

# Amundi US

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## IRA Application and Adoption Agreement

(For Traditional, Rollover, Roth, Beneficiary, Inherited, and SEP IRAs)

### It's Easy to Open an IRA.

1. Select the Pioneer Funds you wish to invest in.
2. Complete and sign this application.
3. Make your contribution check payable to **Pioneer Funds**. If including a \$75 lifetime fee, see section 7. **We do not accept third-party checks, starter checks, or cash equivalents.**
4. If you are transferring assets from another IRA or retirement plan, complete all forms required by employer maintaining your current plan. Also, fill out the *Rollover/Transfer/Conversion Form*. We will arrange the transfer for you.
5. Mail both the check and completed application to

**Pioneer Funds**  
**PO Box 219427**  
**Kansas City, MO 64121-9427**

Overnight Address:

**Pioneer Funds**  
**430 W 7th Street STE 219427**  
**Kansas City, MO 64105-1407**

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## USA PATRIOT Act Information

### Important Information About Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please talk to your investment professional or call Amundi US at 1-800-622-0176 if you have any questions about completing this application.

For information about our privacy policy, see the Privacy of Customer Information notice, which is mailed upon confirming the new account opening and annually thereafter. If you opened your account through a brokerage firm, you can also view the privacy brochure at [amundi.com/usinvestors](http://amundi.com/usinvestors). Check each fund's prospectus or summary prospectus for information about the share classes available and which is suitable for your investment.

Pioneer Funds (U.S. domiciled) are available for purchase only in the United States and its territories. The Funds will only accept accounts and purchases from U.S. citizens with a U.S. address, (including U.S. territories and military post offices), and a U.S. issued taxpayer identification number, or resident aliens with a U.S. address and U.S. taxpayer identification number.

## Special Rules for Inherited IRAs:

Non-spouse beneficiaries of qualified plans, 403(b) arrangements, and governmental 457 plans may be eligible to rollover directly from the former plan, provided that the plan allows. Additional restrictions apply. Contact the plan administrator.

**Note:** This direct rollover option is not available to non-spouse beneficiaries of IRAs, who are limited to trustee-to-trustee transfers from one inherited IRA to another inherited IRA.

**Enter one name only. If you and your spouse are each establishing IRAs, please use separate applications.**

Please print in blue or black ink.

### 1 Name and Address

If you are providing a P.O. Box as a mailing address, you must also provide a residential address. You must be a U.S. citizen or resident alien with a valid U.S. tax identification number and a valid U.S. mailing address to open an account.

#### A. Your Name and Address

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number
Residential Address (Required)	Telephone Number	
City	State	Zip

Mailing Address (if different from above)

#### Residency (Select one.)

U.S. citizen  Resident alien. If resident alien, indicate country of origin \_\_\_\_\_.

#### B. Attorney-in-Fact or Conservator's Name and Address

(Amundi US' Power of Attorney (POA) Form is required to establish an attorney-in fact account. A court-certified appointment of conservatorship is required to establish a conservatorship account.)

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number
Residential Address (Required)	Telephone Number	
City	State	Zip

Mailing Address (if different from above)

#### Residency (Select one.)

U.S. citizen  Resident alien. If resident alien, indicate country of origin \_\_\_\_\_.

### 2 Type of IRA

Check one box:  Traditional IRA  Rollover IRA  Beneficiary Traditional IRA  Beneficiary Roth IRA  
 SEP-IRA  Roth IRA  Inherited Traditional IRA\*  Inherited Roth IRA\*

#### Deceased Participant Shareholder Information

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Date of Death (mo/day/yr)
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\*Inherited IRAs are only available for non-spouse beneficiaries of qualified plans, e.g. Uni-K Plan®, profit sharing retirement and money purchase pension plans.

**Note: You cannot rollover any amounts attributable to required minimum distributions. Contact the plan administrator or a qualified tax advisor for additional information.**

#### Employer Information (SEP-IRAs only)

Name of Employer Sponsoring Plan	Employer Tax I.D. Number		
Street Address	Telephone Number		
City	State	Zip	Contact Person

If the employer signed one of the following documents to establish the SEP and/or SARSEP arrangement, check the box below.

