

# Amundi Pioneer Asset Management

## Designation of Beneficiary for IRAs and 403(b) Plans

Use this form to designate one or more beneficiaries who will inherit your IRA, Roth IRA, SEP IRA, SIMPLE IRA, ORP, or 403(b) assets upon your death. In accordance with your designation, your assets will pass directly to your chosen beneficiary. By submitting this form, you will **completely replace** any prior designation for the IRA/403(b) types you specify in Section 1. It is important that you list all primary and secondary beneficiaries you want to designate even if you are updating information for only one beneficiary.

**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. This form must be completed in its entirety to be considered in good order and cannot be faxed, we must receive the original.**

### 1 Your Name and Address

**If you are providing a P.O. Box as a mailing address, you must also provide a residential address. If the address you provide below is different from the address we have on file, we will update our records accordingly.**

First Name	Middle Initial	Last Name	Birthdate (mo/day/yr)	Social Security Number
Residential Address (Required)			Daytime Telephone Number	Evening Telephone Number
City			State	Zip
Mailing Address (if different from above)				

#### This designation applies to

- All accounts under my Social Security Number (includes IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, ORPs, and 403(b)s).
- These specific IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, ORPs, and 403(b)s only (provide account numbers):

Account Number / Plan ID	Account Number / Plan ID
Account Number / Plan ID	Account Number / Plan ID

If nothing is checked, the designation will apply to all IRAs, 403(b) and ORP plans under your Social Security Number.

Note: Beneficiary designations will carry over automatically to any accounts derived from the accounts listed above.

### 2 Primary Beneficiaries\* Signature Required in Section 4

I hereby designate the individual(s) and entity(ies) named below as my primary beneficiary(ies) to receive, in the proportion indicated, any payment from the above-named retirement plan that may become due at or after my death. If any primary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated primary beneficiaries in proportion to the percentage indicated. To the extent your beneficiary designations do not adequately dispose of your account at the time of your death, your beneficiary will be your estate (unless otherwise required by the laws of your state of residence). **Note:** If you would like to elect a different distribution option, please contact us. If you are naming a trust as beneficiary, the complete name of the trust must be listed and **date of the trust must be included.**

Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)
Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)
Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)
Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)

<b>Percentage must total 100%</b>
_____ %
_____ %
_____ %
_____ %

\*If you want to designate more than four primary beneficiaries, please attach the appropriate information, making sure the total percentages of all primary beneficiaries equal 100%. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

- Check here if you are attaching additional information.

**3 Secondary Beneficiaries\* Signature Required in Section 4**

If no designated primary beneficiary survives me, I hereby designate the individual(s) and entity(ies) named below as my secondary beneficiary(ies) to receive, in the proportion indicated, any payment from the above-named retirement plan that may become due at or after my death. If any secondary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated secondary beneficiaries in proportion to the percentages indicated.

To the extent your beneficiary designations do not adequately dispose of your account at the time of your death, your beneficiary will be your estate (unless otherwise required by the laws of your state of residence).

**Note:** If you would like to elect a different distribution option, please contact us. If you are naming a trust as beneficiary, the complete name of the trust must be listed and **date of the trust must be included.**

_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	<table border="1"> <tr> <td><b>Percentage must total 100%</b></td> <td>_____ %</td> </tr> <tr> <td></td> <td>_____ %</td> </tr> <tr> <td></td> <td>_____ %</td> </tr> <tr> <td></td> <td>_____ %</td> </tr> </table>	<b>Percentage must total 100%</b>	_____ %		_____ %		_____ %		_____ %
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Full name of beneficiary		Birthdate (mo/day/yr)									
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Full name of beneficiary		Birthdate (mo/day/yr)									

\*If you want to designate more than four secondary beneficiaries, please attach the appropriate information, making sure the total percentages of all secondary beneficiaries equal 100%. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

Check here if you are attaching additional information.

**4 Signatures (Account owner and witness signature are both required.)**

I hereby reserve the right to change or revoke this designation, provided that no change or revocation will become effective until received by the Custodian during my lifetime and in a form acceptable to the Custodian. I understand and agree that this form may be used only to designate beneficiaries for an Amundi Pioneer IRA or 403(b) (including ORP) account with UMB Bank, n.a. as the Custodian and shall be invalid and ineffective with respect to any other plan or retirement program whether or not delivered to a trustee, custodian, or any Amundi Pioneer affiliate.

**X** \_\_\_\_\_  
Signature of Account Owner (**See Important Note below regarding witness signature**) Date (mo/day/yr)

**X** \_\_\_\_\_  
Signature of Witness, other than a designated beneficiary (**See Important Note below regarding witness signature**) Date (mo/day/yr)

**Important note: Your beneficiary designation will not be accepted unless you and your witness sign.** Your witness must be an individual other than a designated beneficiary.

**For Community Property or Marital Property State Residents Only**

If you are currently married or marry in the future and have a legal residence in a community or marital property state, community and marital property laws may affect your ability to designate a primary beneficiary other than your spouse unless your spouse specifically consents to such a designation. If you have designated a primary beneficiary other than your spouse, your designation will not be valid unless accompanied by written spousal consent. Since some community and marital property states may have special spousal consent requirements, the following consent form should be reviewed by your counsel or tax advisor.

**Spousal Consent and Agreement to Treat Plan Account as Separate Property**

I hereby give to the Plan Owner any interest I have in the assets held in this Plan and consent to the above designation. I hereby agree and acknowledge that I understand that the assets in the Plan are the separate property of the Plan Owner and that any community property interest in such assets is extinguished by this agreement.

**X** \_\_\_\_\_  
Signature of Spouse Date (mo/day/yr)

**X** \_\_\_\_\_  
Signature of Witness, other than Account Owner (**Required**) Date (mo/day/yr)