account balance
   The payment of any ACH debit entry will be subject to sufficient funds being available in the designated account. We will not be able to honor an ACH debit entry if sufficient funds are not available. You agree not to initiate or authorize any ACH debit entry transaction on your Fund account in amounts exceeding the amount of Shares of the Fund then in the account and available for redemption. We may refuse to honor ACH debit entry transactions whenever the right of redemption has been suspended or postponed, or whenever the account is otherwise impaired. Your Fund account statement will show ACH debit entries to your account; you will not receive any other separate notice. (Merchants are permitted to convert your checks into ACH debits only with your prior consent).

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3. Preauthorized transfers originated by third parties
   You may authorize payment of a specific amount to be made from your account directly by us to third parties on a continuing periodic basis. To arrange for this service, you should contact the person or company you will be paying. Any preauthorized transfers will be subject to sufficient Shares of the Fund being available in the designated account. A preauthorized transfer will continue to be made from the account in the same amount and frequency as initially established until you terminate the preauthorized transfer instructions with the person or company that you have been paying. If regular preauthorized payments may vary in amount, the person or company you are going to pay should tell you 10 days before each payment will be made and how much the payment will be. If you have told us in advance that a third party will make regular payments out of your account, you may stop any of these payments by writing or calling us at the address and telephone number listed in bold typeface on the front of this disclosure in time for us to receive your request three (3) business days or more before the payment is scheduled to be made. If you call, we may also require that you put your request in writing so that we will receive it within 14 days after you call. If you order us to stop one of these payments three (3) business days or more before the transfer is scheduled, and we do not do so, we will be liable for your loss or damages but not in an amount exceeding the amount of the payment. A stop payment order will stop only the designated periodic payment. If you wish to terminate the periodic preauthorized transfers, you should do so with the person or company to which you have been making payment.

4. In case of errors or questions about your transactions
   Call or write us at the address and telephone number shown below as soon as you can if you think your statement is wrong or shows an improper transfer, or if you need more information about a transfer listed on the statement.

   DWS Service Company
   P.O. Box 219151
   Kansas City, MO 64121-9151
   (800) 728-3337

   Our business days are Monday through Friday, except holidays. We must hear from you no later than 60 days after we send you the FIRST Fund account statement on which the problem or error appeared. If you do not notify us within 60 days after we send you the account statement, you may not get back any money you have lost, and you may not get back any additional money you lose after the 60 days, if we could have stopped someone from taking that money had you had notified us in time. Tell us your name and account number. Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information. Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send your complaint or questions in writing within 10 business days. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days for certain types of transactions) to investigate your complaint or question. If we decide to do this, we will credit your account with escrowed Shares of the Fund within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or questions in writing, and we do not receive it within 10 business days, we may not credit your account. We will tell you the results within 3 business days after completing our investigation. If we determine that there was no error, we will send you a written explanation. You may ask for copies of documents that we used in our investigation.

5. Liability
   In the event we do not complete a transfer from your account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. We will not be liable to you if (i) there are not sufficient funds available in your account, (ii) circumstances beyond our control (such as fire or flood, malfunction of equipment or act of terrorismt) prevent the transfer, (iii) you or another shareholder have supplied a merchant with incorrect account information, or (iv) a merchant has incorrectly formulated an ACH debit entry. In any case, our liability shall not exceed the amount of the transfer in question.

6. Disclosures of information to third parties
   We will disclose information to third parties about your account or the transfers you make: (i) where it is necessary for completing the transfers, (ii) in order to verify the existence or condition of your account for a third party such as a credit bureau or a merchant, (iii) in order to comply with government agencies or court orders, or (iv) if you have given us written permission.

7. Governing law
   You acknowledge and agree that ACH debit entry transactions are governed by the Fund's prospectus and the rules of the National Automated Clearing House Association ("NACHA") Operating Rules, and any local ACH operating rules then in effect as well as Regulation E of the Federal Reserve Board. The acceptance and processing of ACH debit entry transactions are established solely for your convenience, and we reserve the right to suspend, terminate or modify your ability to redeem Fund shares by ACH debit entry transactions at any time.

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