IRS Form 5305-SEP or 5305A-SEP

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### 3 Initial IRA Investment

Check appropriate boxes.

- Contribution for tax year \_\_\_\_\_ \*
- Transfer from another account (Complete **Section 4**) \$ \_\_\_\_\_
- Rollover or conversion from another account (Complete **Section 4**) \$ \_\_\_\_\_

\*Only needed for Traditional and Roth IRAs. **Make checks payable to Pioneer Funds. See your tax advisor or call Amundi US for current contribution limits.**

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### 4 Source of Rollover/Transfer

Complete this section only if you are moving assets from another retirement account.

I am moving assets from a(n) **(check one)**:

- Traditional IRA       Rollover IRA       Roth IRA       SEP-IRA/SARSEP
- 403(b)/ORP       Thrift Savings Plan       Governmental 457 plan
- Other: \_\_\_\_\_

Employer-sponsored retirement plan (including 401(k), pension, and profit sharing)

Check here if you have made Roth contributions to your existing employer-sponsored retirement account.

Total Roth amount included in transfer/rollover: \$ \_\_\_\_\_ Date of first Roth contribution \_\_\_\_\_

**Check one:**

- I am enclosing a check representing a rollover that has been distributed from another account within the past 60 days.\*
- I am not enclosing a check but have attached an Amundi US *Rollover/Transfer/Conversion Form*. I understand that Amundi US will arrange the rollover/transfer. Prior to completing the form, please complete all forms required by the employer/custodian/trustee maintaining your current plan. (If any forms require a signature from Amundi US, submit them along with this form.)
- A rollover from an existing Amundi US account, account number \_\_\_\_\_. I have included all necessary paperwork.

**\* Additional 60-day rollover information:**

- You may roll over only one IRA distribution received by you into an IRA within any 12-month period.
- Rollovers must generally be completed within 60-days of receipt of the distribution proceeds. If you believe that you are eligible for a waiver of the 60-day rollover period as outlined by the IRS, please contact Amundi US for additional, self-certification requirements.

Amundi US cannot provide tax advice. Please consult with your financial professional or your qualified tax advisor before attempting an indirect or 60-day rollover.

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**5 Choose Your Investments**

See the Amundi US *Fund Guide* for a complete list of the available Pioneer funds. Select the funds you are purchasing, provide the fund name, fund number, and the percentage to be invested in the fund in Section 5A. Fund information may be updated periodically. Visit [amundi.com/usinvestors](http://amundi.com/usinvestors) or call us at 1-800-622-0176 for the most current fund availability.

**Note: Not all Pioneer funds and share classes may be available through your financial professional's firm. Contact your financial professional for additional information.**

**A. Select Your Funds**

Fund Name (including class of shares)	Fund Number	Indicate Percentage <sup>1</sup>
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %
4. _____	_____	_____ %
5. _____	_____	_____ %
6. _____	_____	_____ %
7. _____	_____	_____ %
8. _____	_____	_____ %
9. _____	_____	_____ %
10. _____	_____	_____ %
		TOTAL: _____ %

<sup>1</sup> Whole percentages only. The total of the percentages must equal 100%.

**B. Payment Method (Do not send cash, third-party checks, starter checks, or cash equivalents.)**

Check (made payable to Pioneer Funds)    Broker/Dealer Order (Confirmation Number \_\_\_\_\_ )    Other \_\_\_\_\_

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**6 Telephone & Online Transactions\***

I understand Pioneer Funds will accept and act upon telephone instructions from me (or any person purporting to act on my behalf either online or through our FactFone<sup>SM</sup> system) unless indicated otherwise below.

Do **not** accept telephone or online exchanges       Do **not** accept telephone or online purchases

Do **not** accept telephone redemptions

\*To establish online transaction privileges, you MUST complete the online registration found on [amundi.com/usinvestors](http://amundi.com/usinvestors). Online purchases are not available for SEP-IRAs.

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**7 Custodial Fee**

The IRA custodial fee of \$15 for a single fund or \$20 per year for two or more funds will be automatically deducted from your account(s) unless otherwise indicated below.

I have enclosed a separate check for the one-time lifetime fee of \$75, made payable to Pioneer Funds.

