Instructions for 403(b) Plan Beneficiary Designation Form

Numerous situations may affect your beneficiary designation, such as the death of a beneficiary, divorce, birth or adoption of a child, or beneficiary name change. You may wish to notify your designated beneficiary that he or she is the beneficiary of your account. In the event of your death, your beneficiary should elect a distribution option with DWS Trust Company. If your beneficiary fails to make an election by December 31 of the year following the year of your death, adverse tax consequences may result. Consult your tax advisor for more information.

If you need assistance completing this form, call Shareholder Services: (800) 728-3337.

403(b) Account Designation

- Beneficiary designations will be effective upon acceptance by DWS Trust Company.
- Enter the account number of each 403(b) account for which this beneficiary(ies) designation will apply.
- If you exchange into another DWS Fund, this beneficiary information will be copied to the new Fund, unless you provide us with an additional beneficiary designation form.

Primary Beneficiary Designation

- Enter all information requested for each primary beneficiary.
- Primary beneficiaries will share the account balance equally, unless you enter a percentage for each to receive (must equal 100%).
- If a trust is designated as a beneficiary, enter the name of the trustee(s), the complete name of the trust, and the date of the trust document.

Secondary Beneficiary Designation

- A secondary beneficiary is not permitted if a trust or estate is designated as the sole primary beneficiary.
- Enter all information requested for each secondary beneficiary.
- Secondary beneficiaries will receive account proceeds only if all primary beneficiaries predecease the shareholder.
- Secondary beneficiaries will share the account balance equally, unless you enter a percentage for each to receive (must equal 100%).
- If a trust is designated as a beneficiary, enter the name of the trustee(s), the complete name of the trust, and the date of the trust document.

Spousal Consent

- A married shareholder who is designating a beneficiary that is not his or her spouse should review this section. If this section applies, the shareholder's spouse must sign as indicated in Step 3.

Securities offered through DWS Distributors, Inc.

403(b) account beneficiary designation

Use this form to update the beneficiary information on your DWS 403(b) Plan Account.
Please contact Shareholder Services if you have any questions.

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

Step 1 Account information

☐ Please check here if the address listed below is a new address, and you would like your account(s) updated.

Name

Social Security Number on Account (required)

Address

City

State

Zip

Phone Number

Extension

403(b) Account Number(s)*

Step 2 Beneficiary designation

The following person(s) is to receive my 403(b) plan account assets upon my death. By submitting this form I understand that I am revoking all previous primary and secondary beneficiary designations and my new beneficiary designation(s) will only become effective upon acceptance by DWS Trust Company, the custodian of my 403(b) plan account. A confirmation will be generated by DWS Trust Company that this new information has been received and accepted by DWS Trust Company. I understand that I can change this beneficiary designation during my lifetime by submitting a new form to DWS Trust Company. 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 does not survive me, the percentage of that beneficiary's share will be divided equally among the surviving primary beneficiary(ies). 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 equal 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. Percentages must equal 100%)

Please note, there is no need to designate your estate as sole primary beneficiary because a 403(b) account without any beneficiary designation will be transferred to the estate of the shareholder upon their death.

continued on next page

* All funds will be changed unless otherwise indicated.

Step 2 Beneficiary designation (continued)

Primary Beneficiaries

Percentages must equal 100%

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

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

☐ Spouse ☐ Other

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

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

☐ 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

☐ Spouse ☐ Other

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

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

☐ Spouse ☐ Other

Step 3 Spousal consent

This section should be reviewed if you are married, live in a community property or marital property state, and designate a beneficiary other than your spouse.

- 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 403(b) plan account, 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 DWS Trust Company or the designated DWS Fund(s) or their affiliates.

Signature of Account Owner's Spouse

Date – MM/DD/YYYY

continued on next page

Step 4 | Signature of owner

Sign and date below.

Signature of Account Owner

Date – MM/DD/YYYY

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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