

Coverdell Education Savings Account Application



SSBT Use this application to open a Coverdell Education Savings Account (CESA).
Accounts are available only to U.S. citizens and U.S. resident aliens.

Please print clearly in CAPITAL letters using black ink.
If you have questions, please call us.

1 Provide Information About the Beneficiary

The Designated Beneficiary (the child on whose behalf you are establishing this account) must be younger than 18 years old.

Mr. / Mrs. / Ms. Designated Beneficiary's first name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Check one: U.S. citizen U.S. resident alien

Street address (No P.O. or Private Mail Boxes permitted.) Apartment/Unit

City State ZIP

Check here if this is a new address.

Please make a copy of this application as a record of your beneficiary.

2 Provide Information About the Depositor

The Depositor is the person who establishes the account. The Depositor must sign in step 15.

Mr. / Mrs. / Ms. Depositor's first name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Relationship to Designated Beneficiary (i.e., grandmother, grandfather, mother, father)

Special Option (The Depositor must complete this section.)

The Responsible Individual **A. May** **or B. May Not** **(check one)** change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) of the Internal Revenue Code in accordance with the Custodian's procedures. See Options for Removing Money in the *Coverdell Education Savings Account Disclosure Statement and Custodial Agreement* for more information. **If neither A nor B is checked, option A will apply.**

3 Provide Responsible Individual Information

Only a parent or legal guardian of the Designated Beneficiary may be named the Responsible Individual.

Mr. / Mrs. / Ms. Responsible Individual's first name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Check one: U.S. citizen U.S. resident alien

Street address (No P.O. or Private Mail Boxes permitted.) Apt. / Unit

City State ZIP

Email address

Mailing address (If different from above; P.O. or Private Mail Boxes permitted.) Apt. / Unit / PMB

City State ZIP

Telephone number (daytime) Telephone number (evening)

4 Designate a Successor Responsible Individual

Only a parent or legal guardian of the Designated Beneficiary may be named the Successor Responsible Individual.

Mr. / Mrs. / Ms. Successor Responsible Individual's first name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Street address Apt. / Unit / PMB

City State ZIP

Telephone number (daytime) Telephone number (evening)

5 Select Your Investments

Fund names and minimums are available at americancentury.com.

You may invest only in a fund for which you have a current prospectus. The maximum annual contribution for a CESA is \$2,000, therefore, you may open an account with \$2,000 in funds that normally have a \$2,500 fund minimum (\$250 minimum required for Investor, A, C or Advisor class shares if establishing through your financial advisor). You also may open an account with \$500 and an automatic investment of at least \$100 per month in one of our asset allocation funds. Be sure to complete the automatic investment section in step 6 if you choose this option.

Check here if this is a new CESA.

_____ \$
Fund name Class of shares* Amount (Maximum contribution is \$2,000.)

Check here if transferring a CESA directly to us from another financial institution, custodian or trustee.
You also must complete a *Request to Transfer/Roll Over* form.

_____ \$
Fund name Class of shares* Amount

*Please indicate Investor, A, C or Advisor class shares for CESA investments.

6 Establish Automatic Investments

Enclose a voided preprinted check if different from your investment check.

Complete this section to establish an automatic investment plan from your bank account.

_____ We'll make your investment on the 15th of each month, unless you specify
Start date (month-day-year) another date in the space to the left. If the date you select falls on a weekend
or a holiday, we'll make the investment on the next business day.

_____ \$
Fund name Class of shares* Amount

To invest directly from your paycheck or government agency, call us.

*Please indicate Investor, A, C or Advisor class shares for CESA investments.

7 Designate New Beneficiary in Event of Death

You may designate a successor beneficiary to the Designated Beneficiary named in step 1 in the event of his or her death.

- If the Death Beneficiary is a member of the Designated Beneficiary's family and is under age 30 when the Designated Beneficiary dies, he or she will become the new Designated Beneficiary on the date of death.
- If the Death Beneficiary is not a member of the Designated Beneficiary's family, the proceeds of the account must be distributed within 30 days of the date of death. If the distribution is not made within the required 30 days, it will be treated, for IRS purposes, as distributed on the last day of that period.
- This designation of beneficiary is effective when we receive it in writing and accept it.
- This designation of beneficiary revokes any prior designation for this CESA.

