



IRA Required Minimum Distribution Request

Use this form to request a required minimum distribution (RMD) from your DWS retirement account. Please note that no distribution is needed if you have already taken your RMD from another financial institution. If you are requesting a non-mandatory distribution, please complete the IRA distribution request form.

Contact Shareholder Services at (800) 728-3337 or e-mail: service@dws.com

Step 1 Account information (*Indicates required fields)

* Account number(s). We will base your RMD on all funds listed under the account number(s) you provide.

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

* Name		* Social Security Number		Date of Birth — MM/DD/YYYY	
* Mailing address		* City		* State	* Zip
()		()			
* Daytime Phone Number	Extension	Evening Phone Number	Extension		

Step 2 Calculating your RMD

Unless you request otherwise, the beneficiary information currently on file with us will be used to make the calculation. To use different information and to update the beneficiary file(s) on your account(s), please submit an IRA Beneficiary Designation form (Form-11) in addition to this form. The uniform method of calculation will be used in most cases. The joint method will be used if your spouse is listed as your sole primary beneficiary, and he/she is more than 10 years younger than you. If no election is made below, DWS will use only its 12/31 account values in calculating your RMD.

- I elect to have DWS use only its 12/31 account value(s) in calculating my RMD. If you transferred retirement money to us from another institution during the year, or currently have retirement accounts with another institution, please check the appropriate box below.
- I elect to have DWS use the combined value of my DWS Fund retirement account(s), and the 12/31 value of retirement funds I transferred to you during the year. I understand it is my responsibility to contact DWS each year to calculate my RMD if I am taking into consideration my non-DWS Fund retirement account(s). The 12/31 value of funds previously held at another institution was \$_____.
- I elect to have DWS use the combined value of all my retirement accounts in calculating my RMD. I understand it is my responsibility to contact DWS each year to calculate my RMD if I am taking into consideration my non-DWS Fund retirement account(s). The 12/31 value of my non-DWS Fund retirement account(s) was \$_____.

The information provided by DWS should not be considered tax or legal advice. The rules affecting distributions from these accounts are complex and subject to change. Please consult your own tax or legal professional regarding your particular tax or legal situation before requesting a distribution.

Step 3 | One-time distribution request(s) (please select only those boxes that apply)

By selecting any of the options in this Step, it is your responsibility to contact DWS each year to request a required minimum distribution.

- Distribute my first-year RMD immediately. (This option is for Traditional IRA holders who are taking their first RMD distribution by April 1 of the year following the year they turn 72. If this option is chosen, we must receive your request between January 1 and April 1.) When you choose to delay your first payment, the IRS requires you to take two taxable distributions the following year—one by April 1 and the other by December 31. If you have any questions, please feel free to contact Shareholder Services for assistance.
- Distribute my prior year RMD immediately. For any year in which you do not take the entire required minimum distribution amount, you will be subject to the IRS penalty on the RMD amount that you did not remove by the required deadline.
- Distribute my current year RMD upon receipt of this form.
- I authorize DWS to immediately distribute a total of \$_____ this year based on my RMD calculation. (Note: DWS is not responsible for the accuracy of an RMD calculation that you provide to us).

Your RMD will be taken proportionately from each fund under the account number(s) listed in Step 1 unless otherwise indicated below.

Percentages must equal 100%

Fund name, number, or NASDAQ symbol	Percentage	%
Fund name, number, or NASDAQ symbol	Percentage	%
Fund name, number, or NASDAQ symbol	Percentage	%

Step 4 | Automatic withdrawal plan request (periodic distributions)

When making a request for this feature, you need to take into consideration that **an account cannot have both an automatic withdrawal plan and cash dividends**. As a result, if your dividend option is cash, it will be changed to reinvest when the automatic withdrawal plan is added.

Please set up an automatic withdrawal plan based on:

- DWS calculations (only the value(s) of your DWS Fund account(s) will be used).
- My RMD calculation of \$_____. (I understand it is my responsibility to contact DWS each year to request future RMD's).

A) Indicate the month and year you want your distributions to begin¹ _____
MM/YYYY

B) Select the frequency of your withdrawal: (If no frequency is indicated, distributions 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)

C) Day(s) of the month¹ _____

¹ Note: We must receive this form seven days prior to the day you wish your distributions to begin. Otherwise, your automatic withdrawal plan will begin the following month. If you do not select a day, we will automatically process your distribution on the 25th day of the month. If that day falls on a weekend or holiday, your distribution will be made on the next business day.

Step 4 Automatic withdrawal plan request (periodic distributions) (continued)

Your RMD will be taken proportionately from each fund under the account number(s) listed in Step 1 unless you indicate otherwise below.

Percentages must equal 100%

	%
Fund name, number, or NASDAQ symbol	Partial distribution percentage
	%
Fund name, number, or NASDAQ symbol	Partial distribution percentage
	%
Fund name, number, or NASDAQ symbol	Partial distribution percentage

Step 5 Tax withholding information

Before selecting a withholding option, please consult your legal or tax counsel for advice and information concerning your particular situation. Neither DWS nor any of its representatives may give tax or legal advice. Withholding requirements, exclusions and withholding tax rates are subject to change at any time. For the most up-to-date information on your state's tax withholding requirements, visit your state's website.

For states and the District of Columbia that mandate state withholding on distributions, we will automatically withhold the minimum required amount and forward it to the appropriate revenue service unless you instruct us to withhold a greater amount in the state withholding section below.

