Amundi US

Uni-K Plan® Account Options Form

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 US 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 US Uni-K Plan® Sponsor Information & Access Agreement*.

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 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.

1 Uni-K Plan® Registration Info	rmation			
Participant Name	Last Four Digits of Social Secur	ity Number		
Plan Name	Plan ID Number			
2 Update Participant Contact I	nformation			
Provide your current mailing address, provide a residential address.	phone number and e-mail address in this	s section. If you are pi	roviding a P.O. Box	as a mailing address, you must also
Residential Address		Telephone Number		
City		State	Z	ip Code
Mailing Address (if different from above)			E	-mail Address
3 Reduced Sales Charges				
For purchases of Class A shares.				
• • • • • • • • • • • • • • • • • • • •	the value of your Pioneer Funds and your ts to qualify for the lowest possible sales	, ,,		
Account Number/Plan ID Number/Relationship	Account Number/Plan	n ID Number/Relationship		Account Number/Plan ID Number/Relationship
• •	e of purchases made in the past 90 days e fulfilled within 13 months of the date of	· ·	urchases to qualify	for the lowest possible sales charge
☐ Open a new LOI for OR ☐ Chal *Review each fund's prospectus for LOI breal	nge an existing LOI to: \$50,000 spoint details.	□ \$100,000	□ \$250,000	□ \$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	anges 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 (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 inform 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		

Complete this section to change the telephone and online instructions established on your original account application. Med telephone options to Purbase ** (Complete Section 7) Purbase Exchange Remove colline option to Exchange Remove online option to Remove online option Remove online Remove online option Re	Tolophone and Online* Transactions	
Remove telephone options to charage Complete Section 7	7 Telephone and Online* Transactions	
Purchase** (Complete Section 7)		, , ,
Exchange Remove online option to Exchange Remove online option to Exchange Remove online option to Exchange To establish online transaction privileges, you MUST complete the online registration found on amundi.com/usinvestors. **A Signature Validation Program Stamp is required for this change. See Section 9. Signature In have full authority and capacity to select the above account options and agree to be bound by the terms of this form, the Amundi US account application that preceded or accompanies this form, and the current fund prospectus. I authorize Amundi Asset Management US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US") to establish the options requested herein. I understand that each telephone transaction will be recorded, authorized an accordance with the reasonable procedures of Amundi US to confirm that such instructions are genuine, and confirmed in writing if these or similar procedures are not followed, the fund(s) may be liable for any loss due to unauthorized or fraudulent telephone and/or ornine instructions that they reasonably believe to be authentic and another agent, or Amundi Distributor US, India gradient telephone and/or ornine instructions that they reasonably believe to be authentic and authorized. I am solid presponsible for the artification ornamics, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of acting upon my instruction. It recognize that none of the Ploneer Funds, their distributor, transfer agent, or affiliated companies, or their directors, trustees, or employees will be liable or any loss, damage, or expense as a result of acting upon my instruction. X signature Validation A Signature Validation A Signature Validation A Signature Validation Program Stamp is required on this form if you are requesting any of the following options: 1. To add telephone purchases. 2. To add new bank information to the account(s) or to change existing bank information in any way.	· ·	
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** To establish online transaction privileges, you MUST complete the online registration found on amundi.com/usinestors. ** A Signature Validation Program Stamp is required for this change. See Section 9. ** Signature ** In love full authority and capacity to select the above account options and agree to be bound by the terms of this form, the Amundi US account application that preceded or accompanies this form, and the current fund prospectus. I authorize Amundi Asset Management US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US") to establish the options requested herein. I understand that each telephone transaction will be recorded, authorized an accordance with the reasonable procedures of Amundi US to confirm that such instructions are genuine, and confirmed in writing. If these or similar procedures are not followed, the fund(s) may be liable for any loss due to unauthorized or fraudulent telephone and/or on line instructions that they reasonably believe the results of the secondary of or online instructions that they reasonably believe the results of action upon, and will not be responsible for the authenticity of any telephone and/or on line instructions that they reasonably believe to be authentic and authorized. I am solely responsible for the authenticity of any telephone and/or on line instructions that they reasonably believe to be authentic and authorized. I am solely responsible for the authenticity of any telephone and promise and complying with all applicable Unit-X Plan* contribution limits and deadlines. I understand that any designation of an AIP contribution in Section 5 as an Employee Salary Deferral (pre-tax or Roth) or Employer's intervocable once the transaction is processed. It is add telephone purchases. In a add telephone purchases. In a dat telephone p	_	_
Signature ** A Signature Validation Program Stamp is required for this change. See Section 9. **Signature **I have full authority and capacity to select the above account options and agree to be bound by the terms of this form, the Amundi US account application that preceded or accompanies this form, and the current fund prospectus. I authorize Amundi Asset Management US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US1" to establish the options requested herein. I understand that each telephone transaction will be recorded, authorized an accordance with the reasonable procedures of Amundi US1 to confirm that such instructions are graine, and confirme withing, if these or similar procedures are not followed, the fund(s) may be liable for any loss due to unauthorized or fraudulent instructions. In all other cases, I bear the risk of loss for unauthorized or fraudulent instructions, and the cases, I bear the risk of loss for unauthorized or fraudulent instructions, and the cases, I bear the risk of loss for unauthorized are not followed, the fund(s) may be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of my telephone and/or online instructions that they reasonably believe to be authentic and authorized. I am solely responsible for allocating contributions made to the Uni-K Plan* contribution in miss and deadlines. I understand that any designation of an AIP contribution in Section 5 as an Employee Salary Deferral (pre-tax or Roth) or Employer is irrevocable once the transaction is processed. It recognize that none of the Pioneer Funds, their distributor, transfer agent, or affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of acting upon my instruction. **X** **Signature Validation** A Signature Validation Program Stamp is required on this form if you are requesting any of the following options: 1. To add telephone purcha	Lichard	Lichange
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Use this space for a stamp, if required.		
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