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**Amundi US**

Simple Individual Retirement Account  
(Simple IRA)



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References to the "Custodian" mean BNY Mellon Investment Servicing Trust Company.

# SIMPLE IRA APPLICATION INSTRUCTIONS

**DO NOT USE THIS FORM TO ESTABLISH A COVERDELL ESA, ROTH IRA, SEP IRA, OR TRADITIONAL IRA.**

## HOW TO COMPLETE THE ENCLOSED FORMS

**Please make sure a copy of your employer's SIMPLE IRA plan document (either a 5304-SIMPLE agreement or IRS approved prototype agreement) is attached to your Application. To open a SIMPLE IRA your employer's SIMPLE plan must permit plan participants to designate the financial institution that will serve as the custodian, trustee, or issuer of your SIMPLE IRA. If you are an employer who is establishing a SIMPLE Plan, please refer to the IRS website [www.irs.gov](http://www.irs.gov) to obtain a copy of IRS Form 5304-SIMPLE.**

References to the "Custodian", "BNY Mellon", "we" or "us" mean BNY Mellon Investment Servicing Trust Company.

To establish a SIMPLE IRA, please complete the "SIMPLE IRA Application and Adoption Agreement" (the "Application"). The applicant's name must be that of an individual, not a business or trust. The SIMPLE IRA you establish with the Custodian is referred to in these forms and documents as "your SIMPLE IRA" or "custodial account", depending on the context. The Custodian of the SIMPLE IRA you establish pursuant to the Application must receive the complete name and address of your employer.

The maximum allowable contribution to your SIMPLE IRA is 100% of your salary up to the contribution limit for the given tax year\* as deferred compensation. This limit is in addition to your employer's matching or non-elective contributions. In the case of an eligible employee who will be age 50 or older before the end of the calendar year, the above limitation increases by \$3,000. Contribution limits may be subject to IRS cost-of-living adjustments. \*Please read the SIMPLE Individual Retirement Account Disclosure Statement and any supplements attached carefully or consult IRS Publications 560 or 590-A or consult a professional tax advisor for more information about eligibility requirements and contribution restrictions.

Contributions to your SIMPLE IRA may be invested in one or more mutual funds pursuant to the Mutual Fund Option (please see "Description of Available Options for Your Contributions"). Prospectuses for the mutual funds available through the Mutual Fund Option (the "Funds") may be obtained by calling 1-800-622-0176. Before investing in a Fund, please be sure to read the prospectus for that Fund carefully.

All portions of this SIMPLE IRA Application and Adoption Agreement are binding on you so you are encouraged to read all portions of it, and in particular the section titled "Description of Available Options for Your Contributions", the Custodial Account Agreement and the Application section titled "Terms and Conditions".

**Please make checks payable to Amundi US.**

## SIMPLE IRA ROLLOVERS

If you are rolling money into your SIMPLE IRA that you received from another custodian, trustee or issuer, please be sure to mark "Rollover" in the Participant Information section of the Application and complete the Certification of Rollover Assets Form.

## SIMPLE IRA TRANSFERS

If you will be transferring assets from an existing SIMPLE IRA to your Amundi US SIMPLE IRA, please be sure to mark "Transfer from a SIMPLE IRA" in the Participant Information section of the Application and complete the SIMPLE IRA Transfer of Assets Form. If you have questions or need assistance, please call 1-800-622-0176.

Please mail your completed Application to:

### First Class Mail:

Amundi US  
PO Box 534427  
Pittsburgh, PA 15253-4427

### Overnight Mail:

Amundi US  
Attention 534427  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262  
1-800-622-0176

# AMUNDI US SIMPLE IRA APPLICATION and ADOPTION AGREEMENT

AMUNDI US

PO Box 534427

Pittsburgh, PA 15253-4427

1-800-622-0176

## **PARTICIPANT INFORMATION**

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.

Name: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Street Address (required): \_\_\_\_\_ Alternate Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing/PO Box Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Residency (Select one.)     U.S. citizen or     Resident alien     If resident alien, indicate country of origin \_\_\_\_\_

**Transfer from a SIMPLE IRA     Rollover     Establish for Salary Deferrals - (Important: Fund minimums may apply)**

**Date You First Participated in the Employer's Plan:** \_\_\_\_\_

## **EMPLOYER INFORMATION**

**Please attach a copy of the employer's 5304-SIMPLE Form or Prototype Adoption Agreement**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

## **INVESTMENT INSTRUCTIONS FOR CONTRIBUTIONS**

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, and the percentage to be invested in the fund. Fund information may be updated periodically.

