ROTH IRA CONVERSION REQUEST FORM – (EXTERNAL) CONVERT A TRADITIONAL IRA FROM ANOTHER INSTITUTION TO AMUNDI US ROTH IRA

Use this form to convert a traditional, SEP or SIMPLE (after the required two year holding period) Individual Retirement Account ("IRA") from another custodian or trustee to an Amundi US Roth IRA. 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 Telep | hone: () | |
| Address: | | | | |
| City: | | State: | Zip Code: | |
| Last Four Digits of your Social Securi | y Number: | Date of Birth: | | |
| INVESTMENT INSTRUCTIONS F | OR CONVERTED PRO | CEEDS | | |
| ☐ New Roth IRA - follow the investm | ent instructions as provided | on the attached appli | cation. | |
| ☐ Invest the proceeds as follows into | my existing Roth IRA: Acco | ount Number: | | |
| Fund Name: | Dol | lar Amount \$ | or Percentage | % |
| Fund Name: | Dol | lar Amount \$ | or Percentage | % |
| Fund Name: | Dol | lar Amount \$ | or Percentage Must | % equal 100% |
| TAX WITHHOLDING ELECTION | | | | |
| A. Federal Withholding | | | | |
| IRS regulations require the custodian of 10% unless you elect not to have wincluding the amount of any nondedurequired minimum distributions (RMD | vithholding apply. Withholdir ctible contributions that may | ng will apply to the ent | ire amount of the conversion distri | bution, |
| If you elect to have federal income tax US Roth IRA by using other assets to IRA assets to pay taxes on the conve withheld for federal income tax), the lithe age of 59½) since they are not be 10% early withdrawal penalty. | replace amounts withheld a rsion distribution amount (ei RA assets used to pay those | as a prepayment of feo ither by liquidating add e taxes may be consic | deral income taxes. Remember, if ditional shares or by not replacing dered a premature distribution (if y | you use your amounts ou are under |
| ☐ Do not withhold federal inc an address in the United S | | on distribution. This op | tion is only available for accounts | registered with |
| ☐ Withhold 10% federal inco | me tax from this conversion | distribution. | | |
| □ Withhold | % federal income | tay from this convers | ion distribution | |

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(must be more than 10%)

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B. State Withholding-contact your current custodian or trustee for state tax withholding requirements, if any.

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount

regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. I elect NOT TO have state income tax withheld from my retirement account distribution (only for residents of states that do not require mandatory state tax withholding). ☐ I elect **TO** have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or ____ % **CURRENT CUSTODIAN AND ACCOUNT INFORMATION** To avoid delays, contact your current custodian to verify their correct address and ask if they require a Medallion Signature Guarantee. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee. Please also attach your most recent statement, if possible. Telephone Number: (**Current Custodian:** Address: City: State: Zip Code: 1) Investment to Convert: _____ Account Number: ____ Distributing Account Type: ☐ Traditional/Rollover IRA □ SEP IRA ☐ SIMPLE IRA – (after the required two year holding period) ☐ Partial \$ _ Amount to be Distributed: ☐ Liquidate Entire Account ☐ At Maturity Date For Certificates of Deposit: ☐ Immediately* 2) Investment to Convert: ___ Account Number: ☐ SIMPLE IRA – (after the required two Distributing Account Type: ☐ Traditional/Rollover IRA SEP IRA year holding period) Amount to be Distributed: ☐ Liquidate Entire Account ☐ Partial \$ _____ For Certificates of Deposit: ☐ Immediately* ☐ At Maturity Date

*Note: if you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to convert certificates of deposit more than 60 days before their maturity.

PARTICIPANT AUTHORIZATION

I authorize the current custodian or trustee of my IRA to distribute the amount(s) indicated for the purpose of converting them to a Roth IRA with Amundi US and to issue a check as indicated below. I understand it is my responsibility to insure the prompt conversion of assets by the current custodian or trustee. I certify that no tax or legal advice has been given to me by the Custodian, Amundi US, or the Pioneer Funds, nor has any tax or legal advice been given by any agent of the Custodian, Amundi US, or the Pioneer Funds. I understand that I am solely responsible for all tax consequences and agree that neither Amundi US nor their Custodian shall have responsibility for any tax consequences resulting from my instructions. I authorize Amundi US and BNY Mellon Investment Servicing Trust Company to process this request on my behalf.

I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian, Amundi US, the Pioneer Funds and their agents will rely on my instructions within this form when accepting my conversion contribution. I understand this conversion is irrevocable.

| Participant's Signature: | Date: | |
|--|-------------------------------------|--|
| Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee. | Medallion Signature Guarantee Stamp | |

1-800-622-0176

INTERNAL USE ONLY - RESIGNING CUSTODIAN INSTRUCTIONS

Issue check payable to: BNY Mellon Investment Servicing Trust Company as custodian for the Amundi US Roth IRA.

Participant Name: _____ Roth IRA A/C # ____

Mail to the following: First Class Mail: Overnight Mail: Customer Service:

Pioneer Funds
P.O. Box 9897
Providence, RI 02940
Pioneer Funds
4400 Computer Drive
Westborough, MA 01581

