


Amundi US Combined IRA Application Kit

Individual Retirement Account (IRA)

Traditional IRA

Sep IRA

Roth IRA

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References to the "Custodian" mean BNY Mellon Investment Servicing Trust Company.

TRADITIONAL AND ROTH IRA APPLICATION AND ADOPTION AGREEMENT INSTRUCTIONS

Please complete the Traditional and Roth Individual Retirement Account (IRA) Application and Adoption Agreement (the "Application") to establish your IRA account. The applicant's name must be that of an individual, not a business or trust. If you are opening an IRA for your spouse, your spouse must complete a separate Application. Please read the Traditional IRA or Roth IRA Disclosure Statement carefully or consult IRS Publication 590 for IRA eligibility requirements and contribution restrictions.

References to the "Custodian", "we" or "us" mean BNY Mellon Investment Servicing Trust Company.

The maximum allowable contribution to your IRAs (deductible, non-deductible and Roth) for each tax year is the lesser of (a) the contribution limit for the given tax year* or (b) 100% of your earned income. For those who have attained the age of 50 before the close of the taxable year, the annual IRA contribution limit increases by \$1,000 known as a "catch-up contribution".

Making an IRA contribution on behalf of your spouse - If you have earned compensation, are married and file a joint federal income tax return, you may make an IRA contribution on behalf of your working or nonworking spouse. The total annual contribution limit for both IRAs may not exceed the lesser of the combined compensation of both spouses and the annual IRA contribution limits as set forth by the IRS. Contributions made on behalf of a spouse must be made to a separate IRA account established by your spouse.

Any contribution made to your IRA will be treated as a contribution for the year it is received, unless the contribution is made between January 1 and the April 15 postmark deadline and you have identified the contribution as a prior year contribution. Contribution limits may be subject to IRS cost-of-living adjustments. *Please read the Traditional and Roth Individual Retirement Account Combined Disclosure Statement and any supplements, attached carefully or consult IRS Publication 590-A or a qualified tax professional for more information about eligibility requirements and contribution restrictions.

Please make checks payable to Amundi US.

Contributions to your IRA may be invested in mutual funds pursuant to the Mutual Fund Option. (See "Description of Available Options for Your Contributions" in the Combined Disclosure Statement).

Prospectuses for the mutual funds available through the Mutual Fund Option (the "Funds") may be obtained by calling 1-800-622-0176. Before investing in a Fund, please be sure to read the prospectus for that Fund carefully.

All portions of the Traditional and Roth Individual Retirement Account (IRA) Application and Adoption Agreement are binding on you so you are encouraged to read all portions of it, in particular the "Description of Available Options for Your Contributions", the applicable Custodial Account Agreement and "Terms and Conditions" on the signature page of the Application.

Trustee to Trustee Transfers and Rollovers

If you are establishing an IRA account to accept a transfer or rollover, be sure to check the appropriate box on the Application. To transfer your current IRA directly to your Amundi US IRA, please complete a "Transfer of Assets/Direct Rollover Form." To certify a rollover from an IRA or a qualified retirement plan, please complete the "Certification of Rollover Assets." Participant directed rollovers must be completed within 60 calendar days.

SIMPLIFIED EMPLOYEE PENSION (SEP) INSTRUCTIONS

A SEP is a written arrangement (a plan) that allows your employer to make contributions toward your retirement. Contributions are made to a traditional IRA. Your employer will provide you with a copy of the agreement containing participation rules and a description of how employer contributions may be made to your IRA. Your employer must also provide you with a copy of the completed Form 5305-SEP or SEP prototype adoption agreement and a yearly statement showing contributions made to your IRA.

If you are an employer who is establishing a SEP Plan, please refer to the IRS website at www.irs.gov to obtain a copy of IRS Form 5305-SEP. Your employer has adopted a SEP Plan for your retirement needs. Please read the information on Form 5305-SEP as it contains important information on how a SEP works and your rights as a SEP IRA account holder. Your employer will determine the amount to be contributed to your IRA each year. The amount for any year is limited to the smaller of the annual 415(c) dollar limitation (adjusted for cost-of-living, if applicable) or 25% of your compensation. Please see IRS Publication 560 for current limitations on benefits and contributions (COLA) limits.

