Amundi Pioneer Asset Management

Uni-K Plan® Account Options Form

Account Number/Plan ID Number/Relationship

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

□ Open a new LOI for OR

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

If you are an existing Uni-K Plan® participant and you would like to change or add services, you may submit this form. If you are establishing a new plan, please complete and submit an *Amundi Pioneer Uni-K Plan® Application*. If you would like to change your Plan contact information, establish or change Plan Sponsor Web access, or add a bank account for Plan Sponsor Web contribution processing, please complete and submit an *Amundi Pioneer Uni-K Plan® Sponsor Information & Access Agreement*.

If you have questions or need to withdraw from your account, call our Retirement Employer-Sponsored Plan Department at 1-866-622-7815.

Please print in blue or black ink. **Uni-K Plan® Registration Information** Participant Name Last Four Digits of Social Security Number Plan Name Plan ID Number **Update Participant Contact Information** Provide your current mailing address, phone number and e-mail address in this section. If you are providing a P.O. Box as a mailing address, you must also provide a residential address. Residential Address Telephone Number City State Zip Code Mailing Address (if different from above) F-mail Address **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 Pioneer accounts to qualify for the lowest possible sales charge on Class A shares. List your qualifying accounts.

Account Number/Plan ID Number/Relationship

□ \$100,000

□ \$250,000

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.

 \square Change an existing LOI to: \square \$50,000



Account Number/Plan ID Number/Relationship

□ \$500,000

4 Systematic Exchange							
Automatically exchange shares \$5,000 to establish this service							must have a minimum balance of advise us otherwise.)
Exchange \$ Amount or Shares	From Fund/Account #	Into Fund/Account #	Start I		,	,	,
Indicate □\$ OR □%			the	(day) of	(month)		/ ☐ month (\$250 min.) ☐ quarter (\$500 min.)
			the	(day) of	(month)		/ ☐ month (\$250 min.) ☐ quarter (\$500 min.)
			the	(day) of	(month)		month (\$250 min.) quarter (\$500 min.)
			the	(day) of	(month)		/ ☐ month (\$250 min.) ☐ quarter (\$500 min.)
*If no start date is provided, the	option will be established th	e day it is received, and autom	natic exch	nanges will take	place the fol	llowing	g month.
5 Automatic Investment	t Plan (AIP) □	l Add ☐ Chan	ge				
Contact your tax advisor or Amu Note: Contributions will be ma Start date*: the	de according to your existi	ng investment allocation elec		th or □ quart	er		
Employee C	Contribution	Employer					Total
Pre-Tax	Roth	(pre-	tax only	')			Contribution
\$	+ \$	+ \$			= \$		
Bank Information Note: See Section 9 for signature Bank Instructions (Check one Change existing bank information Add new bank information	ure validation requirements	S.					
Complete the fields below ☐ Checking Account □	(St using your bank account i	attach a preprinted che tarter checks are not accepte OR information and routing numb	ed for ba	nk information			
Name on Bank Account (First	t, Middle Initial, Last)						
Bank Account Number			Bank AE	BA Routing Numb	per		
Bank Name			Bank Te	lephone Number	r		

7 Telephone and Online* Transactions	
	tablished on your original appount application
Complete this section to change the telephone and online instructions est Add telephone options to	, , ,
□ Purchase** (Complete Section 7)	Remove telephone options to Purchase
Exchange	☐ Exchange
Add online option to	Remove online option to
☐ Exchange	☐ Exchange
* To establish online transaction privileges, you MUST complete the online reg	istration found on amundipioneer.com/us.
** A Signature Validation Program Stamp is required for this change. See Sec	
8 Signature	
that preceded or accompanies this form, and the current fund prospectus and service providers (collectively, "Amundi Pioneer") to establish the opti authorized in accordance with the reasonable procedures of Amundi Pione similar procedures are not followed, the fund(s) may be liable for any loss for unauthorized or fraudulent telephone and/or online transactions, and affiliated companies, or their directors, trustees, or employees will be liabl for the authenticity of any telephone and/or online instructions that they remains the content of the content of the service of the content of	agree to be bound by the terms of this form, the Amundi Pioneer account application . I authorize Amundi Pioneer Asset Management, the Pioneer Funds, and their agents ons requested herein. I understand that each telephone transaction will be recorded, eer to confirm that such instructions are genuine, and confirmed in writing. If these or due to unauthorized or fraudulent instructions. In all other cases, I bear the risk of loss none of the Pioneer Funds, their transfer agent, or Amundi Pioneer Distributor, Inc., or their e for any loss, damage, or expense as a result of action upon, and will not be responsible reasonably believe to be authentic and authorized. I am solely responsible for allocating oplicable Uni-K Plan® contribution limits and deadlines. I understand that any designation ix or Roth) or Employer is irrevocable once the transaction is processed.
	, or affiliated companies, or their directors, trustees, or employees will be liable
x	
Signature	Date (Month/Day/Year)
9 Signature Validation	
A Signature Validation Program Stamp is required on this form if you are req	uesting any of the following options:
1. To add telephone purchases.	
2. To add new bank information to the account(s) or to change existing ba	
1. To add telephone purchases. 2. To add new bank information to the account(s) or to change existing base. Note: There may be other unique situations where Amundi Pioneer will recover and your account. The Pioneer Funds and their transfer agent accept Signature Validation Program 2000 (STAMP 2000). Signature Validation Program Starequests. Eligible issuers include U.S. domestic banks, credit unions, saving securities exchanges, registered securities associations, and clearing agent government securities broker/dealers whose net capital exceeds \$100,000 signature guarantee on your non-financial account request. Please keep in	ank information in any way.
1. To add telephone purchases. 2. To add new bank information to the account(s) or to change existing bank information to the account(s) or to change existing bank information to the account(s) or to change existing bank information to the account information informatio	ank information in any way. Quire a Medallion Signature Guarantee or a Signature Validation Program Stamp to protect Degram Stamps executed by eligible issuers participating in the Securities Transfer Agents amps are used by guarantors to verify signatures presented on non-financial account ngs associations (including savings and loan associations), trust companies, national cicies. Also acceptable are broker/dealers, municipal securities, broker/dealer, and 100. If you are unable to obtain a Signature Validation Program Stamp, we will accept a n mind that if any part of your request results in a financial transaction, we will require
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