

# Amundi Pioneer Asset Management

## Change of Dealer Authorization

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. Fax Number: 1-800-225-4240

If you have any questions, please call us at 1-800-225-6292.

Please print in blue or black ink.

### 1 Shareowner Information - Must appear as account is registered

Shareowner's Name (First, Middle Initial, Last)

Social Security Number

Joint Owner's Name, if applicable (First, Middle Initial, Last)

Social Security Number

### 2 Account Information - To be completed by the shareowner(s)

I authorize the change of dealer on all accounts registered under my SSN

OR

I authorize the change of dealer on only the specific accounts listed below:

Account Number or Plan ID Number

Account Number or Plan ID Number

Account Number or Plan ID Number

Account Number or Plan ID Number

**Note:** If nothing is checked, this dealer change will apply to all accounts under your Social Security Number.

### 3 New Dealer Information - To be completed by your dealer

I authorize the removal of the current financial professional and dealer on the account(s) referenced in Section 2. No financial professional will be assigned to the account(s).

OR

I authorize the replacement of the current financial professional and dealer on the account(s) referenced on Section 2 with the representative and firm listed below:

Representative Name

Representative Number

Firm Name

Branch Number

Branch Office Address

Telephone Number

City

State

Zip Code

We confirm this dealer substitution and authorize and direct you to act as our Agent in accordance with the provisions of the Amundi Pioneer account application(s) for the account(s) indicated in Section 2. We hereby guarantee the genuineness of the shareowner signature(s) and represent to you that we are duly qualified and licensed to sell securities under the laws of the state shareholder(s) of residence and that we have executed a Dealer Sales Agreement with Amundi Pioneer Distributor, Inc.

X

Authorized Signature (Required), Title

Date (Month/Day/Year)

### 4 Signature - All registered owners must sign

I authorize the change of dealer on my account(s). If I have elected to remove the current financial professional and dealer on my account(s), I acknowledge that Amundi Pioneer Asset Management, the Pioneer Funds, and their service providers do not provide investment advice or investment recommendations.

X

Signature (must appear exactly as account is registered)

Date (Month/Day/Year)

X

Signature (must appear exactly as account is registered)

Date (Month/Day/Year)

Securities offered through Amundi Pioneer Distributor, Inc., 60 State Street, Boston, Massachusetts 02109

Underwriter of Pioneer mutual funds, Member SIPC,

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