All amounts contributed to your IRA by your employer belong to you even after you stop working for the employer. Employer contributions to your SEP IRA are excluded from your income unless there are contributions in excess of the applicable limit. For SEP IRAs, you and/or your employer are responsible for clearly differentiating SEP employer contributions from those of personal IRA contributions (if contributed to the same account).

If you are establishing a SEP IRA, you must attach an executed copy of the employer's Form 5305-SEP or SEP prototype adoption agreement. Please mail your completed Application to:

First Class Mail:

Amundi US
PO Box 534427
Pittsburgh, PA 15253-4427

Overnight Mail:

Amundi US
Attention 534427
500 Ross Street, 154-0520
Pittsburgh, PA 15262
1-800-622-0176

AMUNDI US TRADITIONAL AND ROTH INDIVIDUAL RETIREMENT ACCOUNT (IRA) APPLICATION AND ADOPTION AGREEMENT

AMUNDI US

PO Box 534427

Pittsburgh, PA 15253-4427

1-800-622-0176

PARTICIPANT INFORMATION

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.

Name: _____ Cell Phone: () _____

Street Address (required): _____ Alternate Telephone: () _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Mailing/PO Box Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Individual (If minor IRA) _____ Social Security Number: _____

Email Address (optional): _____

Residency (select one): U.S. Citizen Resident Alien If you are a resident alien, indicate country of origin: _____

TYPE OF IRA

Traditional IRA

Rollover IRA

Roth IRA

SEP IRA (The employer's IRS Form 5305-SEP must be attached)

EMPLOYER INFORMATION (required for SEP IRA only)

Employer Name: _____ Telephone number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

INVESTMENT INSTRUCTIONS

Regular Contribution For Note Tax Year: Current Year: \$ _____ Prior Year: \$ _____

If SEP IRA, Employer Contribution: \$ _____

Other Source (Check One):

Rollover – (Please attach the Rollover Certification Form)

60 Day Rollover Check. Type of IRA or Qualified Plan being rolled over:

Direct Rollover from 401(k), 403(b), 457 Plan or other Qualified Plan (excluding a Designated Roth Contribution Account) to a traditional IRA

Direct Rollover from a Designated Roth Contribution Account to a Roth IRA

Qualified Rollover Contribution (conversion) into a Roth IRA from a 401(k), 403(b), 457 Plan or other Qualified Plan

Transfer of Assets – (Please attach the Transfer of Assets Form)

Traditional or SEP IRA transfer of assets held at another institution

Roth IRA transfer of assets held at another institution

Conversions Or Recharacterizations – Enclosed is a: check or Roth IRA Conversion Form or Recharacterization Form

Roth conversion rollover from an IRA

Recharacterization contribution (the proceeds of a distribution from a traditional IRA or Roth IRA at another institution)

INVEST AS FOLLOWS

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, and the percentage to be invested in the fund. Fund information may be updated periodically.

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

Fund Name (including class of shares):

_____	Dollar Amount \$ _____	or	Percentage _____ %
_____	Dollar Amount \$ _____	or	Percentage _____ %
_____	Dollar Amount \$ _____	or	Percentage _____ %
_____	Dollar Amount \$ _____	or	Percentage _____ %

Must equal 100%

All dividends and capital gains will be reinvested.

CUSTODIAL FEE

The annual IRA custodial fee of \$15 will automatically be deducted from your account unless you pre-pay the fee or you opt to pay a lifetime fee.

One-time Lifetime Fee (\$75 for all funds in the account, per individual account owner). If you choose to pay the one-time fee, please enclose a separate check for \$75 payable to *Amundi US*.

BENEFICIARY DESIGNATION

Note the share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries.

