



Change of dealer authorization

Use this form to change, add or remove financial advisor information on your DWS Fund account(s) in A, C, or S shares.

For assistance in completing this form, please contact Shareholder Services by calling (800) 728-3337 or email: service@dws.com

Step 1 Account information (*Indicates required fields)

Please add/change the broker/dealer firm and/or the financial advisor on my account(s) indicated below. I understand this change does not otherwise alter the terms and provisions of my account(s). We will update all funds under your indicated account number(s).

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

Account Number

Account Number

Account Number

Account Number

* Name of Primary Account Owner

* Social Security Number

* Address

* City

* State

* Zip

* Daytime Phone Number

Extension

* Name of Joint Owner (if any)

Step 2 Your financial advisor

Check this box if no information is provided below, and you do not want a financial advisor listed on your account(s). Please note that future sales charges and fees will be paid to DWS Distributors, Inc., the fund's principal underwriter and distributor.

Please check here to add or change your financial advisor. We recommend checking with your financial advisor to make sure they agree to be placed on your account.

Name of Firm

Number of Firm

Address of Branch

City

State

Zip

Number of Branch

Name of Advisor

Identification Number of Advisor (if applicable)

Phone Number of Advisor

Extension

E-mail Address of Advisor

Step 3 Signature of owner (*Indicates required field)

The signature(s) of the registered owner(s) must match the name(s) as registered on your DWS Fund account. An individual not listed in the account registration, should call (800) 728-3337 to obtain details on special requirements for changing, adding, or removing financial advisor information.

Print Name

Print Name

Signature of Owner

Signature of Joint Owner (if applicable)

Date – MM/DD/YYYY

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
430 W. 7th Street
Suite 219151
Kansas City, MO 64105-1407

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