

Amundi US

IRA Withdrawal Request

Use this form to request a withdrawal from your Amundi US Traditional, Roth, Rollover, SEP, or SIMPLE IRA.

This form should not be used to initiate a transfer of assets to retirement accounts held by another custodian; you should contact the successor custodian to request the proper forms for a transfer of assets.

Questions? Please call our Retirement Plans Department at 1-800-622-0176.

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

Overnight address: 430 W 7th Street STE 219427, Kansas City, MO 64105-1407

Please print in blue or black ink.

1 Investor Information

First Name, Middle Initial, Last Name Birthdate (mo/day/yr) Last Four Digits of Social Security Number

Address Account Number

City State Zip

Daytime Telephone Number Evening Telephone Number

Type of IRA: Traditional Rollover Roth Inherited Traditional Inherited Roth SEP SIMPLE Beneficiary IRA

2 Type of Distribution - Early Distribution, Penalty Exception Applies

If you are over 59½ and taking a normal distribution (including Required Minimum Distributions ["RMDs"]) or if you are taking a premature distribution and no penalty exception applies, please skip to Section 3. If you are beneficiary claiming an IRA or if you are under age 59½ and qualify for an exception to the federal tax penalty on early withdrawals, please check the reason below:

- I am taking a series of payments calculated in accordance with Section 72(t) of the Internal Revenue Code.*
- I certify that I am fully disabled as defined in Section 72(m) of the Internal Revenue Code. (Additional requirements apply. Please call us for information.)
- I am a non-spouse beneficiary. (Complete the information below.)
- I am the surviving spouse beneficiary. I certify that I was legally married to the shareholder at the time of his or her death. (Complete the information below.)

Beneficiary's First Name, Middle Initial, Last Name Birthdate (mo/day/yr) Social Security Number

Street Address City, State, Zip

Original Shareowner's Date of Death (mo/day/yr) Beneficiary's Telephone Number

* Notice regarding substantial equal periodic payments under IRC Section 72(t): To qualify for an exception to the 10% federal tax penalty on withdrawals made before age 59½, you must take a series of payments that are (1) substantially equal in amount; (2) paid at least once per year; (3) calculated based on a reasonable interest rate defined as the applicable federal mid-term rate for either of the two months preceding the month in which withdrawals begin, based upon the applicable account value and spread over your life expectancy or the joint life expectancies of you and your designated beneficiary; and (4) continued without modification until you reach age 59½ or have taken the distributions for at least five years, whichever is later. (Internal Revenue Code §72(t)(2)(A)(iv), IRS Revenue Ruling 2002-62)

Provide calculated payment details within Section 3: Systematic Withdrawals.

IRA Withdrawal Request (continued)

3 Withdrawal Amount

Check applicable box. Withdraw my payment as follows:

- Total withdrawal of all assets
- Partial withdrawal

Fund Name	Amount	% of total payment	Must total 100%
_____	\$ _____	or _____	%
_____	\$ _____	or _____	%
_____	\$ _____	or _____	%
_____	\$ _____	or _____	%

- Systematic withdrawals from the following fund(s):

Note: The minimum withdrawal amount for systematic withdrawals is \$50.

Fund Name	Amount
_____	\$ _____
_____	\$ _____

Send payments: Monthly Quarterly Semi-annually Annually

Start payments on (mo/day/year): _____

Note: If no start date is provided, the option will be established the day it is received, and your withdrawals will begin the following month.

4 Withholding Notice And Election (Form W-4P/OMB No. 1545-0074) Dept. Of Treasury, Internal Revenue Service

Note: The distributions you receive from your Amundi US IRA are subject to Federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, or this substitute Form W-4P to Amundi US. If you waive withholding on your IRA distribution, or if you do not have enough Federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may waive state income tax withholding to the extent permitted by law. You are responsible for determining and paying all Federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Also note, if you are a U.S. citizen or resident alien receiving an IRA distribution that is delivered outside the United States or its possessions, withholding is required. That is, you may not waive withholding. If you are a non-resident alien, you may not use Form W-4P to withhold income tax or to waive withholding. A foreign person should refer to IRS Publication 515 and to Form W-8BEN. If you are under 59½, you may be subject to an additional 10% IRS early distribution penalty. This penalty is not deducted from the distribution amount.

