



## Automatic Withdrawal Plan

Please use this form to add or change the automatic withdrawal plan (AWP) on your DWS Fund non-retirement 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- Class C shares subject to a contingent deferred sales charge (CDSC) can be withdrawn without incurring a CDSC, provided the amount withdrawn does not exceed 12% of your account value per year.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@dws.com](mailto:service@dws.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. Please see Step 5 for Medallion Signature Guarantee requirements.

Account Number(s)

Name of Primary Account Owner (please print)

Address

Daytime Phone Number

Extension

Name of Joint Owner (if any)

Social Security Number OR  Tax ID on Account (required)

City

State

Zip

E-mail Address

### Step 2 Select action

Select one:

- Add a new automatic withdrawal plan to my existing DWS Fund non-retirement account(s).
- Replace the automatic withdrawal plan currently on my DWS Fund non-retirement account(s) with a new plan.
- Remove the automatic withdrawal plan currently on my DWS 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 year you want your automatic withdrawal plan to begin: \_\_\_\_\_

Month Day Year

B) Select the frequency of your withdrawals: (If no frequency is indicated, automatic withdrawal plan will be 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 year)

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	Account Number	Dollar Amount	OR	Percentage
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %

**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. A signature guarantee will be required if you choose this option. (Step 5)

**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.

John A. Sample 1083  
 123 Some Street  
 Anywhere, USA 12345 Date \_\_\_\_\_

VOID

PAY TO THE ORDER OF \_\_\_\_\_ Dollars

ANY BANK, USA

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

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.

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

Name of Financial Institution	Account Registration
<input type="text"/>	<input type="text"/>
Account Number	Bank Routing Number (ABA #)
<input type="text"/>	<input type="text"/>
Type of Account (checking or savings)	
<input type="text"/>	

Step 4 Choose a withdrawal method (continued)

- B) Check mailed to address of record.
- C) Check mailed to different address or payee. A signature guarantee will be required if you choose this option. (Step 5):

Name of Payee	Account Number (if applicable)		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 5 Signature(s)

A Medallion Signature Guarantee is required if:

- You are adding or changing bank information. A Medallion Signature Guarantee is required for the DWS owner(s) and all additional bank account owners.
- Checks are to be mailed to an address other than the address of record.
- Mailed to an address that has changed within the past 15 days.
- Checks are to be made payable to a party other than the registered account owners. If you are signing in your capacity as a custodian, executor, administrator, trustee, attorney-in-fact, or guardian, and are not listed in the DWS account registration, legal documentation verifying capacity may be required. Please call Shareholder Services for more information.

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

Account Owner/Authorized Party/Trustee

Print Name

Signature

Date – MM/DD/YYYY

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

Bank account owner if different from DWS Fund account owner (if applicable)

Print Name

Signature of Bank Account Owner

Date – MM/DD/YYYY

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

## Joint Owner/Authorized Party/Co-Trustee

Print Name

Signature

Date – MM/DD/YYYY

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

Special note to **Medallion Signature Guarantee guarantors**: By affixing the Medallion Signature Guarantee, you are verifying the identity, signature and authority 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.

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.

## 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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