No custodial fees are due. I have previously paid the lifetime fee on my existing IRA(s) \_\_\_\_\_  
Account Number

## 8 Your Beneficiaries

Designate one or more beneficiaries who will inherit your IRA assets upon your death. In accordance with your designation, your assets will pass directly to your chosen beneficiary(ies). If you are naming a trust as beneficiary, the complete name of the trust must be listed and date of the trust must be included.

To the extent your beneficiary designations do not adequately dispose of your account at the time of your death, your beneficiary will be your estate (unless otherwise required by the laws of your state of residence).

**Primary Beneficiaries:** Upon my death, pay the value of my IRA to the following:

_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)

<b>Percentages must total 100%</b>	%
_____	%
_____	%
_____	%
_____	%

If you have additional beneficiaries, attach a separate sheet and include all information requested here. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

Check here if attaching additional information.

**Secondary Beneficiaries:** If no primary beneficiary survives me, pay the value of my IRA to the following:

_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)
_____	_____	_____
Full name of beneficiary	Relationship	Date of Birth (mo/day/yr)

<b>Percentages must total 100%</b>	%
_____	%
_____	%
_____	%
_____	%

If you have additional beneficiaries, attach a separate sheet and include all information requested here. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

Check here if attaching additional information.

If any primary (or secondary) beneficiary predeceases me, pay that person's share to the other primary (or secondary) beneficiary(ies) in proportion to the shares indicated (per capita).

**Note:** If you would like to elect a different distribution option, please contact Amundi US.

**Note:** Once the beneficiary information has been updated on your new account(s), you will receive written confirmation.

## 9 Reduced Sales Charges

**For purchases of Class A shares**

**A. Right of Accumulation (ROA)** Use the value of your Pioneer Funds and your immediate family's (you, your spouse, and children under 21 of a family and their trusts) existing Amundi US accounts to qualify for the lowest possible sales charge on Class A shares. List your qualifying accounts.

_____	_____
Account Number	Relationship
_____	_____
Account Number	Relationship
_____	_____
Account Number	Relationship

**B. Letter of Intent (LOI)\*** Use the value of purchases made in the past 90 days and planned future purchases to qualify for the lowest possible sales charge on Class A shares.

**Note:** The LOI must be fulfilled within 13 months of the date of the initial purchase. Certain restrictions may apply if you are linking a SEP IRA, SIMPLE IRA, and/or Uni-K Plan®. Call 1-800-622-0176 for more information.

**Open a new LOI for or change to an existing LOI to:**

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

\*Review each fund's prospectus for LOI breakpoint details.

**10 Automatic Investment Plan**

**Optional.** Automatically withdraw from your bank account to invest in your Amundi US retirement account. (Complete **Section 12.**)

Invest \$ Amount <small>(\$50 minimum, \$100 minimum for U.S. Government Money Market Fund)</small>	In Fund	Start Date*
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter

\*If no start date is provided, the option will be established the day it is received, and the bank account will be drafted the following month.

**Note:** Please note that all contributions made into a SEP IRA should come from the employer.

**11 Systematic Exchange**

Automatically exchange shares from one Pioneer fund into another Pioneer fund with the identical registration and share class. (The originating fund must have a minimum balance of \$5,000 to establish this service. Automatic exchanges will continue until the balance of the originating fund is zero, unless you advise us otherwise.)

Exchange \$ Amount or Shares Indicate <input type="checkbox"/> \$ OR <input type="checkbox"/> %	From Fund/Account #	Into Fund/Account #	Start Date*
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)

\*If no start date is provided, the option will be established the day it is received, and automatic exchanges will take place the following month.

**12 Bank Information**

Use this section to establish bank information on your account. The checking or savings account you provide in this section may be used for transactions requested via the telephone or online, unless you opted out of telephone and online transactions in Section 6. The bank information provided here must share a common owner with the owner of this account.

**Required: attach original preprinted check or original deposit slip marked "Void"**

*(Starter checks are not accepted for bank information)*

**Note:** To update or add bank information at a later date, use the *Retirement Plans Accounts Options Form*. Additional documentation will be required to add or update this information at a later date.

