

Amundi US

Coverdell Education Savings Account (ESA) Application

It's Easy to Open a Coverdell ESA.

1. Select the mutual fund(s) you wish to invest in for the ESA.
2. Complete and sign this application.
3. Make your check payable to **Pioneer Funds**.
Amundi Pioneer does not accept third-party checks, starter checks, or cash equivalents.
4. If transferring assets from another ESA, fill out the *Rollover/Transfer/Conversion Form*. Amundi US will arrange the transfer for you.
5. Mail both the check and completed application to:

Pioneer Funds
PO Box 219427
Kansas City, MO 64121-9427

Overnight Address:

Pioneer Funds
430 W 7th Street STE 219427
Kansas City, MO 64105-1407

USA PATRIOT Act Information

Important Information About Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please talk to your investment professional or call Amundi US at 1-800-622-0176 if you have any questions about completing this application.

For information about the Amundi US privacy policy, see the Privacy of Customer Information brochure, which is mailed upon confirming the new account opening and annually thereafter. If you opened your account through a brokerage firm, you can also view the privacy brochure at amundi.com/usinvestors. Check each fund's prospectus or summary prospectus for information about the share classes available and which is suitable for your investment.

Pioneer Funds (U.S. domiciled) are available for purchase only in the United States and its territories. The Funds will only accept accounts and purchases from U.S. citizens with a U.S. address, (including U.S. territories and military post offices), and a U.S. issued taxpayer identification number, or resident aliens with a U.S. address and U.S. taxpayer identification number.

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Please print in blue or black ink.

1 Designated Beneficiary

The account generally cannot accept contributions after the beneficiary's 18th birthday. This section must be completed in full in order for this application to be processed. If you are providing a P.O. Box as a mailing address, you must also provide a residential address. You must be a U.S. citizen or resident alien with a valid U.S. tax identification number and a valid U.S. mailing address to open an account.

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number
Residential Address (Required)	Telephone Number	
City	State	Zip
Mailing Address (If different from above)		

Residency (Select one.)

U.S. citizen or Resident alien If resident alien, indicate country of origin _____.

2 Initial Depositor

The Initial Depositor – the individual establishing the account – may be any eligible contributor (based on adjusted gross income), whether or not he or she is related to the Designated Beneficiary. Additional investments may be made by the Initial Depositor or any other eligible contributor.

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number (not used in tax reporting)
Street Address	Telephone Number	
City	State	Zip

3 Responsible Individual

Must be parent or guardian of the Designated Beneficiary

If same as Section 2, check here and do not complete this section.

The parent or guardian named below has certain rights and must agree to fulfill certain responsibilities with respect to this account, including directing changes in investments and authorizing distributions. After the Designated Beneficiary has attained the age of majority under state law, the person named below may change the Responsible Individual to the Designated Beneficiary by notifying Amundi US in writing. Additional documentation may be required.

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number
Street Address	Telephone Number	
City	State	Zip

4 Initial Investment

Check appropriate boxes.

- Contribution for tax year _____ * \$ _____
- I am enclosing a check for \$ _____ representing a rollover that has been distributed from another Education Savings Account within the past 60 days.
- I am not enclosing a check but have attached a completed Amundi US *Rollover/Transfer/Conversion Form*. I understand that Amundi US will arrange the transfer.

***Note: Contact your tax advisor or Amundi US for current contribution limits.**

Make checks payable to Pioneer Funds.

5 Choose Your Investments

See the Amundi US Fund Guide for a complete list of the available Pioneer funds. Select the funds you are purchasing, provide the fund name, fund number, and the percentage to be invested in the fund in Section 5A. Fund information may be updated periodically. Visit amundi.com/usinvestors or call us at 1-800-622-0176 for the most current fund availability.

Note: Not all Pioneer funds and share classes may be available through your financial professional's firm. Contact your financial professional for additional information.

A. Select Your Funds

Fund Name (including class of shares)	Fund Number	Indicate Percentage ¹
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %
4. _____	_____	_____ %
5. _____	_____	_____ %
6. _____	_____	_____ %
7. _____	_____	_____ %
8. _____	_____	_____ %
9. _____	_____	_____ %
10. _____	_____	_____ %
		TOTAL: _____ %

¹ Whole percentages only. The total of the percentages must equal 100%.

B. Payment Method (Do not send cash, third-party checks, starter checks, or cash equivalents.)

Check (made payable to Pioneer Funds) Broker/Dealer Order (Confirmation Number _____) Other _____

6 Telephone & Online Transactions*

I understand Pioneer Funds will accept and act upon instructions from the Responsible Individual (or any person purporting to act on his or her behalf either online or through our FactFoneSM system) unless indicated otherwise below.

Do **not** accept telephone or online exchanges Do **not** accept telephone redemptions Do **not** accept telephone or online purchases

*To establish online transaction privileges, you MUST complete the online registration found on amundi.com/usinvestors.

7 Custodial Fee

The Coverdell ESA custodial fee of \$15 for a single fund or \$20 per year for two or more funds will be automatically deducted from your account(s) unless otherwise indicated below.

I have enclosed a separate check for the one-time lifetime fee of \$75, made payable to Pioneer Funds.