I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

Per Stirpes Beneficiary Designations: The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Participant's Designation: In the event of my death, I hereby designate the following individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian.

Primary Contingent

Name: _____ Per Stirpes Social Security Number: _____

Date of Birth: _____ Relationship: _____ Share: _____ %

Address: _____ Telephone: () _____

City: _____ State: _____ Zip Code: _____

Primary Contingent

Name: _____ Per Stirpes Social Security Number: _____

Date of Birth: _____ Relationship: _____ Share: _____ %

Address: _____ Telephone: () _____

City: _____ State: _____ Zip Code: _____

Primary Contingent

Name: _____ Per Stirpes Social Security Number: _____

Date of Birth: _____ Relationship: _____ Share: _____ %

Address: _____ Telephone: () _____

City: _____ State: _____ Zip Code: _____

Custodian - Disclaimer: The Participant's spouse may have a property interest in the account, and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories and other persons or entities associated with the investments, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.

TELEPHONE REDEMPTION PRIVILEGES

Certain restrictions apply.

I do not want the ability to **redeem** IRA shares by telephone on this account.

AUTOMATIC INVESTMENT

- The initial investment is reduced to \$50 in each fund if an automatic investment plan is established, except for the *U.S. Government Money Market Fund*, which has a minimum investment of \$100. Fund minimums may apply.
- All contributions invested using the Automatic Investment Plan will be current year contributions.
- Banking instructions will be established using the voided check attached in the space provided below.

For SEP IRA only:

Personal IRA contribution or Employer contribution

I would like to automatically invest from my bank account to my IRA account on the following basis. If you do not indicate a frequency, then we will default to monthly.

Monthly Quarterly Semi-annually Annually

My contribution to the funds marked below will take place on the ____ (i.e. 15th) of the month, beginning in the month of ____ (i.e. April).

If you do not indicate a date of the month, then we will default to the 15th of the month.

Fund Name (including class of shares):

_____ Dollar Amount \$ _____

_____ Dollar Amount \$ _____

BANK INFORMATION

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

ATTACH VOIDED CHECK HERE

REDUCED SALES CHARGE

For purchases of Class A shares.

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:

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, and/or SIMPLE IRA.

Open a new LOI for OR Change an existing LOI to:

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

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

TRUSTED CONTACT INFORMATION

Use this section to designate a trusted contact person. A trusted contact person is an individual you designate who Amundi US can contact to address possible financial exploitation, your current health status, your contact information, or the identity of any appointed guardians, attorneys-in-fact, or other legal agents currently acting on your behalf. If your state of residence allows us to notify your trusted contact person before assets are escheated to the state as unclaimed property, we may also reach out to your trusted contact person to prevent escheatment.

The individual you appoint as a trusted contact person does not have the authority to access your account information or execute transactions on your behalf. You may choose to not appoint a trusted contact person. You may revoke a previously appointed trusted contact person at any time by notifying Amundi US in writing. Only you have the ability to add or remove a trusted contact person from your account.

Trusted Contact Name (First, Middle Initial, Last) _____ Telephone Number _____

Residential Address _____

City _____ State _____ Zip _____

Relationship to Owner _____

Note: Trusted contact person designations will carry over automatically to any accounts derived from the account established as a result of this application. Please contact Amundi US if you wish to designate a trusted contact person for an existing account.

TERMS AND CONDITIONS

I, the Participant, acknowledge that I have downloaded or otherwise obtained and read the [Amundi US Combined IRA Custodial Agreements and Disclosures kit](#) including the Traditional and Roth IRA Application and Adoption Agreement Instructions, the Traditional IRA and Roth IRA Combined Disclosure Statement, the Traditional IRA Custodial Account Agreement, the Roth IRA Custodial Account Agreement and the Privacy Notice (the "Account Documents"). I acknowledge receiving and reading the current prospectus for each Mutual Fund I may have designated for investment. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption.

Article VIII, Section 23 of the Traditional IRA Custodial Account Agreement and Article IX, Section 23 of the Roth IRA Custodial Account Agreement authorize the Custodian to take or to omit to take certain actions in the event assets or property in my IRA Account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to the terms of both Sections 23.