In the event of the Designated Beneficiary's death, pay the balance of this CESA to:

Mr. / Mrs. / Ms.	Beneficiary's first name	Middle initial	Last name
Beneficiary's U.S. Social Security number		Date of birth (month-day-year)	
Street address			Apt. / Unit / PMB
City		State	ZIP

Please check here if the beneficiary named is a family member.

8 Review Fees That May Apply to Your Account

American Century Investments® charges a \$12.50 account maintenance fee twice a year if your investments total less than \$10,000. See the *Service Options* flier for more details about this fee. **The account maintenance fee does not apply if you are investing through a Financial Professional; however, other fees may apply.**

9 Review Services Available to You

Any one authorized signer may transact by telephone, by fax, or in writing. We will establish these services based on your investment check unless you provide a voided preprinted check for another bank account.

10 Indicate How You Want to Receive Investor Documents

We generally deliver a single copy of most annual and semiannual reports, prospectuses and newsletters to investors with the same last name who share an address. We also will deliver account statements and other mailings in a single envelope. Check the box below to receive multiple copies.

I want to receive individually-addressed investor documents at the same address.

If you are not using a Financial Professional, please proceed to step 14.

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Provide Financial Professional Information/Limited Power of Attorney (complete this section only if you invest through a Financial Professional)

Section A — This section should be completed by your Financial Professional.

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

Financial Professional's first name Middle initial Last name

Street address of firm

City State ZIP

Telephone number (daytime) Fax number

Dealer number Branch number Rep. number

IARD CRD number
(for Registered Investment Advisors ONLY, as referenced on the firm's Form ADV with the SEC and/or the state)

Email address

Signature of Financial Professional — The Financial Professional, by signing below, hereby accepts the authority herein granted and agrees to act in the best interest of the Responsible Individual in carrying out the duties and responsibilities described herein until such time as said authorization is terminated by the Responsible Individual or until the death of the Responsible Individual, whichever occurs first.

Printed name of Financial Professional Signature of Financial Professional Date

Important Note: The laws governing the Responsible Individual's state of residence may require the Financial Professional to have their signature notarized. Please consult with an attorney familiar with the appropriate state laws to make this determination.

Step 11 continued on page 6

Provide Financial Professional Information/Limited Power of Attorney (complete this section only if you invest through a Financial Professional) (continued)

Section B — If you are a Registered Investment Advisor and are not affiliated with a Broker/Dealer Firm, then the Responsible Individual may grant you Limited Power of Attorney to act on their account(s) as described herein, by having their signature notarized below.

Complete the section below unless a separate Power of Attorney is provided. The undersigned hereby appoint(s) the firm named on this application to act on my (our) behalf in the manner indicated below. **Please cross out the powers you do not want your agent to have.**

- | | |
|--|---|
| 1. Exchange shares | 6. Establish telephone exchange and redemption authority |
| 2. Redeem shares | 7. Change dividend options |
| 3. Change address of record | 8. Purchase shares |
| 4. Change bank information | 9. Establish CheckWriting (available only for Investor class) |
| 5. Request account information and statements of account | |

If you have not crossed out any of the powers listed above, your Registered Investment Advisor will be authorized to transact business on your behalf, to execute any indemnification agreement required by American Century Investments, to exercise any of these powers and to conduct, on your behalf, any and all other business with American Century Investments which such investment advisor deems necessary and appropriate. Such powers do not include transferring ownership of shares.

The financial firm is authorized to act on all CESAs listed under the Social Security number shown in step 1 on which the Responsible Individual is acting on behalf of the Designated Beneficiary. American Century Investments may rely on the authority of the named financial firm and any representative thereof until it receives notification to the contrary.

Provide Notarization — The Responsible Individual's signature must be acknowledged by a notary public. The notary must be a disinterested third party not involved in the transaction or related to the party whose signature they are notarizing.

Responsible Individual's signature

Date

Acknowledgement — This section must be completed by a notary public.

State of _____ County of _____

On this _____ day of _____, _____, appeared before me in person, the person whose signature appears above, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

Notary public's signature (Seal)

Commission expires (month-day-year)

Waiver of Sales Charge on A Class Shares

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(complete this section only if you invest through a Financial Professional)

The initial charge on A class shares may be waived for the following reasons (select one):

- Registered representatives and other employees of certain financial intermediaries (and their immediate family members, which includes their spouse or domestic partner and children, step-children, parents or step-parents of them, their spouse or domestic partner) having selling agreements with the advisor or distributor.
- Broker-dealer sponsored wrap program accounts and/or fee-based accounts maintained for clients of certain financial intermediaries who have entered into selling agreements with American Century Investments.
- Current officers, directors and employees of American Century Investments.