No custodial fee is due. I have previously paid the lifetime fee on my existing Coverdell ESA(s) _____ .
Account Number

8 Reduced Sales Charges

For purchases of Class A shares

A. Right of Accumulation (ROA) Use the value of your Pioneer Funds account(s) and your immediate family's (you, your spouse, and children under 21 of a family and their trusts) existing Amundi US accounts to qualify for the lowest possible sales charge on Class A shares. List your qualifying accounts.

Account Number Relationship

Account Number Relationship

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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. Certain restrictions may apply if you are linking a SEP IRA, SIMPLE IRA, and/or Uni-K Plan®. Call 1-800-622-0176 for more information.

Open a new LOI for **OR** Change existing LOI to:

- \$50,000 \$250,000
 \$100,000 \$500,000

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

9 Automatic Investment Plan

Optional. Automatically withdraw from your bank account to invest in your Amundi US Coverdell ESA. (Complete **Section 10**.)

Note: Contact your tax advisor or Amundi US for current contribution limits.

Invest \$ Amount

(\$50 minimum, \$100 minimum for U.S. Government Money Market Fund)

In Fund

Start Date*

the ___ (day) of ____ (month) every month or quarter

the ___ (day) of ____ (month) every month or quarter

the ___ (day) of ____ (month) every month or quarter

*If no start date is provided, the option will be established the day it is received, and the bank account will be drafted the following month.

10 Bank Information

Use this section to establish bank information on your account. The checking or savings account you provide in this section may be used for transactions requested via the telephone or online, unless you opted out of telephone and online transactions in Section 6. The bank information provided here must share a common owner with the owner of this account.

Required: attach original preprinted check or original deposit slip marked "Void"

(Starter checks are not accepted for bank information)

Note: To update or add bank information at a later date, use the *Retirement Plans Accounts Options Form*. Additional documentation will be required to add or update this information at a later date.

11 Your Signature

USA PATRIOT Act Certification: By signing below, I certify that I have received, read, and understand the USA PATRIOT Act information provided by Amundi US and that the information that I am providing is true and accurate. I understand that Amundi US will not accept money and/or open this account on my behalf if my identity cannot be properly verified. I authorize Amundi US to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law) at account opening, at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

Please be advised that pursuant to state Unclaimed Property Laws, your account assets may be escheated to the state of residence on your account if the following occurs: 1. Mail sent to your address of record is returned and attempts to re-mail to you are unsuccessful; and 2. You do not contact us to maintain a current address; and 3. Your account remains dormant, which is generally defined by state law(s) as "inactive for an extended period of time (usually three to five years), in which no contact has been made with the shareowner."

I hereby establish a Coverdell Education Savings Account; incorporate the terms and conditions of the UMB Bank, n.a. Coverdell Education Savings Custodial Account Agreement; and appoint UMB Bank, n.a. to serve as custodian. I verify that (1) I have received a current prospectus for each Pioneer Fund selected in this application and agree to be bound by its terms and the terms of this application; (2) I am eligible to make contributions to an Education Savings Account and have the capacity to purchase funds shares; (3) the Responsible Individual has the capacity to act on behalf of the account, authorizes me to name him or her, and agrees to be bound by the terms of this application; (4) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover contribution for federal income tax purposes; (5) under penalties of perjury, my social security number shown on this application is correct; (6) I consent to the custodian's fee; and (7) I understand that the account is automatically eligible for telephone and online transactions unless indicated otherwise in Section 6. Furthermore, I understand that each telephone transaction will be recorded; authorized in accordance with the reasonable procedures of Amundi Asset Management US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US") to confirm that such instructions are genuine; and confirmed in writing. If these or similar procedures are not followed, Amundi US 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 telephone and/or on line transactions, and none of the Pioneer Funds, or their agents or custodian, or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of any telephone and/or online instructions that they reasonably believe to be authentic and authorized. I certify that investments made into the account after the Designated Beneficiary attains age 18 will only be attributable to rollovers from another family member as defined under IRC§ 529(e)(2) or on behalf of a Designated Beneficiary with special needs, as defined under IRC§ 530. I authorize my bank to honor all entries to my bank account arising in connection with any of the services I selected. I understand and consent that if I have federal income tax withheld from any distribution and my state of residence requires tax withholding, Amundi US will withhold the applicable state tax from my distribution. I acknowledge that Amundi US does not provide investment advice or investment recommendations.

Under penalties of perjury:

- (1) The Taxpayer Identification Number (Social Security Number) shown on this form is correct.
 - (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
 - (3) I am a U.S. citizen or other U.S. person (as defined by the IRS on Form W-9).
 - (4) I am exempt from FATCA reporting (if applicable).
- Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Signature of Initial Depositor (If Initial Depositor is a minor, Responsible Individual must sign.) Date (Month/Day/Year)

12 To Be Completed by Investment Professional

Amundi US requires customers to establish accounts with the assistance of a registered investment professional that has an existing selling agreement with Amundi US. The section below must be completed in full in order for this application to be processed.

Representative Number Branch Number Telephone Number

Representative Name (First, Middle Initial, Last)

Firm Name (or Clearing Firm, if applicable)

Street Address City State Zip

X _____
Authorized Signature – Representative Authorized Signature - Principal
(if required by your broker/dealer)

