

# Retirement Plan Services Application



- CIP
- Use this Application to establish an A, C, R, Investor or Advisor Class Retirement Plan account through a Financial Professional or a member of his or her staff.
  - If you are establishing a new account, you must provide a copy of the Plan Trust Document, the Plan Adoption Agreement, or the IRS Determination Letter for the plan unless you have adopted the American Century Investments® Prototype Defined Contribution Plan.
  - As a qualified retirement plan service provider, American Century Investments must provide plan sponsors with information about our services, expenses and fees. The information is intended to comply with Section 408(b)(2) of the Employee Retirement Income Security Act of 1974 (ERISA). As plan sponsor, you must review the information carefully before completing this Application. These disclosures are available at [americancentury.com/qrp\\_disclosure](http://americancentury.com/qrp_disclosure).

**Please print clearly in CAPITAL letters using black ink and sign on page 6.  
If you have questions, please call us.**

## 1 Provide the Retirement Plan Information

Name of Plan Trust

Trust Tax Identification number

Plan ID (assigned by American Century)

Plan year-end (month-day)

**Note:** IRS regulations require your Retirement Plan Trust to have a Tax Identification number (TIN) different from the number assigned to your business. If you are adopting an American Century Investments Prototype Plan and do not already have an assigned TIN, we will assign one for you. Otherwise, you can request a TIN by calling the IRS or completing Form SS-4, available at [www.irs.gov](http://www.irs.gov).

Date Plan originally established (month-day-year)

Plan type:  Profit Sharing  401(k)  Money Purchase Pension  Other: \_\_\_\_\_

## 2 Provide the Employer Information

Employer name

Employer Tax Identification number

Employer address

City

State

ZIP

Telephone number

Fax number

Name of Plan Administrator (if different from Employer)

Employer/Plan Administrator's email address

### 3 Select the Investments

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- **Funds Available** — List funds available to Plan Participants. If nothing is selected, all current eligible funds will be available.

- All eligible American Century funds available as of the date this Application is signed\*
- Limited Funds (attach a separate sheet listing funds available to Plan Participants)

\***NOTE:** If new funds become available in the future, you must notify us in writing of any additional funds you wish to make available to Plan Participants.

- **Default Fund** — List the Plan's default fund. This will tell us where to invest a Participant's contribution if the Participant does not have allocation instructions on file. If no fund is indicated below, Prime Money Market will be the default fund.

- Prime Money Market
- \_\_\_\_\_

### 4 List the Contribution Types

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List the types of contributions you intend to submit for your Plan (check all that apply). **If you adopted the American Century Investments Prototype Defined Contribution Plan, you do not need to complete this step.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Employee salary deferrals                  | <input type="checkbox"/> Qualified matching       | <input type="checkbox"/> Voluntary after-tax          |
| <input type="checkbox"/> Roth 401(k) deferrals                      | <input type="checkbox"/> Qualified non-elective   | <input type="checkbox"/> Money purchase pension       |
| <input type="checkbox"/> Employer matching                          | <input type="checkbox"/> Safe-harbor matching     | <input type="checkbox"/> Rollover                     |
| <input type="checkbox"/> Profit sharing<br>(Employer discretionary) | <input type="checkbox"/> Safe-harbor non-elective | Indicate rollover types permitted:                    |
|   |   | <input type="checkbox"/> Qualified plans under 401(a) |
|   |   | <input type="checkbox"/> Traditional IRA              |
|   |   | <input type="checkbox"/> 403(b)                       |
|   |   | <input type="checkbox"/> Governmental 457(b)          |
|   |   | <input type="checkbox"/> Roth 401(k)/403(b)/457(b)    |
|   |   | <input type="checkbox"/> After-tax contributions      |

## 5 List the Reasons for Distribution

List the reasons for distributions available in the retirement Plan. If none are checked, only the first four in the left-hand column will be available. **If you adopted the American Century Investments Prototype Defined Contribution Plan, you do not need to complete this step.**