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

Fund Name (including class of shares):

_____	Percentage	%
_____	Percentage	%
_____	Percentage	%
_____	Percentage	%
_____	Percentage	%
		Must equal 100%

## **CUSTODIAL FEE**

The annual custodial fee of \$15 will be automatically deducted from your account unless you pre-pay the fee or opt to pay a lifetime fee.

One-time (\$75 lifetime fee for any number of funds, per individual). If you choose to pay the one-time fee, please enclose a separate check for \$75 payable to *Amundi US*.

**All dividends and capital gains will be reinvested.**

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## **REDUCED SALES CHARGE**

For purchases of Class A shares. Note: The accumulated holdings of all participants in an Amundi US SIMPLE IRA Plan may be aggregated for a reduced sales charge on A shares. You may also use Section A to notify us of any existing Amundi US accounts eligible for linkage under rights of accumulation. However, please note that unless all participants in your employer's SIMPLE IRA are also members of your immediate es charge. Please see the fund prospectus for more details.

**Right of Accumulation (ROA)** Use the value of your Pioneer Funds 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: \_\_\_\_\_

Account Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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, and/or SIMPLE IRA.

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

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

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

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## **BENEFICIARY DESIGNATION**

Note, the share percentage must equal 100% for all Primary or all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary. If a trust is designated as a Beneficiary, please provide both the date of the trust and the name(s) of the trustee(s).

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries.

I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

**PER STIRPES BENEFICIARY DESIGNATIONS - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.**

Primary                  Contingent

Name: \_\_\_\_\_ Per Stirpes    Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary                      Contingent

Name: \_\_\_\_\_ Per Stirpes      Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary                      Contingent

Name: \_\_\_\_\_ Per Stirpes      Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary                      Contingent

Name: \_\_\_\_\_ Per Stirpes      Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_ %

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Custodian - Disclaimer:** The Participant's spouse may have a property interest in the account, and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories and other persons or entities associated with the investments, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.

## **TELEPHONE REDEMPTION PRIVILEGES**

Certain restrictions apply.

I do not want the ability to **redeem** IRA shares by telephone on this account.

## **TRUSTED CONTACT INFORMATION**

Use this section to designate a trusted contact person. A trusted contact person is an individual you designate who Amundi US can contact to address possible financial exploitation, your current health status, your contact information, or the identity of any appointed guardians, attorneys-in-fact, or other legal agents currently acting on your behalf. If your state of residence allows us to notify your trusted contact person before assets are escheated to the state as unclaimed property, we may also reach out to your trusted contact person to prevent escheatment.

The individual you appoint as a trusted contact person does not have the authority to access your account information or execute transactions on your behalf. You may choose to not appoint a trusted contact person. You may revoke a previously appointed trusted contact person at any time by notifying Amundi US in writing. Only you have the ability to add or remove a trusted contact person from your account.

Trusted Contact Name (First, Middle Initial, Last) \_\_\_\_\_ Telephone Number (     ) \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**Note:** Trusted contact person designations will carry over automatically to any accounts derived from the account established as a result of this application. Please contact Amundi US if you wish to designate a trusted contact person for an existing account.

## **TERMS AND CONDITIONS**

I, the Participant, acknowledge that I have downloaded or otherwise obtained and read the [Amundi US SIMPLE IRA kit](#), the Disclosure Statement, the Custodial Account Agreement and the Privacy Notice (the "Account Documents"). I acknowledge receiving and reading the current prospectus for each Mutual Fund I may have designated for investment. I understand that contributions to my SIMPLE IRA will be invested in accordance with the written instructions I provide with respect to that contribution. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption.

Article VIII, Section 23 of the Custodial Account Agreement authorizes the Custodian to take or to omit to take certain actions in the event assets or property in my SIMPLE IRA account are liquidated and the Custodian does not receive timely instructions it can reasonably or practicably carry out and I agree to said Section 23.

I hereby establish a SIMPLE IRA in accordance with the instructions provided on these pages and agree to participate under the terms and conditions contained in the Account Documents and these pages titled "SIMPLE IRA APPLICATION AND ADOPTION AGREEMENT" (the "Full Agreement"). I agree that this SIMPLE IRA becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement. I also acknowledge receiving a copy of the employer plan document under which this SIMPLE IRA is established.

I agree that the Custodian may amend (add to, delete from or revise) any term of the Full Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the SIMPLE IRA account to another custodian. I agree that the Full Agreement is binding on me and on my successors in interest.

