



New Account Application Class S- Individual/Joint/UTMA/UGMA

You may also complete this application online by registering at dws.com, or by downloading the DWS Direct USA mobile app (available for both iOS and Android). Use this form to open an Individual/Joint/UTMA/UGMA account in Class S shares of a DWS fund. Your Class S shares fund account will be held directly with the fund's transfer agent, and is generally used by individuals who plan to manage their account on their own, without the assistance of a financial advisor. If you are using or intend to use the services of a financial advisor, your advisor may instruct you to use the New Account Application for Class A and Class C shares. 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, etc. account in Class S shares, use the New Account Application Class S – Trust/Estate/Sole Prop form.

If you are opening a S Corp/C Corp/LLC, etc. account in Class S shares, use the New Account Application Class S – S Corp/C Corp/LLC 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 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 an account.

Please select only one type of registration below (*Indicates required field)

Individual or Joint Account

Individual account Joint account

For joint accounts, the Social Security number of the primary account owner will be used for IRS reporting.

Step 1 Registration and required customer identification information (continued)

* Name of Primary Account 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: _____

* Name of Second Joint Owner (if any)		* 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 owner.

Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) Account

If the Minor's Social Security number has been applied for, but not yet received, please include a copy of the Social Security card application (Form-SS5). Unless you indicate otherwise, the account will follow the UGMA/UTMA rules for the minor's state.

* Minor's Name	* Social Security Number of Minor	* Date of Birth of Minor – MM/DD/YYYY	
* U.S. Residential Address of Minor (P.O. Box not acceptable)	* City	* State	* Zip

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

* Name of Custodian	* Social Security Number of Custodian	* Date of Birth of Custodian – MM/DD/YYYY	
* U.S. Residential Address Of Custodian (P.O. Box not acceptable)	* City	* State	* Zip
* Mailing Address of Custodian (if different)	* City	* State	* Zip
()			
Daytime Phone Number of Custodian	Extension	E-mail Address of Custodian	

Custodian's relationship to Minor: Parent Other

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

Step 2 Mutual fund selection and funding options

Your initial investment can be made by check or ACH Purchase. Please make check payable to DWS Funds. Your name and address must be preprinted on the check. If you wish to make your initial purchase by ACH, please indicate that in Step 5.

To view a complete list of Class S funds, please visit <https://fundsus.dws.com/us/en-us/products/mutual-funds.html>

DWS mutual funds

*\$2,500 minimum per fund Percentages must equal 100%

_____	\$ _____	OR	_____ %
Fund Name, Number, or NASDAQ Symbol	Dollar Amount*		Percentage
_____	\$ _____	OR	_____ %
Fund Name, Number, or NASDAQ Symbol	Dollar Amount*		Percentage
_____	\$ _____	OR	_____ %
Fund Name, Number, or NASDAQ Symbol	Dollar Amount*		Percentage
_____	\$ _____	OR	_____ %
Fund Name, Number, or NASDAQ Symbol	Dollar Amount*		Percentage

DWS money funds

<input type="checkbox"/> DWS Money Market Prime Series – DWS Cash Investment Trust – Class S (2021)	\$ _____	OR	_____ %
<input type="checkbox"/> Tax-Exempt Portfolio – DWS Tax-Free Money Fund – Class S (2056)	\$ _____	OR	_____ %
<input type="checkbox"/> Treasury Portfolio – DWS U.S. Treasury Money Fund – Class S (2054)	\$ _____	OR	_____ %
	Dollar Amount*		Percentage

*\$2,500 minimum per fund.

Step 3 Cost basis election

Please indicate which type of cost basis reporting you would like DWS to furnish you and the IRS for all accounts.

If nothing is selected, we will apply the fund’s default cost basis election of average cost.

If nothing is selected as a secondary cost basis election when “specific lot” is selected as primary, we will apply the fund’s default secondary election of “first-in, first-out (FIFO)”.

Select one:

- Average Cost
- First-In, First-Out (FIFO)
- Last-In, First-Out (LIFO)
- High Cost
- Low Cost
- Loss/Gain Utilization
- Specific Lot (if chosen as primary, you must also make secondary selection, below)
- First-In, First-Out (FIFO)
- Last-In, First-Out (LIFO)
- High Cost
- Low Cost
- Loss/Gain Utilization

Cost Basis Election (future elections)

Please indicate below if you would like to utilize the elections made above for any future new DWS fund account established under the same SSN or Tax ID (listed above).

- Yes, all future taxable DWS fund accounts under this primary SSN/Tax ID should follow my above cost basis election(s).
- No, I/we do not want to utilize the election(s) made above for future accounts established under this SSN or Tax ID. I/we understand that all future accounts will utilize the fund’s default method unless another method is designated.

Step 4 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.

