



Additional Statement to Interested Parties

Use this form to have copies of your account statements sent to interested parties. Please note that tax information will only be sent to the account owner(s) at the address listed on the account. You may list more than one DWS Fund account, as long as the accounts are identically registered; otherwise a separate form must be completed for each account. If you need assistance completing the form, please contact Shareholder Services.

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

Step 1 | Account information (*Indicates required field)

* Account Number	<input type="text"/>		* Account Number	<input type="text"/>	
* Account Number	<input type="text"/>		* Account Number	<input type="text"/>	
* Name of Primary Account Owner	<input type="text"/>		* Social Security Number on Account(s)	<input type="text"/>	
* Name of Joint Owner (if any)	<input type="text"/>		* Daytime Phone Number	<input type="text"/>	Extension <input type="text"/>

We will update all funds under your indicated account number(s).

Step 2 | Interested parties

Name	<input type="text"/>			Name	<input type="text"/>		
In Care of (if applicable)	<input type="text"/>			In Care of (if applicable)	<input type="text"/>		
Mailing Address	<input type="text"/>			Mailing Address	<input type="text"/>		
City	State	Zip	<input type="text"/>	City	State	Zip	<input type="text"/>

Step 3 | Signature(s) (*Indicates required field)

* Signature of Primary Account Owner	<input type="text"/>		* Date – MM/DD/YYYY	<input type="text"/>
* Signature of Joint Account Owner (if any)	<input type="text"/>		* Date – MM/DD/YYYY	<input type="text"/>

Please note, if you are signing in your capacity as power of attorney, you will need to contact us at the number listed above regarding additional documentation that may be required.

Please mail completed form to:

DWS Service Company
P.O. Box 219151
Kansas City, MO 64121-6151

Overnight Address:

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

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