


Amundi US Inherited IRA Application Kit

Individual Retirement Account (IRA)

Inherited Traditional IRA

Inherited Roth IRA

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

**AMUNDI US INHERITED IRA FOR NON-SPOUSE, TRUST, ESTATE OR ENTITY APPLICATION
AND ADOPTION AGREEMENT**

IMPORTANT INFORMATION

- 1) **INHERITED IRA** – Do not use this form if you are a *spouse beneficiary who wishes to move your inherited proceeds into an IRA in your own name. Please complete an Amundi US IRA Application and Adoption Agreement that can be found on our web site www.amundi.com/us.*
- 2) You cannot make an annual IRA contribution or rollover contribution into an inherited IRA (*exception is a 403(b) or qualified plan non-spouse beneficiary direct rollover contribution to an inherited IRA which is facilitated by the 403(b) or qualified plan's administrator*).
- 3) Currently, trustee-to-trustee transfers are the only acceptable method to move monies between inherited IRAs.
- 4) Inherited IRA assets cannot be held indefinitely; please see the IRA Summary Disclosure for general information. We strongly suggest you consult a qualified tax professional to confirm if you, as a beneficiary, are subject to an annual required minimum distribution generally starting the year after the year of the owner's death. If so, in order to establish required minimum distributions, please complete the Amundi US Inherited IRA Distribution Request Form in its entirety.

If you are not subject to annual required minimum distribution rules you will not need to take a distribution each year but will be required to close your account at a future date. This requirement varies by beneficiary, the owner's date of death and the owner's date of birth; see the IRA Summary Disclosure for additional information. We strongly suggest you consult with a qualified tax professional if you have additional questions about your specific situation.

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

Customer Service:

1-800-622-0176

Please print in blue or black ink.

INHERITED IRA ACCOUNT TYPE

Traditional Inherited IRA (includes monies transferred from a SEP IRA or SIMPLE IRA (after required 2 year holding period))

SIMPLE Inherited IRA (includes monies transferred from SIMPLE IRA (ONLY if the required 2 year holding period is not satisfied))

Roth Inherited IRA

DECEASED IRA OWNER INFORMATION

Original IRA Owner's Name: _____

Date of Birth: _____ Date of Death: _____

OWNER INFORMATION – The beneficiary of the deceased owner opening this account

Select either A, B, C or D

A: DESIGNATED BENEFICIARY (A natural person)

Also select one of the two boxes below

NON-SPOUSE BENEFICIARY OR

SPOUSE BENEFICIARY ELECTING TO BE TREATED AS A BENEFICIARY

Beneficiary's Information (required)

Name: _____

Date of Birth¹: _____ Social Security Number: _____

¹ When the beneficiary is a minor, the account requires a parent or legal guardian to act as the responsible individual until the age of majority is reached.

THE OWNER IS A MINOR BENEFICIARY

RESPONSIBLE INDIVIDUAL INFORMATION (Required on behalf of a beneficiary who is a minor)

Responsible Individual's Name: _____ Cell Phone: () _____

Date of Birth²: _____ Social Security Number: _____

Responsible Individual's Street Address : _____

City: _____ State: _____ Zip Code: _____

² This form must be signed by the parent or legal guardian of the beneficiary as responsible individual when the beneficiary is a minor under state law.

B: ESTATE AS BENEFICIARY – All distributions will be paid to the estate as registered below

Estate Registration: _____

Estate's EIN: _____

¹Decedent's social security number is not valid

Executor's Information (required)

Executor's Name: _____

Executor's Social Security Number: _____ Executor's Date of Birth: _____

Executor's Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Alternate Phone: () _____

C: TRUST AS BENEFICIARY – All distributions will be paid to the trust as registered below

Name of Trust: _____

Trust's EIN: _____

¹Decedent's social security number is not valid

Trustee's Information (required)

Trustee's Name: _____

Trustee's Social Security Number: _____ Trustee's Date of Birth: _____

Trustee's Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Alternate Phone: () _____

D: OTHER BENEFICIARY – All distributions will be paid to the charitable organization, foundation, or other legal entity as registered below

Entity's Name: _____

Entity's EIN: _____

¹Decedent's social security number is not valid

Authorized Individual's Information (required)

Authorized Individual's Name: _____

Authorized Individual's Social Security Number: _____ Authorized Individual's Date of Birth: _____

Authorized Individual's Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Alternate Phone: () _____

¹ Refer to IRS Form SS-4 – Application for Employer Identification Number

ADDRESS OF RECORD

The section below must be completed in full in order for this application to be processed. If you are providing a P.O. Box as a mailing address, you must also provide a residential address or the address of a principal place of business.