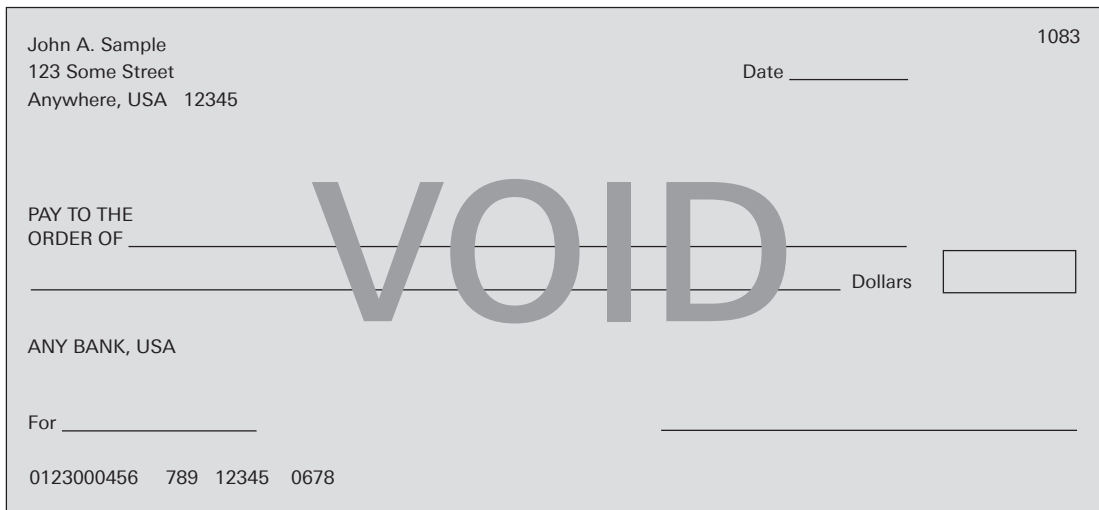
If you select cash option(s) above, distributions will be sent electronically to your bank account if you provide a voided check or deposit slip in Step 5. Otherwise, distribution checks will be sent to the account address.

Step 5 Account options

Bank Instructions

Any bank account owner not listed on the new DWS fund account must provide a signature with a Signature Guarantee in Step 6, 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 (a minimum of \$50 and a maximum of \$250,000) 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 (a minimum of \$50 and a maximum of \$250,000) by telephone or online from my DWS fund account to my bank account. Please tape a voided check above.

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, equalling at least \$1000. Proceeds are to be wire transferred to my financial institution account. Please tape a voided check above.

Telephone Exchange and Check Redemption

Exchanges and redemptions are permitted by telephone UNLESS you indicate otherwise 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.

Trusted Contact Designation (optional)

- Add the following individual as trusted contact to my account. Designating a trusted contact is not required and does not authorize the named individual to transact on or to make changes to your account(s). Your trusted contact should be someone that you trust to act on your behalf, will know how to reach you, must be 18 years old. We can only maintain information for one trusted contact. By choosing to provide information about a trusted contact person, you are authorizing DWS to contact the trusted contact person and to communicate with them about your account(s) in certain circumstances. These circumstances would include: to address possible financial exploitation, to confirm your current contact information, health status, or identity of any legal guardian, executor, trustee or holder of a power of attorney.

* First name	MI	* Last name
()		
* Daytime Phone Number		* Email Address
* Mailing Address	* City	* State * Zip

Forms commonly used with this document

Transfer on Death Application: To add beneficiaries to a non-retirement account

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

Checkwriting: To add checkwriting (money market funds only)

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 Class S shares of the DWS funds that I am receiving. 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 understand that if I am attempting to open a DWS Class S account, and I do not select a fund for investment, or if DWS cannot determine which fund I have selected, my investment check will be used to purchase shares of DWS Money Market Prime Series - DWS Cash Investment Trust Class S.

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. The 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 joint accounts will be established as "joint tenants with rights of survivorship," unless I specify otherwise. If the joint account is established in the state of Louisiana, it will be established as "tenants in common." For an account established as "tenants in common," unless designated otherwise, each owner has an equal share of ownership, all owners' signatures are required for any written instruction, and any account owner is able to act on the full value of the account for any telephone, Internet or mobile services.

I consent to the "household" delivery of any fund prospectuses, shareholder reports or other documents (except transaction confirmations and account statements) that I must legally receive. This means that I, and any other fund shareholder residing at my address and perceived to be a member of my family, will receive a single prospectus or report at our address. Please note that the "household" delivery of mail may reduce the amount of mail you receive and it may also help to lower fund expenses.

Please check this box if you **do not** consent to "householding." Each shareholder at your address will receive his or her own prospectus or report.

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 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 Certifications apply to each person who signs this application.

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.

Please sign below exactly as your name(s) appears/will appear on the registration of your fund account(s). 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 your bank account matches the DWS fund account registration.
- 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.

New Account Owner's Name/Authorized Signer

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

Print Name / Title

Signature of New Account Owner
(If acting on behalf of the account owner you must sign in capacity¹)

Date – MM/DD/YYYY

Joint Owner/Authorized Signer (if any)

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

Print Name / Title

Signature of New Account Owner
(If acting on behalf of the account owner you must sign in capacity¹)

Date – MM/DD/YYYY

Additional Joint Owner/Authorized Signer (if any)

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

Print Name / Title

Signature of New Account Owner
(If acting on behalf of the account owner you must sign in capacity¹)

Date – MM/DD/YYYY

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 / Title

Signature of Bank Account Owner

Date – MM/DD/YYYY

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, ie., 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.

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.

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.

Client checklist

Before mailing this application, please check that you have:

- Selected one account type in Step 1.
- Selected the DWS funds that you would like to purchase and attached an initial investment check reflecting at least the proper investment minimums in Step 2.
- Selected all other options you wish to have set up and supplied the required information in Steps 3-5.
- Signed and, if required, had your signature guaranteed in Step 6.
- 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
430 W. 7th Street
Suite 219151
Kansas City, MO 64105-1407

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DWS Distributors, Inc.
222 South Riverside Plaza
Chicago, IL 60606-5808
www.dws.com