

# Amundi US

## Retirement Plans Account Options Form

If you are establishing a new IRA or other Amundi US retirement plan, complete and submit an Amundi US account application. If you have an existing retirement account with Amundi US and would like to change or add services, you may submit this form. To update options on a Uni-K Plan®, please use the *Uni-K Plan® Account Options Form*.

**Mail to Pioneer Funds, PO Box 219427, Kansas City, MO 64121-9427.**

**Overnight Address: 430 W 7th Street STE 219427, Kansas City, MO 64105-1407.**

**If you have questions or need to withdraw from your account, call us at 1-800-622-0176. Information on share prices and fund yields is also available via FactFone™ (1-800-225-4321) and online at [amundi.com/usinvestors](http://amundi.com/usinvestors).**

**Please print in blue or black ink.**

### 1 Registration Information for Existing Account(s)

First Name, Middle Initial, Last Name

Last Four Digits of Social Security Number

First Name, Middle Initial, Last Name

Last Four Digits of Social Security Number

Update account options on all eligible accounts under my Social Security Number.

Update my account options only on the following fund/account number(s): \_\_\_\_\_  
Fund/Account number(s)

Note: If nothing is checked, the account options updates will apply to all eligible plans under your Social Security Number or Taxpayer Identification Number.

### 2 Update Contact Information

**Provide your current mailing address and phone number in this section. If you are providing a P.O. Box as a mailing address, you must also provide a residential address or, if you are updating contact information for a corporation, partnership, or other entity, a business address.**

Residential or Business Address

Telephone Number

City

State

Zip Code

Mailing Address (if different from above)

### 3 Reduced Sales Charges

For purchases of Class A shares. Note: 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.

**A. 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/Plan ID Number/Relationship

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Account Number/Plan ID Number/Relationship

**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.

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.

**4 Systematic Exchange**

Add  Change

Automatically exchange shares from one Pioneer fund into another Pioneer fund of the same account type and share class. (The originating fund must have a minimum balance of \$5,000 to establish this service. Automatic exchanges will continue until the balance of the originating fund is zero, unless you advise us otherwise.)

Exchange \$ Amount or Shares Indicate <input type="checkbox"/> \$ <input type="checkbox"/> OR <input type="checkbox"/> %	From Fund/Account #	Into Fund/Account #	Start Date*
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)

\*If no start date is provided, the option will be established the day it is received, and automatic exchanges will take place the following month.

**5 Automatic Investment Plan (AIP)**

Add  Change

Automatically withdraw from your bank account to invest in an Amundi US account. (Complete **Section 6.**) Certain restrictions may apply for SEP IRA and SIMPLE IRA Plans. Call us for more information.

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

Invest \$ Amount (\$50 minimum, \$100 for Pioneer U.S. Government Money Market Fund)	In Fund/Account #	Start Date*
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> 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.

**6 Bank Instructions and Options**

Note: See **Section 9** for signature validation requirements.

**A. Bank Instructions (Check one box.)**

- Change Existing Bank Information (Existing bank information will be removed from the account and replaced with the information below.)
- Add new bank information

**Attach a preprinted check marked "Void" (Starter checks are not accepted for bank information.)**  
**OR**

Complete the fields below using your bank account information and routing numbers obtained from your bank.

Checking Account  Savings Account

\_\_\_\_\_  
Name on Bank Account (First, Middle Initial, Last)

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Bank ABA Routing Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Telephone Number

**B. Bank Options**

I understand that the attached bank information will be added for all telephone and online options for my account unless otherwise indicated by checking the additional boxes below.

- Do NOT accept telephone and online purchases via ACH
- Do NOT accept telephone redemptions via ACH
- Do NOT accept telephone redemptions via Wire

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## 7 Telephone and Online\* Transactions

Complete this section to change the telephone and online instructions established on your original account application.

### Add telephone and online options to

Exchange\*\*

### Add telephone option to

Redeem\*\* to address of record

### Remove telephone and online options to

Exchange

### Remove telephone option to

Redeem to address of record

\* To establish online transaction privileges, you MUST complete the online registration found on [amundi.com/usinvestors](http://amundi.com/usinvestors).

\*\* A Signature Validation Program Stamp is required for these changes. **See Section 9.**

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## 8 Signatures

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 US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US") to establish the options requested herein. I understand that if bank information is provided in **Section 6A**, my account is automatically eligible for telephone and online transactions unless I indicate otherwise in **Section 6B**. I understand that each telephone transaction will be recorded, authorized in 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 instructions. In all other cases, I bear the risk of loss for unauthorized or fraudulent telephone and/or online transactions, and none of the Pioneer Funds, their transfer agent, or Amundi Distributor US, Inc., 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 acknowledge that Amundi US, Inc., the Pioneer Funds, and their service providers do not provide investment advice or investment recommendations.

I recognize that none of the Pioneer Funds, Amundi Distributor US, Inc., their 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

Date (Month-Day-Year)

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## 9 Signature Validation

A Signature Validation Program Stamp for all registered owners is required on this form if you are requesting any of the following options:

1. To add telephone and online purchases and redemptions.
2. To add new bank information to the account(s) or to change existing bank information in any way.

**Note:** There may be other unique situations where Amundi US will require a Medallion Signature Guarantee or a Signature Validation Program Stamp to protect you and your account.

The Pioneer Funds and their transfer agent accept Signature Validation Program Stamps executed by eligible issuers participating in the Securities Transfer Agents Medallion Program 2000 (STAMP 2000). Signature Validation Program Stamps are used by guarantors to verify signatures presented on non-financial account requests. Eligible issuers include U.S. domestic banks, credit unions, savings associations (including savings and loan associations), trust companies, national securities exchanges, registered securities associations, and clearing agencies. Also acceptable are broker/dealers, municipal securities, broker/dealer, and government securities broker/dealers whose net capital exceeds \$100,000. If you are unable to obtain a Signature Validation Program Stamp, we will accept a signature guarantee on your non-financial account request. Please keep in mind that if any part of your request results in a financial transaction, we will require a Medallion Signature Guarantee. **A notarized signature may not be used in lieu of a Signature Validation Program Stamp when a Signature Validation Program Stamp is required.**

**Use this space for a stamp, if required.**