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Alternate Phone: () _____

Mailing Address (If different from above): _____

METHOD OF FUNDING

I am transferring a decedent's existing Amundi US IRA into an Amundi US inherited IRA. I have completed the *Amundi US IRA Inheritance Request Form* and have included it with this application. Please transfer the inherited assets into the same investment funds. (*Exchange privileges are available once the transfer is complete.*)

I am requesting a trustee-to-trustee transfer of assets from an existing inherited IRA held at another institution. I have completed the enclosed *Amundi US Inherited Transfer of Assets Form*, which contains my investment instructions.

I am establishing an inherited IRA to accept a non-spouse beneficiary direct rollover from a 403(b) or qualified plan.

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 _____	%
_____	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*.

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.

BENEFICIARY DESIGNATION

Important: Some states prohibit an inherited IRA owner from naming a subsequent beneficiary. You should check with your state's tax authority.

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 a Primary Beneficiary.

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 inherited IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my inherited 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 inherited IRA.

Primary	Contingent
Name: _____	Social Security Number _____
Date of Birth: _____	Relationship: _____ Share Percentage: _____%
Address: _____	Telephone: () _____
City: _____	State: _____ Zip Code: _____

Primary	Contingent
Name: _____	Social Security Number _____
Date of Birth: _____	Relationship: _____ Share Percentage: _____%
Address: _____	Telephone: () _____
City: _____	State: _____ Zip Code: _____

Primary	Contingent
Name: _____	Social Security Number _____
Date of Birth: _____	Relationship: _____ Share Percentage: _____%
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, you will have the option to request redemptions by telephone unless you check the box below to opt out.

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

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

TERMS AND CONDITIONS

I, the beneficiary, acknowledge that I have downloaded or otherwise obtained and read the [Amundi US Combined IRA Custodial Agreements and Disclosures kit](#) including 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 the applicable Section 23.

I hereby establish an IRA in accordance with instructions provided on these pages entitled INHERITED IRA FOR NON-SPOUSE, TRUST, ESTATE OR ENTITY 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 "Inherited IRA Account" or "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.

I understand and agree to the extent inherited employer-sponsored plan assets are being directly rolled over to my Inherited IRA that it is my responsibility to ensure only eligible assets are rolled over and all required minimum distributions are satisfied prior to rolling over these assets. Further I agree to the extent inherited IRA assets are being transferred to my inherited IRA that I understand it is my responsibility to ensure only eligible assets are transferred. All amounts will be invested in accordance with the written instructions I provide with respect to each Transfer of an IRA or Direct Rollover of an employer sponsored retirement plan. 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 submitted to the Custodian, I authorize the Custodian or its agents to contact any person so designated and 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.

I (the Beneficiary) certify under penalties of perjury that (i) all information I have provided on this form or otherwise in connection with establishing my IRA is true, correct, and complete, and (ii) I am a US person (including a US resident alien) and that my Social Security Number is true, correct and complete and that this number is my Taxpayer Identification Number. (Foreign persons must use appropriate Form W-8)

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 item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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 that 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.

Signature: _____ Date: _____
(Responsible Individual in the case of a minor IRA)

IRA Custodian: BNY Mellon Investment Servicing Trust Company, 4400 Computer Drive, 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 INHERITED IRA TRANSFER OF ASSETS / DIRECT ROLLOVER FORM

Use this form to request an inherited IRA trustee-to-trustee transfer of assets or a direct rollover from an existing retirement plan account you hold as the beneficiary of a deceased participant to your Inherited IRA at Amundi US. Based on your instructions, BNY Mellon Investment Servicing Trust Company will initiate the transfer or rollover for you. Incomplete information will result in delays in processing your request.

