

Amundi Pioneer Asset Management

Uni-K Remittance Form

Please enclose this form with your check made payable to *Pioneer Funds*.

If you have any questions, call our Employer Sponsored Plan Department at 1-866-622-7815.

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

1 Plan Information

| | | | |
|----------------|-------------------------------------|-------|----------|
| Employer Name | Plan ID Number (for existing plans) | | |
| Street Address | City | State | Zip Code |
| Contact Name | Telephone Number | | |

2 Contribution Information

Use the table below to designate a contribution as either Employee (Salary Deferral) or Employer. If any of the Contribution Information is incomplete (including the dollar amount or the type of contribution) it may result in the contribution being returned for further instructions.

| Participant Name | Last four digits of Social Security Number | Contribution Year (Indicate Current or Prior)* | Employee Contribution (Salary Deferral) | | Employer Contribution (Pre-Tax only) | Total Contribution Amount |
|----------------------------------|--|--|---|------|--------------------------------------|---------------------------|
| | | | Pre-tax | Roth | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Contribution Amount | | | | | | \$ |

* If you do not provide a Contribution Year, your contribution will be applied as a "current year" contribution.

3 Signature of Plan Sponsor or Employer

I certify that I understand that in my capacity as Plan Sponsor/Employer, I am solely responsible for allocating contributions made to the Uni-K Plan® correctly and complying with all applicable Uni-K Plan® contribution limits and deadlines. I understand that my designation of a contribution as an Employee Salary Deferral (pre-tax or Roth) or Employer is irrevocable, and any contribution(s) received by Amundi Pioneer without a specific designation may result in a contribution being returned for further instructions. Amundi Pioneer will not be responsible for delays in investing contributions returned due to missing or incomplete information.

X
Signature _____ Date (mo/day/yr) _____

Important Note: If you have hired or are considering hiring any full-time (employees who work over 1,000 hours per year), non-owner employees, the Uni-K Plan® is no longer an appropriate choice for your business. A number of additional IRS and DOL requirements must be met when your plan includes employees.

Please contact your financial professional for information on plans that may be better suited to meet your businesses' growing needs.