I hereby establish an IRA in accordance with instructions provided on these pages entitled Traditional and Roth Individual Retirement Account (IRA) Application and Adoption Agreement and agree to participate under the terms and conditions contained in the Account Documents and on the aforementioned pages (the "Full Agreement"). (My IRA account with the Custodian is called the "IRA Account" on this page).

I agree that this IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement.

I agree that the Custodian may amend (add to, delete from or revise) any term of the Full Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the IRA Account to another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

Each contribution to my IRA will be invested in accordance with the written instructions I provide with respect to that contribution. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5) 1T of the IRS regulations, to treat this contribution as a rollover contribution.

Custodial Fees: \$15.00 annual maintenance fee per year. This fee is owed and due for each full and partial calendar year that the IRA Account is open *unless you have previously paid a \$75 lifetime fee*. The participant may pay the fee with funds other than those in the IRA Account ("non-custodial funds"). If the fee for a calendar year is not paid by the participant from non-custodial funds by the date reasonably designated by the Custodian or prior to closing the IRA Account, the Custodian is authorized to deduct the fee from funds in the IRA Account at any time immediately after such payment due date or immediately after receiving instructions to close the IRA Account. The Custodian is authorized to change the fee but will give at least 30 days written notice to the participant of any fee change. The Custodian will keep those records, identify and file returns and provide other information concerning the IRA as required of custodians by the Internal Revenue Code and any regulations issued or forms adopted by the IRS or U.S. Treasury Department.

I understand that the telephone transaction privileges may apply to my account. If I have telephone transaction privileges, I agree that neither the Custodian, Amundi US, the Pioneer Funds, nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions given under the telephone transaction privileges that are reasonably believed to be genuine and I accept the risk of loss. Additionally, if a "trusted contact" person is designated by me on this application or on another form acceptable to the Custodian, I authorize the Custodian or its agents to contact any person so designated and to disclose information about my account to address possible financial exploitation, my current health status, contact information, or the identity of any appointed guardians, attorneys in fact, or other legal agents currently acting on my behalf, or as otherwise permitted by law.

I direct that all benefits upon my death be paid as indicated on the beneficiary designation. If I named a beneficiary that is a Trust, I understand I must provide certain information concerning such Trust to the Custodian. I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

Substitute W-9 - Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 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 a failure to report all interest or dividends; or**
 - c. The IRS has notified me that I am no longer subject to backup withholding; and**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Cross out Line 2 if you have been notified by the IRS that backup withholding applies.

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

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, the Custodian requires the participant's name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help the Custodian identify the participant; and the Custodian may ask for copies of related documentation and may consult third-party databases to help verify the participant's identity. I have read and I understand the Disclosure Statement which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

Participant's Signature: _____ **Date:** _____

(Responsible Individual's signature in the case of an IRA for a minor)

IRA Custodian: BNY Mellon Investment Servicing Trust Company, Westborough, MA 01581

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.

Firm Name: _____ Firm Number: _____

Representative's Name: _____ Rep. Number: _____

Telephone: () _____ Branch Number: _____

Branch Address: _____

Authorized Signature — Representative: _____

Authorized Signature — Principal (if required by Representative's Firm): _____

AMUNDI US INDIVIDUAL RETIREMENT ACCOUNT (IRA)

CERTIFICATION OF ROLLOVER ASSETS

Use this form to certify that a contribution is an eligible rollover contribution.

RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

PARTICIPANT INFORMATION

Name: _____ Cell Phone: () _____
Address: _____ Alternative Telephone: () _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Account Number: _____

TRADITIONAL ROLLOVER

Traditional IRA 60-day Rollover - I certify that this rollover is a distribution of all or part of my account balance from another IRA which I received within the prior 60 calendar days. I certify that 365 days have passed since I last received a distribution from this or any other IRA that I rolled over into this or another IRA.