- |   |   |
|---|---|
| <input type="checkbox"/> Severance from employment                              | <input type="checkbox"/> Withdrawal of after-tax contribution (at any time) |
| <input type="checkbox"/> Permanent and total disability                         | <input type="checkbox"/> Withdrawal of rollover contribution (at any time)  |
| <input type="checkbox"/> Required minimum distribution                          |   |
| <input type="checkbox"/> Death  |   |
| <input type="checkbox"/> In-service at Normal Retirement Age _____ (insert age) |   |
- List contribution types available for withdrawal. If none are selected, you authorize all types.
- 

- In-service at age 59½
- List contribution types available for withdrawal. If none are selected, you authorize all types.
- 

- Financial hardship
- List contribution types available for withdrawal. If none are selected, you authorize all types.
- 

- Other \_\_\_\_\_
- List contribution types available for withdrawal. If none are selected, you authorize all types.
- 

## 6 List the Trustees of the Retirement Plan Trust

The Trustees listed below must be one of the following:

- The Trustees named in the American Century Investments Prototype Plan Adoption Agreement, or
- The Trustees named in your Plan document or separate trust agreement, or
- The current Trustees, if different from a) and b) above.

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First name	Middle initial	Last name
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First name	Middle initial	Last name
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First name	Middle initial	Last name
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\_\_\_\_\_ Specify the number of Trustees' signatures required by the trust instrument to direct redemptions and transfers on the account. If left blank, you authorize American Century Investments to require all Trustees' signatures on redemptions and transfers, unless you select Full Services in step 7.

## 7 Select Services Available to the Plan

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See *Discover the Advantages of a Retirement Plan* for an explanation of these services.

### Standard Services

We offer the following services to all plans.

- Each Plan Participant, beneficiary and alternate payee will have his or her own separate account and will receive a quarterly statement.
- Participants can check account balances, fund prices and performance at [americancentury.com](http://americancentury.com) or through our automated telephone line.
- We will maintain each Participant's allocation instructions and use them for all future contributions until we receive new instructions from the Participant or Plan Trustee.
- The Employer will receive a quarterly financial report that details the previous quarter's transaction activity.

### Distributions

**If you adopted the American Century Investments Prototype Defined Contribution Plan, we will automatically establish Distribution Services (A) for your Plan.**

If you did not adopt the American Century Investments prototype, select A, B or C below to tell us how to handle Plan distributions. If you do not make a selection, you authorize us to establish Full Services (B) for your Plan.

**Select only one option:**

**A. Distribution Services**

The Trustee(s) must submit distribution requests in writing on a form provided or approved by American Century Investments. For each request, American Century Investments will:

- Issue IRS Form 1099-R to the Participant and the IRS
- Withhold the appropriate amount of federal income tax and mandatory state income tax
- Make benefit payments directly to the Participant or to another eligible retirement plan for a direct rollover
- Accept instructions from any one Trustee to exchange shares by telephone

Check this box if your Plan allows loans. (You must also complete the *Loan Servicing Agreement*. Please call us for this form.)

**B. Full Services**

American Century Investments will make distributions payable to the Plan only. **Full Services** allows any one Trustee to:

- Exchange or redeem shares by telephone
- Receive redemption proceeds by electronic funds transfer to a bank account in the name of the Plan
- Redeem shares without a signature guarantee (for redemptions of any amount)

**C. In Writing Only**

American Century Investments will make distributions payable to the Plan only. The Trustee(s) must send instructions to exchange, redeem or transfer shares in writing, signed by the number of Trustees specified in step 6 (with signatures guaranteed for redemptions greater than \$100,000).

## 8 Select Optional Services Available to the Plan

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- Select transactions or activities for which you would like your Participants to receive confirmation.  
 Exchanges    Name and address changes    Investment allocation changes
- Check the box below to obtain detailed Plan information online anytime using Plan Sponsor Access.  
 I want Plan Sponsor Access. I understand that an American Century Investments representative will call me to give me a User Name and Password for this service.
- We will accept Plan contributions by check only, unless you check the box below.  
 I want to invest by ACH from the Employer's bank account. I understand that I must provide a voided preprinted check to establish this service.
- Participants may exchange between their accounts and change investment allocations on future contributions by telephone, by fax, in writing or online unless you check the box below or choose the "In Writing Only" option in the previous step.  
 Accept transactions only from the Plan Trustees. Do not accept transactions from Participants.