## 13 Your Signature

**USA PATRIOT Act Certification:** By signing below, I certify that I have received, read, and understand the USA PATRIOT Act information provided by Amundi US and that the information that I am providing is true and accurate. I understand that Amundi US will not accept money and/or open this account on my behalf if my identity cannot be properly verified. I authorize Amundi US to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law) at account opening, at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

Please be advised that pursuant to state Unclaimed Property Laws, your account assets may be escheated to the state of residence on your account if the following occurs: 1. Mail sent to your address of record is returned and attempts to re-mail to you are unsuccessful; and 2. You do not contact us to maintain a current address; and 3. Your account remains dormant, which is generally defined by state law(s) as "inactive for an extended period of time (usually three to five years), in which no contact has been made with the shareowner."

I, the person signing this Adoption Agreement (hereinafter called the "Depositor"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated above, (the "Account") with UMB Bank, n.a. as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408A. I agree to the terms of my Account, which are contained in the applicable provisions of the document entitled "UMB Bank, n.a. Universal Individual Retirement Account Custodial Agreement" and this Adoption Agreement. I certify the accuracy of the information in this Adoption Agreement. My Account will be effective upon acceptance by Custodian. I verify that (1) I have received a current prospectus for each fund selected in this application and agree to be bound by its terms and the terms of this application; (2) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover contribution for federal income tax purposes; and additionally; if I am enclosing a check representing a rollover that has been distributed from another IRA within the past 60 days, or if I am enclosing a check representing a rollover and requesting a waiver of the 60-Day rollover requirement by providing written self-certification, as described in IRS Rev. Proc. 2016-47, I further certify that I have not rolled over any IRA distribution to any other IRA account registered in my name within a 12-month period; (3) under penalties of perjury, my social security number shown on this application is correct; (4) I consent to the custodian's fee; and (5) I understand that my account is automatically eligible for telephone and online transactions unless indicated otherwise in Section 6. I understand that each telephone transaction will be recorded, authorized in accordance with the reasonable procedures of the fund(s) and their transfer agent to confirm that such instructions are genuine, and confirmed in writing. If these or similar procedures are not followed, the fund(s) may be liable for any loss due to unauthorized or fraudulent instructions. In all other cases, I bear the risk of loss for unauthorized or fraudulent telephone and/or online transactions, and none of the Pioneer Funds, or their agents or custodian, or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of any telephone and/or online instructions that they reasonably believe to be authentic and authorized, and I further verify that (6) I understand that special rules apply to Inherited IRAs and that it is my sole responsibility to determine if I am eligible to establish an Inherited IRA. Additionally, I assume responsibility for determining if I am eligible to base payouts for the Inherited IRA on life expectancy and (7) I acknowledge that Amundi US, Inc., the Pioneer Funds, and their service providers do not provide investment advice or investment recommendations. (8) I understand that if I am using this form to appoint an agent who may act on behalf in Section 1B, any beneficiary designation made in Section 8 will complete replace any prior beneficiary designation on this IRA.

### Under penalties of perjury:

- (1) The Taxpayer Identification Number (Social Security Number) shown on this form is correct.
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS on Form W-9).
- (4) I am exempt from FATCA reporting (if applicable).

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

**X**

Signature of Individual

Date (Month/Day/Year)

**X**

Signature of Attorney-in-Fact or Conservator

Date (Month/Day/Year)

### Spousal Consent and Agreement to Treat Plan Account as Separate Property

I hereby give to the IRA Owner any interest I have in the assets held in this IRA and consent to the above designation. I hereby agree and acknowledge that I understand that the assets in the IRA are the separate property of the IRA Owner and that any community property interest in such assets is extinguished by this agreement

**X**

Signature of Spouse\*

Date (Month/Day/Year)

**\*Required only if you reside in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI) and have named a primary beneficiary other than your spouse**

## 14 To Be Completed by Investment Professional

Amundi US requires customers to establish accounts with the assistance of a registered investment professional that has an existing selling agreement with Amundi US. The section below must be completed in full in order for this application to be processed.

Representative Number

Branch Number

Telephone Number

Representative Name (First, Middle Initial, Last)

Firm Name (or Clearing Firm, if applicable)

Street Address

City

State

Zip

**X**

Authorized Signature - Representative

Authorized Signature - Principal (if required by your broker/dealer)