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**Reduced Sales Charge on A Class Shares
(complete this section only if you invest through a Financial Professional)**

You may be eligible for breakpoint discounts based on the size of your purchase, current holdings or future purchases. Please refer to the prospectus or contact your Financial Professional for the sales charge breakpoints. Your Financial Professional will be able to provide additional information regarding breakpoints and will assist you with disclosing all necessary information to ensure you receive any applicable breakpoint discounts.

Letter of Intent

Pursuant to the fund’s current prospectus, it is my intention to invest (in one or more American Century Investments accounts) over a 13-month period. The aggregate amount will be at least:

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Note: Purchases in the A and C Class of money market funds are excluded from the aggregate amount. Also, if you do not invest the intended amount within 13 months, the sales charge will be adjusted.

I am already investing under an existing Letter of Intent.

Rights of Accumulation

I or my spouse or children under age 21 own shares of more than one fund in American Century Investments, which may entitle us to a reduced sales charge. Those account numbers are:

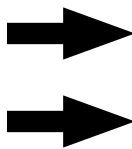
Account number	Account number
Account number	Account number

14

Responsible Individual Sign and Date Below

The Responsible Individual must sign below. Please sign exactly as your name appears in step 3.

- I authorize American Century Services, LLC (“American Century”), its affiliated companies and agents, to act upon my instructions or those of my Financial Professional and their advising firm for the services provided herein. I understand that I am authorized to transact business on this account by telephone, online, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all current and future accounts in all investment companies in the American Century family, listed under the taxpayer identification number shown on this form.
- In consideration of American Century accepting this application, I agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from liability for any loss, claim or expense that I may sustain as a result of their acting on transaction instructions they believe to be genuine.
- I have read and agree to the terms and conditions stated in the *Service Options*, which is incorporated into this application.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I understand that neither American Century nor any affiliated company shall be responsible or liable for any damages related to online service including, but not limited to, those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure, telephone or interconnect problems, or other occurrences beyond their control.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by me online, by telephone, fax, in writing, or by any other means acceptable to American Century, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions.



Responsible Individual’s printed name	Signature	Date
Witness’s printed name	Signature	Date

(required only if assigning a Successor Responsible Individual)

The witness can be any adult EXCEPT the individual designated as the Successor Responsible Individual.

15 Depositor Sign and Date Below

The Depositor must sign below. Please sign exactly as your name appears in step 2.

- I have received and read the *Coverdell Education Savings Account Disclosure Statement and Custodial Agreement*. I am of legal age.
- I acknowledge that State Street Bank and Trust Company and American Century Investments shall not be liable for any tax or other consequences in connection with contributions to this CESA.
- 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 person who opens an account. American Century Investments will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

Certify Your Tax ID

If you'd like more information about certifying your taxpayer identification number, please review the General Instructions on IRS Form W-9, which can be found at 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.)*

I certify, under penalties of perjury, that:

- (1) The Designated Beneficiary's taxpayer identification number shown on this application is correct; and
- (2) The Designated Beneficiary is NOT subject to backup withholding because: (a) He/she is exempt from backup withholding, or (b) The Designated Beneficiary has NOT been notified by the IRS that he/she is subject to backup withholding as a result of a failure to report all interest or dividends (strike the word "NOT" in both parts of the sentence if you have received IRS notification) or (c) the IRS has notified the Designated Beneficiary that he/she is no longer subject to backup withholding; and
- (3) The Designated Beneficiary is a U.S. citizen or other U.S. person.
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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



Depositor's printed name

Signature

Date

Custodial Acceptance. If all required forms and information are properly submitted, State Street Bank and Trust Company will accept appointment as Custodian of the Custodial Account. However, this Agreement (and the Adoption Agreement) is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Custodial Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated in the Depositor's Adoption Agreement will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

Invest directly with American Century Investments

P.O. Box 419200
Kansas City, MO 64141-6200
1-800-345-2021
americancentury.com

Invest with a Financial Professional

P.O. Box 419786
Kansas City, MO 64141-6786
1-800-378-9878
americancentury.com/iaa