A trustee-to-trustee transfer is a non-reportable transaction which occurs between like accounts – Inherited Traditional IRA to Inherited Traditional IRA, or Inherited Roth IRA to Inherited Roth IRA. Only assets Inherited by the same beneficiary from the same deceased owner may be put in the account. Note Inherited SEP IRAs (and Inherited SIMPLE IRAs, after the required two-year holding period) can be transferred into a traditional Inherited IRA. Any assets in an Inherited IRA can only be moved via a trustee-to-trustee transfer.

Do not use this form if you are a spouse beneficiary who wishes to move their inherited assets into an IRA in your own name.

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 is a direct rollover of assets from a qualified plan, 403(b), or 457 plan, of which you are the beneficiary of a deceased participant, you affirm by signing page 2 of this form that the assets are eligible for a direct rollover to an inherited IRA and that this an irrevocable election. The assets will no longer be eligible for special tax treatment which may be accorded to distributions from a qualified plan, 403(b), or 457 plan.

You should contact the 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 (Transfer-In-Kind is not an option).

INHERITED IRA OWNER INFORMATION

Name: _____ Cell Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

DECEASED IRA OWNER INFORMATION

Original IRA Owner Name: _____

Original IRA Owner Account Number: _____

Original IRA Owner Date of Birth: _____ Original IRA Owner Date of Death: _____

If you are a successor / subsequent beneficiary, (i.e., a beneficiary of an Inherited IRA established by a now deceased beneficiary of the deceased original owner) please also provide the Deceased Beneficiary's details.

Original IRA Beneficiary's Name: _____

Original IRA Beneficiary's Date of Birth: _____ Date of Death: _____

INVESTMENT INSTRUCTIONS - Complete items A, B, C and D.

A. I am opening a new Inherited IRA and have attached the required inherited Amundi US IRA application.

Deposit the proceeds into my existing Inherited IRA. Account Number: _____

B. Type of account transferring into:

Traditional Inherited IRA (including SEP, or SIMPLE¹ Inherited IRA)
¹If the required two-year holding period has been met

Roth Inherited IRA

C. Invest as Follows:

Fund Name (including class of shares):

_____ Dollar Amount \$ _____ or Percentage _____ %

_____ Dollar Amount \$ _____ or Percentage _____ %

_____ Dollar Amount \$ _____ or Percentage _____ %

Must equal 100%

D. Type of Request:

IRA Transfer of Assets (TOA)

Direct Rollover* of Inherited Qualified Plan assets to an Inherited IRA

Direct Rollover* of inherited 403(b) or 457 assets to an Inherited IRA

***Contact your current plan administrator for distribution/rollover requirements, your plan may require in-house forms or other action.**

CURRENT CUSTODIAN AND ACCOUNT INFORMATION

Name of Current Custodian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Telephone Number: () _____

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

Inherited Traditional IRA	Inherited Roth IRA	SEP Inherited IRA	SIMPLE Inherited IRA
Qualified Plan	Qualified Plan Designated Roth	403(b) or 457	403(b) or 457 Designated Roth

Account number: _____

For all types of accounts, attach a copy of your most recent account statement from your current custodian if possible. **Note**, you may wish to contact the current custodian to confirm if a Medallion Signature Guarantee is required to process your transfer request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

Check one: Liquidate or Transfer In-Kind (only applies to Amundi US assets held in an IRA)

Check one: Full account value or Partial amount – (specific amount from the Investments listed below (attach additional pages if needed)

Fund Name(s)/TICKER/CUSIP:

_____ Partial Dollar Amount \$ _____ or # of Shares _____

_____ Partial Dollar Amount \$ _____ or # of Shares _____

For Certificates of Deposit: 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.

If the inherited IRA has established required minimum distribution (“RMD”) payments, please provide the prior year account value.

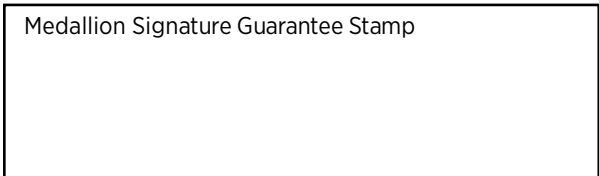
Prior year end account value \$ _____

PARTICIPATION 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: _____

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.



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

Customer Service:

1-800-622-0176

Securities offered through Amundi Distributor US, Inc.,
60 State Street, Boston, Massachusetts 02109
Underwriter of Pioneer mutual funds, Member SIPC

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