Traditional IRA 3-Year Rollover - I certify that this rollover is a distribution from another IRA, and that this distribution is being rolled over within 3 calendar years following the date that I received (indicate one below):

Qualified birth or adoption distribution(s) of up to \$5,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue Code.

Coronavirus-related distribution(s) of up to \$100,000 made on or after January 1, 2020, as defined by Section 2202(a)(4)(A) of the CARES Act.

IRA Eligible Rollover Distribution - I certify that this rollover is a non-periodic distribution from my employer's qualified retirement plan of all or part of my account balance, other than the portion of any distribution which is nontaxable, and that this distribution is being rolled over within 60 calendar days of the date that I received the distribution. (Your employer's plan administrator should be able to tell you what portion of your distribution is an "eligible distribution".) I certify that no portion of this rollover is from any portion of a Designated Roth Contribution Account under my employer's qualified retirement plan or from any amount required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), commonly known as a required minimum distribution.

ROTH ROLLOVER

Roth IRA 60-day Rollover - I certify that this rollover is a distribution of all or part of my account balance from another Roth IRA, and that this distribution is being rolled over within 60 calendar days of the date that I received the distribution. I certify that 365 days have passed since I last received a distribution from this or any other IRA that I rolled over into this or another IRA.

Roth IRA 3-Year Rollover - I certify that this rollover is a distribution from another Roth IRA, and that this distribution is being rolled over within 3 calendar years following the date that I received (indicate one below):

Qualified birth or adoption distribution(s) of up to \$5,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue Code.

Coronavirus-related distribution(s) of up to \$100,000 made on or after January 1, 2020, as defined by Section 2202(a)(4)(A) of the CARES Act.

Qualified Rollover Contribution (conversion) into a Roth IRA from a 401(k), 403(b), 457 Plan or other Qualified Plan - I certify that this rollover is a distribution from my employer's retirement plan paid as a direct rollover contribution (conversion) into a Roth IRA.

Designated Roth Contribution Account - I certify that this rollover is a direct rollover or a 60-day rollover from my Designated Roth Contribution Account under my employer's qualified retirement plan.

Military Death Gratuity Payment - I certify that this rollover contribution is less than \$100,000 and is being made within 365 days of the date that I received the distribution.

Servicemember's Group Life Insurance (SGLI) - I certify that this rollover contribution is less than \$400,000 and is being made within 365 days of the date that I received the distribution.

PARTICIPANT CERTIFICATION

I certify that the contribution described above is an eligible IRA rollover contribution. I certify that this contribution is being rolled over within 60 calendar days of the date that I received the distribution, or is being rolled directly from my employer's plan or current custodian, and meets the tax rollover requirements described above. I certify that the rollover is not part of a series of payments over my life expectancy, or over a period of 10 years or more. I certify that the rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from the employer's qualified retirement plan. I understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under my employer's plan. I agree that I am solely responsible for all tax consequences. I also agree that neither the Custodian, Amundi US, nor Pioneer Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. (Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590-b or a professional tax advisor for more information.)

I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on my instructions within this form when accepting my rollover contribution.

Participant's Signature:

Date:

Mail to the following:

First Class Mail:

Amundi US
PO Box 534427
Pittsburgh, PA 15253-4427

Overnight Mail:

Amundi US
Attention 534427
500 Ross Street, 154-0520
Pittsburgh, PA 15262
1-800-622-0176

AMUNDI US INDIVIDUAL RETIREMENT ACCOUNT (IRA) TRANSFER OF ASSETS / DIRECT ROLLOVER FORM

Use this form to request an IRA transfer of assets or a direct rollover (excluding qualified rollover contributions (conversions) to a Roth IRA) from an existing retirement plan account to your IRA at Amundi US. Based on your instructions, BNY Mellon Investment Servicing Trust Company will initiate the transfer or rollover for you. If you reached or passed the age Required Minimum Distributions begin, you are responsible for distributing any required minimum distribution amounts from your current retirement plan account (excluding Roth IRAs) in advance of the transfer or rollover.

