

Amundi US

Uni-K Plan[®] Sponsor Information & Access Agreement

Use this form to establish (or update) Plan contact information and authorize Plan Sponsor Web access for your Uni-K Plan[®].

Mail to Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929

Overnight Address: 430 W 7th Street STE 219929, Kansas City, MO 64105-1407

Fax to 1-888-294-4485

Questions? Please call our Employer-Sponsored Plans Department at 1-866-622-7815.

1 Plan Information

| | | |
|------------------|--------------------------------|------------------------------------|
| Name of Plan | | Plan ID Number (if existing plan)* |
| Street Address | | |
| City | State | Zip Code |
| Telephone Number | Employer Tax ID Number (EIN)** | |

| | |
|------------------------------|----------------|
| Name of Plan Sponsor (Print) | Effective Date |
|------------------------------|----------------|

* If you are establishing Plan Sponsor Web access for a new plan and your Plan ID Number has not yet been assigned, leave this section blank and submit this form with your *Uni-K Standardized Adoption Agreement*.

** Social security numbers cannot be accepted. If you do not have an EIN, please see the reverse side for instructions on how to obtain one from the IRS.

2 Plan Sponsor Web Access

Plan Sponsor Web is a secure web portal that allows the Adopting Employer (the Plan Sponsor indicated in Section 1 of this form and the *Uni-K Standardized Adoption Agreement*) and any other individuals designated in Section 2 of this form ("Co-Sponsors") to perform administrative functions for the Plan.

For **new** plans, list each Plan Sponsor in the table below. For **existing** plans, use the table below to provide contact information for a new user or disable Plan Sponsor Web access for an existing user.

| Name of Plan Sponsor | Enable Web Access? | Disable Web Access? | Email Address (Required for Web Access) | Telephone Number |
|----------------------|------------------------------|------------------------------|--|------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | |

Amundi US will provide a unique operator ID and a temporary password for new users. The Plan Sponsor will be prompted to change the temporary password on initial login.

Note: For security reasons, the temporary password expires after 30 days. Established users will need to reset their password after 30 days and log in at least once every 90 days to keep their user operator ID from becoming disabled.

3 Bank Information

Use this section to add bank information to your plan for the purpose of processing contributions through Plan Sponsor Web.

Check one: New Change Additional

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

Bank Account Number

Bank ABA Routing Number

Bank Name

Bank Telephone Number

4 Signature

By signing this form, the Adopting Employer and all Co-Sponsors ("The Sponsor(s)") acknowledge that the Pioneer Funds (severally and not jointly), Amundi Asset Management US, Inc. and their agents and service providers (collectively, "Amundi US") may, at their discretion, provide telephone assistance and educational services to the individuals designated herein related to the information available on or the functionality of Plan Sponsor Web. The Sponsor(s) agree to accept the responsibility for protecting the confidentiality of the login information, and agree to notify Amundi US immediately if their login information is lost or stolen. The Sponsor(s) also acknowledge that they will keep private and secure the personal identifiable information ("PII") of all participants and beneficiaries of the Uni-K Plan®, and that they will only use PII as necessary to perform administrative functions for the Plan. The Sponsor(s) acknowledge that they are a Plan Fiduciary with discretionary authority or discretionary responsibility in the administration of the Plan and Plan assets, as outlined in the *Uni-K Plan® Basic Plan Document*. The Sponsor(s) likewise acknowledge that Amundi US will not serve as a Plan Fiduciary of the Plan identified in Section 1 and is not the Plan Administrator or named Fiduciary, as defined in the Employee Retirement Income Security act of 1974 ("ERISA").

X _____
Signature of Plan Sponsor Date

X _____
Signature of Co-Sponsor (if Applicable) Date

X _____
Signature of Co-Sponsor (if Applicable) Date

Information for Obtaining an Employer Identification Number (EIN)

If you do not have an EIN, you can obtain one free of charge by using one of the IRS methods below:

- Apply Online at www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein. Once the application is completed, the information is validated during the online session, and an EIN is issued immediately.
- Apply by Fax or by Mail by completing application Form SS-4. Please refer to the IRS website (www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein) to obtain a copy of this form and instructions for faxing or mailing a completed copy to the IRS.