Federal withholding

If you do not select a box relating to federal withholding, 10% of your distribution will be withheld and forwarded to the IRS.

- Do not withhold any federal income taxes from my distribution. I understand that state withholding may be required.
- Withhold 10% of the distribution amount and forward it to the IRS. I understand that state withholding may be required.
- Withhold _____% of the distribution amount and forward to the IRS (Not to be less than 10%). I understand that state withholding may be required.

State withholding

If you would like voluntary state withholding taken, please indicate below. If the state withholding option is selected and your state does not accept withholding, DWS will not take state withholding from your distributions.

- Withhold a total of \$ _____ and forward to my state revenue service. (If the dollar amount provided is less than the state minimum, DWS will withhold the minimum amount required by your state.) In addition, if there are multiple funds and/or accounts, the total withholding amount will be divided equally.
- I am a resident of the state of California and am aware that 10% of the federal withholding amount will automatically be taken as state withholding. I would like an additional _____% or \$ _____ withheld from the distribution amount.

Step 6 Payment method

Tell us how you would like to receive your RMD by selecting option A, B, C or D below and providing any additional information requested.*

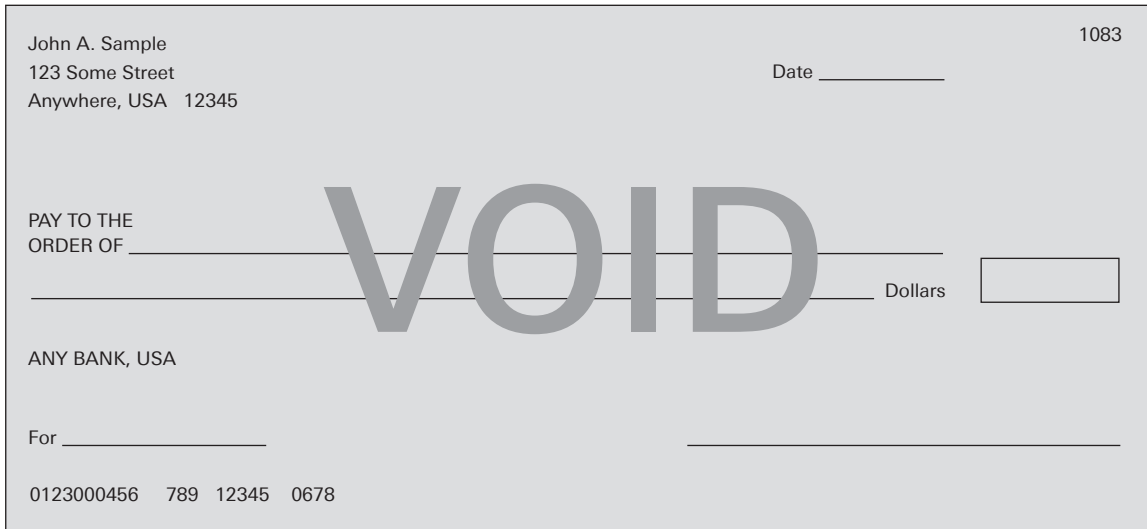
Please select only one box:

- A) Make check(s) payable to me and mail to the address shown on my account.
- B) Send the distribution(s) to my existing bank account on file.
- C) Send my distribution(s) to the new bank account indicated below.

* Please see Step 7 to determine if a signature guarantee is required.

Step 6 Payment method (continued)

Tape your voided check (for a checking account) or deposit slip (for a savings account without check writing) here to transfer money from your DWS Fund account to your bank. 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

C) Invest my distribution(s) in a non-IRA fund account as indicated below. (If your distribution is more than \$100,000 or you are investing in a DWS Fund account with an additional owner, we require a signature guarantee. See Step 7 for details.)

Fund name _____ Account number _____

Open a new non-IRA account for me in the same fund. (Please complete a new non-IRA account application and submit it with this form. You may download the form from our web site or contact Shareholder Services).

D) Make check(s) payable to me, or someone other than me (payee identified below), and mail to the following address (which is different than the address shown on my account). (A signature guarantee is required for this option. See Step 7 for details).

In the instance you cannot provide a voided check or deposit slip, you may provide the information separately on the specific bank's letterhead.

Name of payee _____

Address _____ City _____ State _____ Zip _____

Step 7 Signature

Please provide your signature and if necessary, obtain a signature guarantee.

I request the above required minimum distribution(s), and I am aware that I am liable for the payment of federal income tax and possibly state and local taxes on the taxable portion of my distribution(s). I also understand that I may be subject to tax penalties under estimated tax payment rules if my tax payments and withholding amounts are not sufficient, and that I may be subject to the penalty tax if I do not withdraw the entire required minimum distribution amount by the applicable due date. I certify that I have the authority and legal capacity to request the above distribution. I acknowledge that I am responsible for ensuring that my RMD is correct and timely distributed.

You must have your signature guaranteed if your distribution will be:

- mailed to an address other than the address listed on your account or to an address that has changed in the past 15 days;
- invested in a DWS Fund account with a different registration;
- a check greater than \$100,000 being mailed to your address of record; or
- sent electronically to a new bank account or you are changing existing bank information

Affix Medallion Signature Guarantee or Guarantee stamp

Print Name

Signature (If acting on behalf of the account owner you must sign in capacity†)

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.

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.

† 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, i.e., 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.

Please mail completed form to:

DWS Service Company
P.O. Box 219151
Kansas City, MO 64121-9151

Overnight Address:

DWS Service Company
210 W. 10th Street
Kansas City, MO 64105-1664

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