## ROTH IRA CONVERSION REQUEST FORM - (INTERNAL) BETWEEN AMUNDI US INDIVIDUAL RETIREMENT ACCOUNTS

Use this form to convert a traditional, SEP or SIMPLE (after the required two year holding period) Individual Retirement Account ("IRA") within Amundi US. If establishing a new Roth IRA, attach a completed Roth Individual Retirement Account Application and Adoption Agreement. This form is not intended for initiating conversions from employer sponsored plans; 401(k) or 403(b) plans (contact your plan's administrator for instructions).

Effective January 1, 2018, a Roth IRA conversion cannot be recharacterized back to a traditional, SEP or SIMPLE IRA. A Roth IRA conversion is considered an irrevocable election which cannot be "reversed" or "corrected".

PARTICIPANT INFORMATION				
Name:	Daytime Telephone: ( )			
Address:				
City:	State:	Zip Code:		
Last Four Digits of your Social Security Number:	Date of Birth:			
DISTRIBUTION INSTRUCTIONS Indicate the existing Amundi US IRA you wish to con	vert to an Amundi US Roth IRA: Acc	count Number:		
Type of Account:	, (or)	fter the required two year holding	period)	
Distribute From:				
Fund Name:	Dollar Amount \$	or Percentage	%	
Fund Name:	Dollar Amount \$	or Percentage	%	
Fund Name:	Dollar Amount \$	or Percentage Must ec	% ual 100%	
A. Federal Withholding IRS regulations require the custodian or trustee of yo of 10% unless you elect not to have withholding applincluding the amount of any nondeductible contribution required minimum distributions (RMDs).  If you elect to have federal income taxes withheld, you found to have made and the contribution of th	y. Withholding will apply to the entire ons that may have been made to the ou may still invest the entire amount o	amount of the conversion distribu IRA. You may not convert any por of the conversion distribution into y	ition, rtion of our Pioneer	
your IRA assets to pay taxes on the conversion distri withheld for federal income tax), the IRA assets used the age of 59 ½) since they are not being converted i 10% early withdrawal penalty.  Do not withhold federal income tax from thi accounts registered with an address in the U	bution amount (either by liquidating a I to pay those taxes may be considered into the Roth IRA or rolled over into a se conversion distribution from my tra	additional shares or by not replacir ed a premature distribution (if you nother IRA and you could also be	ng amounts are under subject to a	
☐ Withhold 10% federal income tax from this co		nal IRA.		
☐ Withhold% federa	I income tax from this conversion dist	tribution from my traditional IRA.		

(must be more than 10%)

## ROTH IRA CONVERSION REQUEST FORM - (INTERNAL) Continued

## **B.** State Withholding

Mail to the following:

Your state of residence will determine your state	• .		
may require state income tax to be withheld from regardless of your federal tax election. Voluntar	• •		
have no income tax on retirement payments. Pl	ease consult with a tax advisor or your st	ate's tax authority for additional in	formation on
your state requirements.	in the state of th	hki	- 414 -1 -
□ I elect NOT TO have state income tax was not require mandatory state tax withhold.	-	butions (only for residents of state	s that do
☐ I elect <b>TO</b> have the following dollar amo	· · · · · · · · · · · · · · · · · · ·		
taxes (for residents of states that allow	voluntary state tax withholding). \$		70
INSTRUCTIONS FOR INVESTING CONV	ERTED PROCEEDS		
☐ New Roth IRA - follow the investment instruc	ctions as provided on the attached applic	ation.	
☐ Invest the proceeds as follows into my existi	ng Roth IRA: Account Number		
Fund Name:			
Fund Name:	Dollar Amount \$	or Percentage	%
Fund Name:	Dollar Amount \$	or Percentage	%
		Must e	qual 100%
PARTICIPANT AUTHORIZATION			
I authorize Amundi US and the Custodian to ma	ake the above requested distribution from	mv traditional IRA and use the di	stribution
proceeds to purchase a conversion contribution	into a Roth IRA. I certify that no tax or le	gal advice has been given to me l	by the
Custodian, Amundi US, or the Pioneer Funds, r or the Pioneer Funds. All decisions regarding the			
certification and authorization without further inv			
which may arise from the election and agree that			
responsible, and shall be indemnified and held I understand this conversion is irrevocable.	harmless, for any tax, legal or other cons	equences of the election made on	this form.
I have read and understand and agree to be	legally bound by the terms of this forr	n.	
X			
Participant's Signature:		Date:	

**Overnight Mail:** 

4400 Computer Drive

Westborough, MA 01581

Pioneer Funds



**Customer Service:** 

1-800-622-0176

First Class Mail:

Pioneer Funds

P.O. Box 9897

Providence, RI 02940