Incomplete information will result in delays in processing your request.

If you need assistance completing this form, please contact Shareholder Services at 1-800-622-0176.

NOTE: We require the original form in order to process your request. Faxed copies will not be accepted.

DIRECT ROLLOVER NOTICE

If this contribution is a direct rollover from a qualified plan, 403(b), or 457 plan, I understand that by signing page 2 of this form, I am acknowledging that the direct rollover contribution is an irrevocable election and is no longer eligible for special tax treatment which may be accorded to distributions from a qualified plan, 403(b), or 457 plan.

You should contact your current plan administrator or custodian prior to completing this form to ensure that you have received and completed any in-house forms that they may require. Direct rollovers from a qualified plan to an IRA can only be in the form of cash.

PARTICIPANT INFORMATION

Name: _____ Cell Phone: () _____
Address: _____ Alternative Telephone: () _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____

INVESTMENT INSTRUCTIONS

Complete items A, B, C and D.

A. I am opening a new IRA and have attached the required IRA Application.

Deposit the proceeds into my existing IRA.

Account Number: _____

B. Type of account transferring into: Traditional IRA Rollover IRA SEP IRA Roth IRA

C. Invest as follows:

Fund Name (including class of shares)

_____	Percentage	%
_____	Percentage	%
_____	Percentage	%

Must equal 100%

D. Type of Request:

IRA Transfer of Assets (like accounts)*

Direct Rollover from a Qualified Plan to an IRA

Direct Rollover from a 403(b) or 457 to an IRA

* SEP IRAs can be transferred into a Traditional IRA. SIMPLE IRAs (after the required two year holding period) can be transferred into a Traditional IRA.

CURRENT CUSTODIAN AND ACCOUNT INFORMATION

Type of account you are transferring/rolling over from (check one):

Traditional/Rollover IRA SEP-IRA Roth IRA 403(b) 457 Plan Qualified Plan*

SEP IRA that is being transferred into a Traditional IRA.

SIMPLE IRA (after the required two year holding period) that is being transferred into a Traditional IRA.

*If you are rolling over a qualified plan, please contact your current plan administrator for distribution/rollover in-house form requirements.

Please attach your most recent statement, if possible. Note, your current custodian may require a Medallion Signature Guarantee to process your transfer or rollover request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

Name of current custodian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact name: _____ Telephone number: () _____

1) Investment to transfer: _____

Account number: _____ Share class: _____ CUSIP number: _____

Liquidate Entire Account Partial Dollar Amount \$ _____ or # of Shares _____ Transfer In-Kind

For Certificate of Deposits: Immediately* At Maturity Date _____

2) Investment to transfer: _____

Account number: _____ Share class: _____ CUSIP number: _____

Liquidate Entire Account Partial Dollar Amount \$ _____ or # of Shares _____ Transfer In-Kind

For Certificate of Deposits: Immediately* At Maturity Date _____

***Note:** If you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to transfer assets from certificates of deposit more than 60 days before their maturity.

PARTICIPANT AUTHORIZATION

I authorize the transfer of assets or direct rollover as noted above to my Amundi US IRA and authorize my current custodian, Amundi US, Pioneer Funds and BNY Mellon Investment Servicing Trust Company to process this request on my behalf. I understand it is my responsibility to insure the prompt transfer of assets or direct rollover by the current custodian. I have read and understand all information on this form and hereby provide the applicable authorization.

Participant's Signature: _____

Date: _____

Mail to the following:

First Class Mail:

Amundi US
PO Box 534427
Pittsburgh, PA 15253-4427

Overnight Mail:

Amundi US
Attention 534427
500 Ross Street, 154-0520
Pittsburgh, PA 15262
1-800-622-0176

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee

Medallion Signature Guarantee Stamp

Securities offered through Amundi Distributor US, Inc.,

60 State Street, Boston, Massachusetts 02109
Underwriter of Pioneer mutual funds, Member SIPC
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Amundi
ASSET MANAGEMENT