Power of Attorney Affidavit and Indemnification Form

Do not use this form if the account owner is able to act. If the account owner is able to act, complete the DWS Durable Power of Attorney form.

For existing accounts using the account owner's Power of Attorney document, DWS Service Company will require a copy of the Power of Attorney document. The account owner's POA document must allow for transactions in securities and/or investment accounts and contain a durability clause stating that the POA will remain in effect in the event the account owner is disabled or incapacitated.

Before executing this form, please review the important information below:

- This document should be completed by the account owner's Attorney-in-Fact with their signature notarized
- If you are establishing a new account, you must also complete a new account application
- The Principal and the Attorney-in-Fact have the right to revoke or terminate this Power of Attorney at any time by providing written notice to DWS Service Company
- This form will allow permanent addition of the Attorney-in-Fact to the account registration for Individual, Joint Tenant With Rights of Survivorship, IRA accounts (Traditional, Roth, Inherited/Conduit, or SEP) for which DWS Trust Company acts as a custodian and DWS Service Company acts as an agent
- This form does not apply to fiduciary accounts (estates, trusts, guardianships, etc.) or certain retirement accounts
- Please allow sufficient time for the account owner's POA document to be reviewed

Certain instructions, including adding or changing beneficiaries on IRA accounts, may require specific authorization under state law. Please review your POA for required authority before making a request. The checkwriting feature is not allowed on any account with a power of attorney designation in the account registration.

☐ Please check this box if you would like to act in capacity as Attorney-In-Fact for this transaction only. Please note, if you choose this option, you will need to submit this form again for any future transactions.

For assistance in completing this affidavit or making your request, please contact Shareholder Services. Call: (800) 728-3337 or e-mail: service@dws.com

Step 1 Account owner

Name

Social Security Number on Account

Address of Record

City

State

Zip

Daytime Phone Number

Extension

Account Number(s)[1]

[1] This Power of Attorney will be effective for all funds under each account number.

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Step 2 Attorney-in-fact information

Name of Attorney-In-Fact

Social Security of Agent

Date of Birth – MM/DD/YYYY

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

City

State

Zip

Daytime Phone Number of Agent

Extension

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

☐ By checking this box, the Attorney-In-Fact will receive copies of account statements and confirmation statements by mail.

Step 3 Authorization and signature of joint account owner (if applicable)

By signing below, I acknowledge that the Attorney-in-Fact will possess the same account rights as the joint owner, including authorizing transactions by telephone and/or web. I further agree to fully indemnify and hold harmless DWS Service Company, DWS Distributors, Inc., DWS Trust Company, each of the DWS funds, DWS Investment Management Americas, Inc., and each of their affiliates, control persons, officers, directors, successors, assigns, employees and agents from and against any and all losses, damages, liabilities, claims, and costs (including reasonable attorneys' fees) directly or indirectly resulting from reliance on this form or the Attorney-In-Fact's instructions.

Print Name of Joint Owner

Signature of Joint Owner

Date – MM/DD/YYYY

Step 4 Attorney-in-Fact affidavit and indemnification

I, the undersigned Attorney-In-Fact,_____, being duly sworn, deposes and states under penalty of perjury that:

I am the Attorney-In-Fact named in the attached Power of Attorney executed on _____
Date – MM/DD/YYYY

by_____ ("Account Owner"); and
The Account Owner is living and has not revoked, terminated or suspended the Power of Attorney; and
The Account Owner was competent on the date of execution of this Power of Attorney; and
A petition to determine the incapacity of or to appoint a guardian for the Account Owner is not pending in a court of law; and

In the event that more than one Attorney-In-Fact is named in the attached Power of Attorney document, I represent that I am authorized to act, severally or individually, and that DWS Service Company may follow any of my instructions independent of all other attorneys-in-fact; and

I understand that in the event of conflicting instructions given by Attorneys-In-Fact or an Account Owner and an Attorney-In-Fact, DWS Service Company may restrict the account until joint written instructions are received that are deemed sufficient; and

I hereby agree not to exercise any powers granted to me by the attached Power of Attorney document if I know or have reason to know that the Power of Attorney has been partially or completely revoked, terminated or suspended or is no longer valid due to any reason whatsoever including death of the Account Owner; and

I hereby agree to fully indemnify, defend and hold harmless DWS Service Company, DWS Distributors, Inc., DWS Trust Company, each of the DWS Funds, DWS Investment Management Americas, Inc., and each of their affiliates, control persons, officers,

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directors, successors, assigns, employees and agents, from and against any and all losses, damages, liabilities, claims, and costs (including reasonable attorneys' fees) directly or indirectly resulting from transactions made in accordance with my instructions.

The attached Power of Attorney document will remain in full force and effect until such time as appropriate written notification of termination, revocation or significant alteration is received by DWS Service Company at the below address.

I also agree that any information given on this Affidavit and Indemnification is subject to verification.

This Affidavit is made regarding DWS Fund account number(s), _____ to induce acceptance and recognition by DWS Service Company of the authority granted the Attorney-In-Fact by the terms of attached Power of Attorney document.

By signing this form, I certify that all account information and disclosures made on this form are true and accurate.

Print Name

Signature of Attorney-In-Fact
(You must sign in capacity†)

Date – MM/DD/YYYY

Notary Public Signature

Affix Notary stamp or seal
(Must be dated within 60 days of our receipt of form)

State of

County of

On this _____ day of _____ , _____ before me personally appeared _____

and _____ to me known to be the individual(s) who executed the foregoing instrument and acknowledged that he/she/they executed the same. In witness whereof, I have hereunto signed my name and affixed my seal.

Signature of notary public

My commission expires

† You must sign in the capacity of your title as it relates to this account, i.e., Joe Smith, Attorney-in-fact.

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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.

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