**Custodial Fees:** \$15.00 annual maintenance fee per year. This fee is owed and due for each full and partial calendar year that the SIMPLE IRA is open unless you have previously paid a \$75 Lifetime fee. The Participant may pay the fee with funds other than those in the SIMPLE IRA ("non-custodial funds"). If the fee for a calendar year is not paid by the participant from non-custodial funds by the date reasonably designated by the Custodian or prior to closing the SIMPLE IRA account, the Custodian is authorized to deduct the fee from funds in the SIMPLE IRA account at any time immediately after such payment due date or immediately after receiving instructions to close the SIMPLE IRA account. The Custodian is authorized to change the fee but will give at least 30 days written notice to the Participant of any fee change. The Custodian will keep those records, identify and file returns and provide other information concerning the IRA as required of custodians by the Internal Revenue Code and any regulations issued or forms adopted by the IRS or U.S. Treasury Department.

I understand that the telephone transaction privileges may apply to my account. If I have telephone transaction privileges, I agree that neither the Custodian, Amundi US, the Pioneer Funds, nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions given under the telephone transaction privileges that are reasonably believed to be genuine and I accept the risk of loss. Additionally, if a "trusted contact" person is designated by me on this application or on another form acceptable to the Custodian, I authorize the Custodian or its agents to contact any person so designated and to disclose information about my account to address possible financial exploitation, my current health status, contact information, or the identity of any appointed guardians, attorneys in fact, or other legal agents currently acting on my behalf, or as otherwise permitted by law.

I direct that upon my death benefits be paid as indicated on the beneficiary designation. If I name a Trust as beneficiary, I understand I must provide certain information concerning such Trust to the Custodian. I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

**Substitute W-9 - Under penalties of perjury, I certify that:**

**1. The number shown on this form is my correct taxpayer identification number, and**

**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 a failure to report all interest or dividends; or**

**c. The IRS has notified me that I am no longer subject to backup withholding; and**

**3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at [www.irs.gov](http://www.irs.gov)).**

**4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

***Cross out Line 2 if you have been notified by the IRS that backup withholding applies.***

***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

**To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts; To comply, the Custodian requires the participant's name, address, date of birth and government -issued identification number (generally, a Social Security Number) and other information that may help the Custodian identify the participant; and the Custodian may ask for copies of related documentation and may consult third-party databases to help verify the participant's identity. I have read and I understand the Disclosure Statement which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.**

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

SIMPLE IRA Custodian: BNY Mellon Investment Servicing Trust Company, Westborough MA 01581

**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.

Firm Name: \_\_\_\_\_ Firm Number: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Rep. Number: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Branch Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Authorized Signature – Representative: \_\_\_\_\_

Authorized Signature – Principal (if required by Representative's Firm): \_\_\_\_\_



# AMUNDI US SIMPLE IRA TRANSFER OF ASSETS FORM

Use this form to request a transfer of SIMPLE IRA assets held with another custodian to your Amundi US SIMPLE IRA. Based on your instructions, BNY Mellon Investment Servicing Trust Company will initiate the transfer for you. If you reached or passed the age Required Minimum Distributions begin to be taken from your SIMPLE IRA, you are responsible for distributing any required minimum distribution amounts from your current SIMPLE IRA in advance of the transfer. Please remember the transfer of assets can only occur between SIMPLE IRA accounts. Incomplete information will result in delays in processing your request.

If you need assistance completing this form, please contact Shareholder Services at 1-800-622-0176.

**Note: We require the original form in order to process your request. Faxed copies will not be accepted.**

## **PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Cell Phone: (       ) \_\_\_\_\_  
Address: \_\_\_\_\_ Alternate Telephone: (       ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **INVESTMENT INSTRUCTIONS**

Complete items A and B.

**A.** I am opening a new SIMPLE IRA and have attached the required SIMPLE IRA Application.

Deposit the proceeds into my existing SIMPLE IRA. Account Number: \_\_\_\_\_

**B.** Invest as follows:

Fund Name (including class of shares)

_____	Dollar Amount \$	or	Percentage	%
_____	Dollar Amount \$	or	Percentage	%
_____	Dollar Amount \$	or	Percentage	%
				Must equal 100%

## **CURRENT CUSTODIAN AND ACCOUNT INFORMATION**

Please attach your most recent statement, if possible. Note: your current custodian may require a Medallion Signature Guarantee to process your transfer request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

**Name of current custodian:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact name: \_\_\_\_\_ Telephone number: (       ) \_\_\_\_\_

**1) Investment to transfer:** \_\_\_\_\_

Account number: \_\_\_\_\_ Share class: \_\_\_\_\_ CUSIP number: \_\_\_\_\_

Liquidate Entire Account Partial Dollar Amount \$ \_\_\_\_\_ or # of Shares \_\_\_\_\_ Transfer In-Kind

For Certificate of Deposits: Immediately\* At Maturity Date \_\_\_\_\_

**2) Investment to transfer:** \_\_\_\_\_

Account number: \_\_\_\_\_ Share class: \_\_\_\_\_ CUSIP number: \_\_\_\_\_

Liquidate Entire Account Partial Dollar Amount \$ \_\_\_\_\_ or # of Shares \_\_\_\_\_ Transfer In-Kind

For Certificate of Deposits: 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 transfer assets from certificates of deposit more than 60 days before their maturity.