Election: Unless you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution.

Choose one.

- Do **NOT** withhold Federal income tax from my distribution.
- I elect to have _____% (10% or more) federal income tax withheld from my distribution.

Select payment option. (If neither is selected, the default is gross.)

- Gross** (Taxes withheld from withdrawal amount requested)
- Net** (Taxes withheld in addition to the withdrawal amount requested)

Important state tax withholding information: If your state of residence has mandatory state tax withholding and you elect federal tax withholding, state tax withholding will be applied based on your state's minimum requirements.

IRA Withdrawal Request (continued)

5 Payment Options

Select one option from A through D.

A. Send payment to me at the address of record on my Amundi US IRA.

Optional: Expedited Delivery (Fee will automatically be deducted from your Amundi US account. Signature is not required for delivery.)

B. Send payment to a different name or address (Medallion Signature Guarantee required – See Section 7).

Name of Payee

Street Address

City

State

Zip

C. Reinvest payment in my Amundi US non-retirement account (Medallion Signature Guarantee may be required – See Section 7):

Account Number

D. Send payment directly to the following bank account (Medallion Signature Guarantee may be required – See Section 7) via the following method: (check one)

ACH (No additional fee required)

Wire (Applicable bank wire fee will automatically be deducted from your Amundi US account.)

Note: If a method is not provided, your payment will automatically be sent via ACH.

Bank Information

Tape your “Voided” check or deposit slip here.

Attach a preprinted check marked “Void” (Starter checks are not accepted for bank information.)

OR

Complete the fields below using your bank account information and routing numbers obtained from your bank.

Checking Account Savings Account

Name on Bank Account (First, Middle Initial, Last)

Bank Account Number

Bank ABA Routing Number

Bank Name

Bank Telephone Number

IRA Withdrawal Request (continued)

6 Signature

I authorize the withdrawal specified above and the withholding election completed above. If a penalty exception is elected in Section 2, I acknowledge that the box checked in Section 2 is correct; and that it is my responsibility to determine correctly the amount of tax that may be due based on all IRA accounts I may own (including those unknown by or not under the control of the Custodian); I agree to indemnify and hold harmless the Pioneer Funds, or their agents or Custodian, or their affiliated companies, or their directors, trustees, or employees, from any losses, including reasonable attorneys fees or expenses incurred if such information is not correct. I acknowledge that it is my responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified above, and to file Form 5329 to claim any exemption from the early withdrawal penalty.

I certify that no tax advice has been given to me by the Pioneer Funds, or their agents or Custodian, or their affiliated companies, or their directors, trustees, or employees. If I elect to have federal income tax withheld from my distribution and my state of residence requires mandatory state tax withholding, I understand and consent to the Custodian withholding state income tax.

X

Signature

Date (mo/day/yr)

7 Medallion Signature Guarantee

A Medallion Signature Guarantee is required if:

1. The proceeds will be sent to a bank account that is not currently on file (any dollar amount).
2. The total distribution or rollover value exceeds \$100,000.
3. The address of record has changed in the past thirty (30) days.
4. The proceeds will be sent to an Amundi US non-retirement account in which you are not a registered owner (i.e. Trust, UTMA).
5. You are the beneficiary of the deceased account holder.

Note: There may be other unique situations that require a Medallion Signature Guarantee.

The Pioneer Funds and their transfer agent accept Medallion Signature Guarantees executed by an eligible issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include U.S. domestic banks, credit unions, savings associations (including savings and loan associations), trust companies, national securities exchanges, registered securities associations, and clearing agencies. Also acceptable are broker/dealers, municipal securities broker/dealers, and government securities broker/dealers whose net capital exceeds \$100,000. For your protection, a Medallion Signature Guarantee is required for certain requests. **Notarized signatures or signature guarantees from financial institutions that are not participating in one of these programs will not be accepted.**

Use this space for Medallion Signature Guarantee if required.