## 9 Sign Your Name

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All Trustees must sign below. Please sign exactly as your name appears in step 6.

- I am (We are) of legal age.
- I (We) certify that the Retirement Plan Trust is exempt from taxation under Internal Revenue Code Section 401(a).
- I (We) authorize American Century Services, LLC ("American Century") to act upon my (our) instructions for the services I (we) have selected on this Application. This authorization applies to all Plan accounts.
- I (We) have read the prospectus for the fund(s) authorized in step 3.
- I (We) understand that providing my (our) email address gives American Century permission to send me (us) information about products and services via email.
- I (We) agree to defend, hold harmless and indemnify American Century and its affiliates and successors and their officers, agents and employees from all losses, claims, expenses and liabilities that I (we) may suffer as a result of:
  - my (our) authorizing the services on this form and American Century establishing them for the Plan Trust.
  - American Century accepting transaction instructions through these services, including telephone, online, by fax, in writing without a signature guarantee, or any other means.
  - online services, including, but not limited to, those caused by theft, unauthorized access, failure of mechanical equipment, communications line failure, telephone or interconnect problems, or other occurrences that are beyond their control.
- I (We) understand that American Century will use reasonable procedures to confirm that instructions I (we) communicate by telephone, online, by fax, in writing without a signature guarantee, or any other means are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on its part to employ such procedures may subject it to liability for any loss due to unauthorized or fraudulent instructions.
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each investor opening an account. American Century will verify the investor's identity using the documents and information requested in this Application. In some instances, we may request additional documentation.
- I (We) have received the *Retirement Plan Services Agreement* and understand that its terms and conditions are included in this Agreement or Application by reference.
- If Distribution Services in step 7 apply to my (our) Plan, I (we) hereby agree to the terms and conditions described in the *Retirement Plan Services Agreement*.
- I (We) understand and agree that American Century will not provide recordkeeping or fiduciary services to the Plan, and that American Century is not responsible for any services not listed in this Application or the *Retirement Plan Services Agreement*, if applicable.
- I (We) understand that American Century will deduct the annual service fee from a Participant's accounts proportionally based on all available contribution types.

**Step 9 continued on page 6**

## Sign Your Name (continued)

- I/We acknowledge receipt of the American Century ERISA § 408(b)(2) Service Provider Disclosure.
- I (We) have authorized my (our) Financial Professional and their advising firm to have access to my (our) account(s) and to act on my (our) behalf with respect to my (our) accounts. This authority includes purchases, redemptions, transfers and exchanges.

### Certify Your Tax ID

If you'd like more information about certifying your taxpayer identification, please review the General Instructions on IRS Form W-9, which can be found at [www.irs.gov](http://www.irs.gov).

FATCA Reporting - **If you are submitting this form for an account you hold in the United States, you may leave the second field below blank.**

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

Exemptions Codes (Codes apply only to certain entities, not individuals that are exempt from reporting under FATCA)

Exemptions (see instructions in IRS Form W-9):

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_ *(Applies to accounts maintained outside the U.S.)*

Under penalties of perjury, I (We) certify that:

1. The number shown on this form is my (our) correct taxpayer identification number, and
2. I am (We are) not subject to backup withholding because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the Internal Revenue Service (IRS) that I am (We are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me (us) that I am (we are) no longer subject to backup withholding, and
3. I am (We are) a U.S. citizen(s) or other U.S. persons.
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This agreement will be effective when American Century Investments receives and accepts this Application.



\_\_\_\_\_  
**Printed name of Plan Administrator  
(If different from Employer)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Printed name of Trustee**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Printed name of Trustee**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Printed name of Trustee**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Provide Financial Professional Information on the following page.**

**10** Financial Professional Information  
(Should be completed by your Financial Professional)

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Broker/Dealer Firm name (exactly as it appears on group selling agreement)

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Financial Professional's first name (exactly as it appears on firm registration) Middle initial Last name

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Branch address

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City State ZIP

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Telephone number (daytime) Fax number

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Dealer number Branch number Rep. number

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Email address

Please select one share class for Plan investments.

A\*  C\*  R  Investor  Advisor

\*Must be Load Waive A — see *Statement of Additional Information*.



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**Signature of Financial Professional**

**Date**