**PARTICIPANT AUTHORIZATION**

I authorize the transfer of assets as noted above to my Amundi US SIMPLE IRA and authorize my current custodian, Pioneer Funds and BNY Mellon Investment Servicing Trust Company to process this request on my behalf. I understand it is my responsibility to insure the prompt transfer of assets by the current custodian. I have read and understand all information on this form and hereby provide the applicable authorization.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail to the following:**

**First Class Mail:**

Amundi US  
PO Box 534427  
Pittsburgh, PA 15253-4427

**Overnight Mail:**

Amundi US  
Attention 534427  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262  
1-800-622-0176

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

# AMUNDI US SIMPLE IRA CERTIFICATION OF ROLLOVER ASSETS

Use this form to certify that a contribution is an eligible rollover contribution.

## RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the IRS's web site [www.irs.gov](http://www.irs.gov) using the search term "IRA One-Rollover-Per Year Rule".

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Cell Phone: (       ) \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Telephone: (       ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Existing Account Number: \_\_\_\_\_ or New SIMPLE IRA Account Application attached

**SIMPLE IRA to SIMPLE IRA 60-day Rollover** - I certify that this is a distribution of all or part of my account balance from another SIMPLE IRA and, that this distribution is being rolled over within 60 calendar days. I certify that 365 days have passed since I last received an IRA distribution that I rolled over to this or another IRA.

**IRA to SIMPLE IRA 60-day Rollover** - I certify that I have been a participant in this SIMPLE IRA plan for 2 or more years. I certify that this is a distribution of all or part of my account balance from another IRA that is not a SIMPLE IRA, and that this distribution is being rolled over within 60 calendar days from the date that I received the distribution. I certify that 365 days have passed since I last received an IRA distribution that I rolled over to this or another IRA.

**SIMPLE IRA 3-Year Rollover** - I certify that this is a distribution from this or another IRA\* which is being rolled over within 3 calendar years following the date of a (indicate one below). \*If this distribution is not from a SIMPLE IRA I understand that I must have been a participant in this SIMPLE IRA plan for 2 or more years.

A qualified birth or adoption distribution(s) of up to \$5,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue Code.

A coronavirus-related distribution(s) of up to \$100,000 made on or after January 1, 2020, as defined by Section 2202(a)(4)(A) of the CARES Act.

**SIMPLE IRA Eligible Rollover Distribution** - I certify that this is a non-periodic distribution from my previous employer's qualified retirement plan of all or part of my account balance, other than the portion of any distribution which is nontaxable, which is being rolled over within 60 calendar days. (Your employer's plan administrator should be able to tell you what portion of your distribution is an "eligible distribution".) I certify that no portion of this rollover is from any portion of a Designated Roth Contribution Account under my employer's qualified retirement plan or from any amount required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), commonly known as a required minimum distribution.

## PARTICIPANT CERTIFICATION

I certify that the contribution described above is an eligible SIMPLE IRA rollover contribution. I certify that this contribution is being rolled over within 60 calendar days (or within 3 years if applicable) or is being rolled directly from my employer's plan or current custodian and meets the requirements for tax law provisions, as described above. I certify that the rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more. The rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from the employer's qualified retirement plan. I understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under my employer's plan. I agree that I am solely responsible for all tax consequences. I understand that if I have not been a participant in this SIMPLE Plan for a minimum of 2 years that only distributions from another SIMPLE IRA are eligible to be rolled over into this account and rollover of assets from any other plan may be ineligible for rollover. I also agree that neither the Custodian nor Pioneer Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590-b or a professional tax advisor for more information.

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 will rely on my instructions within this form when accepting my rollover contribution.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Mail to the following:

**First Class Mail:**  
Amundi US  
PO Box 534427  
Pittsburgh, PA 15253-4427

**Overnight Mail:**  
Amundi US  
Attention 534427  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262  
1-800-622-0176

**Securities offered through Amundi Distributor US, Inc.**

60 State Street, Boston, Massachusetts 02109

Underwriter of Pioneer mutual funds, Member SIPC

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