# Automatic Withdrawal Plan

Please use this form to add or change the automatic withdrawal plan (AWP) on your Deutsche Fund nonretirement account(s). Keep in mind the following requirements for establishing an automatic withdrawal plan:

- You must have at least \$5,000 in each account you wish to add this feature to.
- You must reinvest dividends and capital gains on each account with an automatic withdrawal plan. If you are currently receiving them in cash, the options will be changed to reinvest upon the addition of the automatic withdrawal plan.
- Class B and C shares subject to a contingent deferred sales charge (CDSC) can be withdrawn without incurring a CDSC, provided the amount withdrawn does not exceed 12% of your account value per year.

Further documentation may be required for business/fiduciary accounts, such as corporations, partnerships, associations, trusts, custodial accounts, guardianships and estates. For assistance completing this form, or if you wish to stop an existing automatic withdrawal plan, please contact Shareholder Services at (800) 728-3337 or e-mail: service@db.com

### Step 1 Provide account information

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

Account Number(s)						
Name of Primary Account Owner (please print)		O Social Security Number OR		O Tax ID on Account (required)		
Address		City		State	Zip	
( )						
Daytime Phone Number	Extension	E-mail Address				
Name of Joint Owner (if any)						

Step 2 Select action

#### Select one:

Add a new automatic withdrawal plan to my existing Deutsche Fund non-retirement account(s).

□ Replace the automatic withdrawal plan currently on my Deutsche Fund non-retirement account(s) with a new plan.

Remove the automatic withdrawal plan currently on my Deutsche Fund non-retirement account(s).

### Step 3 Provide withdrawal information

Please note that if you do not select a day for your automatic withdrawal plan, we will automatically process your withdrawal on the 25th day of the month. If the day you select falls on a weekend or holiday, your withdrawal will be made the next business day. We must receive this form seven days prior to the day you wish your plan to begin. Otherwise, your automatic withdrawal plan will begin the following month.

A) Indicate the month, day and ye	ear you want your automatic withdrawa	l plan to begin:		
		Month	Day	Year
B) Select the frequency of your w	vithdrawals: (If no frequency is indicated	, automatic withdrawal p	lan will b	e monthly).
Monthly (12 times a year)	Semi-monthly (2 times a month)	Bi-monthly (6 times)	a year)	
Quarterly (4 times a year)	Semi-annually (2 times a year)	🗌 Annually (1 time a y	/ear)	

continued on next page

### Step 3 Provide withdrawal information (continued)

C) Complete the information below for your automatic withdrawal plan: (minimum amount per fund is \$50.00)

			\$			%
Fund Name, Number, or NASDAQ Symbol	e, Number, or NASDAQ Symbol	Account Number	Dollar Amount	OR	Percentage	
			\$			%
Fund Name, Number, or NASDAQ Symbol		Account Number	Dollar Amount	OR	Percentage	
			\$			%
Fund Name	e, Number, or NASDAQ Symbol	Account Number	Dollar Amount	OR	Percentage	
Step 4	Choose a withdrawal method					

Please indicate the method of payment for your withdrawals:

A) Transfer to my bank account. Please provide banking information below.

Tape your voided check or deposit slip here to transfer money between your bank and your Deutsche Fund account. Your name and address must be preprinted on the check or deposit slip. Please write "VOID" on your check before sending.

John A. Sample 123 Some Street Anywhere, USA 12345	1083 Date	
PAY TO THE ORDER OF ANY BANK, USA	Dollars	
For		
0123000456 789 12345 0678		

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

For those using automated banking, please provide the following information to establish your automatic withdrawal plan.

Name of Financial Institution

Account Registration

Account Number

Bank Routing Number (ABA #)

Type of Account (checking or savings)

If you provide written banking information instead of a voided check or deposit slip, you must obtain a signature guarantee stamp, unless the information is provided separately on the specific bank's letterhead.

Step 4 Choose a withdrawal method (continued)

B) Check mailed to address of record.

C) Check mailed to different address or payee signature guarantee required (Step 5):

Name of Payee	Account Number (if applical	Account Number (if applicable)			
Address	City	State Zip			
Step 5 Signature(s)					

#### A signature guarantee will be required if:

- The registrations of your Deutsche Fund account and bank account do not match exactly.
- Checks are to be mailed to an address other than the address of record.
- Checks are to be made payable to a party other than the registered account owners.
- You are providing written bank information, but have not included a voided check or deposit slip.
- You are acting on behalf of the account owner(s), but are not listed in the Deutsche Fund account registration(s).

# Your signature indicates that you appoint Deutsche AM Service Company to act as your agent to make redemptions of unissued fund shares to provide the payments indicated on this form.

If you are 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 the account(s), i.e. Mary Thompson, Attorney-in-fact; Joe Smith, Trustee; John Brown, President; Pat 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.

## Account Owner/Authorized Party/Trustee

Affix Medallion Signature Guarantee or Guarantee Stamp

Print Name

Signature

Date – MM/DD/YYYY

### Joint Owner/Authorized Party/Co-Trustee

Affix Medallion Signature Guarantee or Guarantee Stamp

Print Name

Signature

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.

Deutsche Asset Management 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:

Deutsche AM Service Company P.O. Box 219415 Kansas City, MO 64121-9415

**Overnight Address:** 

Deutsche AM Service Company 210 W. 10th Street Kansas City, MO 64105-1614

Deutsche Asset Management represents the asset management activities conducted by Deutsche Bank AG or any of its subsidiaries.

Deutsche AM Distributors, Inc. 222 South Riverside Plaza Chicago, IL 60606-5808 www.deutschefunds.com