

# Durable, Limited Power of Attorney



Use this form to designate an attorney-in-fact to act on your behalf. This power of attorney is limited and applies only to your assets at American Century Investments®. Consult with your legal counsel to ensure this power of attorney is consistent with your state's requirements and your intentions.

**NOTICE:** This is a durable power of attorney and this power of your attorney-in-fact shall not terminate if you become disabled or incapacitated or in the event of later uncertainty as to whether you are dead or alive, nor due to the lapse of time. This durable power of attorney shall be construed and the rights of all parties hereunder (whether now or hereafter arising) shall be determined in accordance with the laws of the state of Missouri and the durable power of attorney law of Missouri, Mo. Rev. Stat. §§ 404.700 To 404.865. You may have other rights or powers under Missouri law not specified on this form.

**Before completing this form, please review the following.**

- If multiple owners wish to designate an attorney-in-fact, each individual must complete a separate form.
- **Personal or Retirement Plan Trusts:** Do not use this form. To appoint an attorney-in-fact, you will need to submit your own power of attorney document and a copy of the portion of your trust document that authorizes the trustee to delegate authority to another person.
- A minor may not appoint an attorney-in-fact. Check with an attorney regarding obtaining an appointment of conservatorship or guardianship.
- If you name more than one attorney-in-fact, they may act separately. Do not use this form if you wish to require your attorneys-in-fact to act together.
- If you name a corporation as attorney-in-fact, you must send a copy of the corporate resolution that names the persons authorized to act on its behalf before anyone from the corporation can act on the account(s).
- If you have CheckWriting services on any accounts, the attorney(s)-in-fact will automatically have authority to sign checks.
- After your signature is notarized, send the entire completed form to American Century Investments at the appropriate address (see the last page of this form). The authority of your attorney(s)-in-fact will be applied no later than five days after your completed form is received in good order.

**Please print clearly in CAPITAL letters using black ink and sign on page 4.**

## **1** Provide Information About Yourself (Principal)

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Principal's first name

Middle initial

Principal's last name

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Principal's U.S. Social Security number

## 2 Appoint Your Attorney(s)-In-Fact

I hereby appoint the person or corporation named below as my attorney-in-fact. This appointment applies to all present and future types of accounts that I have indicated in step 4.

Name of attorney-in-fact

Street address

Apartment/Unit

City

State

ZIP

Telephone number

**OPTIONAL: I hereby also appoint the person or corporation named below as my second attorney-in-fact. I understand either attorney-in-fact may act on my behalf.**

Name of second attorney-in-fact

Street address

Apartment/Unit

City

State

ZIP

Telephone number

## 3 Powers of Your Attorney(s)-In-Fact

I hereby authorize the attorney(s)-in-fact appointed on this form to act on my behalf in the manner indicated below.

1. Exchange shares
2. Redeem shares
3. Purchase shares
4. Change dividend and/or capital gain options
5. Change address of record
6. Change bank account information (the bank account registration must include the Principal's name as an authorized signer)
7. Request account information and statements of account
8. Establish optional services including telephone exchange and redemption authority
9. Establish CheckWriting

My attorney(s)-in-fact is authorized to transact business on my behalf to the extent authorized above, including the authority to execute any indemnification agreement required by American Century Investments, to exercise any of these powers and to conduct, on my behalf, any and all other business with American Century Investments that such attorney(s)-in-fact deems necessary and appropriate. **Such powers do not include transferring ownership of shares or the power to name or change beneficiaries.**

## 4 Account Type Authority for Attorney(s)-In-Fact

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Authorize your attorney(s)-in-fact to act on your accounts. Cross out any account types that you do not wish your attorney(s)-in-fact to act upon.

**I authorize my attorney(s)-in-fact to act on my behalf for the following types of accounts:**

- Individually-owned non-retirement accounts (this does not include trust accounts)
- IRAs (Traditional, Roth, Rollover, SEP, SARSEP, SIMPLE, Beneficiary)
- Minor IRAs with a Responsible Individual\*
- 403(b)s
- Governmental 457(b)s [custodial accounts only; does not apply to 457(b)s held in trust]
- Joint accounts
- Custodial accounts for a minor (UGMA/UTMA)\*
- Education savings accounts (CESAs)\*

\*For minor IRAs, custodial accounts and education savings accounts: Please provide the minor's information below.

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Minor's Name

Minor's Social Security number or account number

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Minor's Name

Minor's Social Security number or account number

## 5 Signature(s) of Attorney(s)-In-Fact

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The designated attorney(s)-in-fact, by signing below, hereby accept(s) the authority herein granted and agree(s) to act in the best interest of the Principal in carrying out the duties and responsibilities described herein until such time as said authorization is terminated by the Principal or until the death of the Principal, whichever occurs first.

**If signing on behalf of a corporation, include your title.**

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**Printed name of attorney-in-fact**



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**Signature of attorney-in-fact**

**Date**

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**Printed name of second attorney-in-fact**



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**Signature of second attorney-in-fact**

**Date**

## 6 Sign Your Name

- As the Principal, you must sign below and have your signature notarized.
- I agree that any third party who receives an executed copy of this document may rely on it, regardless of the amount of time that has passed since it was executed by me. No person relying upon this Durable Power of Attorney, in good faith and without actual written notice of revocation of this authority, shall incur any liability to me or my estate as a result of permitting my attorney(s)-in-fact to exercise any power or discretion on my behalf granted herein, nor shall any person dealing with my attorney(s)-in-fact be required to see to the application and disposition of any monies, stocks, bonds, securities or other property paid to or delivered to my attorney(s)-in-fact, pursuant to the provisions hereof. Revocation or termination of this Durable Power of Attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives actual written notice of such revocation or termination and has had a reasonable time to act on such notice. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify American Century Services, LLC ("American Century") and its officers, agents, employees, affiliates and successors for any claims that arise against the third party because of reliance on this Durable Power of Attorney. I authorize American Century to act upon the instructions I have selected on this form. This authorization applies to all present and future accounts as indicated in step 4 in all investment companies in the American Century family. I also authorize my attorney(s)-in-fact to execute and deliver any and all written instruments necessary or proper to exercise such authority.

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Printed name of Principal

Date



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Signature of Principal

**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.

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Notary public's signature (Seal)

Commission expires (month-day-year)

**Personal Accounts**

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

**Business, Not-For-Profit and  
Employer-Sponsored Retirement Plans**

P.O. Box 419385  
Kansas City, MO 64141-6385  
1-800-345-3533  
americancentury.com

**For Overnight Deliveries:**

**American Century Investments**  
430 W. 7th St.  
Kansas City, MO 64105-1407