

Amundi US

Account Application for Legal Entities and Institutions

Use this application to establish a new account for a corporation, trust, estate, or other organization.

Do not use this application to establish an individual, joint tenant, or uniform transfer to minors (“UTMA”) account - for those account types, please complete the *Amundi US Account Application for Individuals* instead.

It’s Easy to Open an Amundi US Account.

1. Select the Pioneer Funds you wish to invest in.
2. Complete and sign this application.
3. Make the check payable to **Amundi US**.
We do not accept third-party checks, starter checks, or cash equivalents.
4. Mail both the check and the completed application to
Amundi US
PO Box 534427
Pittsburgh, PA 15253-4427
Overnight Address:
Amundi US
Attention 534427
500 Ross Street, 154-0520
Pittsburgh, PA 15262
5. If you choose to wire funds, you must **include the wire confirmation number in Section 5 under Payment Method - Other**.
Contact Amundi US at 1-800-225-6292 for wiring instruction questions.

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 1-800-225-6292 if you have any questions about completing this application.

For information about our privacy policy, see the Privacy of Customer Information notice, 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.

Please print in blue or black ink.

1 Legal Registration

A. Registration Information

Full Name of Organization or Legal Entity (Trusts must also provide a trust date)

Tax Identification Number

B. Address of Record

Business Address/Tax Residency Address

Mailing Address (Only required if mailing address and business address are not the same)

C. Organization or Legal Entity Classification

In order to establish an account, Amundi US will require documentary evidence substantiating the title and status of the organization or legal entity. Check one of the boxes below. Please provide copies of the required documentary evidence with this account application.

Estate (Documentary Evidence: Copy of Letters of Testamentary or Letters of Administration, issued by a court)

Non-Statutory Trust - Family or other non-retirement, non-business trust created through a Trust Agreement. (Documentary Evidence: Title and signatures pages of the Trust Agreement or a Certificate of Incumbency)

Statutory Trust - Business trust created through a filing with a state office – uncommon. (Documentary Evidence: Document filed to create the Statutory Trust)

Sole Proprietorship (Documentary Evidence: Document filed to create the Sole Proprietorship)

C Corporation (Documentary Evidence: Articles of Incorporation or Business License)

S Corporation (Documentary Evidence: Articles of Incorporation or Business License)

Partnership (Documentary Evidence: Partnership Agreement)

Limited Liability Company (LLC) (Documentary Evidence: Articles of Association or other Certificate of Organization)

If you are Limited Liability Company (LLC), we also require you to check one of the four boxes below to indicate your federal tax classification:

C Corporation **S Corporation** **Partnership** **Disregarded Entity** (Amundi US will use the TIN Provided in **Section 4** for tax reporting)

Charitable Organization or Foundation (Documentary Evidence: Articles of Association or other Certificate of Organization)

Retirement Plan or Person (Amundi US will not serve as the fiduciary, trustee, custodian, and/or recordkeeper) (Documentary Evidence: Title and signature pages of the Trust Agreement)

D. Additional Organization Characteristics

If any of the following characteristics describe your organization or legal entity, please notify us in this section. If one or more of these characteristics apply, you are generally not required to provide a control person in **Section 2** or beneficial owner information in **Section 4**. If none of these apply, please skip this section.

Publicly Traded Company – Check this box if shares of the organization named in Section 1A trade on a national stock exchange.

Ticker Symbol: _____

Financial Institution Regulated by a State Entity

Financial Institution Regulated by a National Entity

Municipal or Other U.S. Government Entity

Mutual Fund

Exempt Payee Code: If your organization is an exempt payee for the purpose of IRS information reporting, provide your exempt payee code here. A list of exempt payee codes can be found in the general instructions for IRS Form W-9.

2 Control Person

Use this section to provide identifying information for an individual with significant responsibility for controlling or directing the affairs of the organization or legal entity.

Under U.S. federal law, Amundi US is required to collect identifying information for a control person of certain legal entity customers. This requirement applies to most corporations, limited liability companies, and partnerships. For these legal entity customers, the control person is often a senior officer, executive, treasurer, or other key manager of the organization.

For non-statutory trusts, use this section to provide the name of a trustee who will manage the affairs of the trust. For estates, use this section to provide the name of the executor, administrator, or personal representative appointed to manage the affairs of the estate. The trustee of the trust or the appointed agent of the estate will be treated as the controlling agent for the Amundi US account.

If the organization is a sole-proprietorship, skip to **Section 4**. Amundi US will treat the owner of the sole-proprietorship as the individual managing the affairs of the organization.

Name of Control Person or Controlling Agent	Social Security Number*
Residential Address	Cell Number
Mailing Address (Only required if mailing address and residential address are not the same)	Email Address (optional)
Date of Birth	

Check this box if you elect to add an additional control person or controlling agent. Attach a separate page listing the name, residential address, phone number, date of birth and social security number of each additional control person.

***Note:** If the Tax ID number you are providing is not an SSN but is an ITIN (Individual Tax Identification Number), Amundi US will require additional documentary evidence for identity verification purposes. For persons providing an ITIN, this may include government-issued identification evidencing nationality and residence, such as a valid driver's license or passport.

3 Authorized Traders

This section must be completed in full in order to appoint one or more Authorized Traders or "Account Information Only" access individuals to the account. **Note:** The option to designate an authorized trader is not applicable for certain account types. Estates and non-statutory trusts do not need to complete this section, and may skip to **Section 5**.

Next to each individual's name and phone number, indicate the level of authority you are granting to that person. Each level of authorization and its capabilities on the account are described below.

		Level of Authorization	
Full Name and Title of Authorized Trader	Cell Number	Check one	Authorized Trader Account Information Only
Full Name and Title of Authorized Trader	Cell Number	Check one	Authorized Trader Account Information Only
Full Name and Title of Authorized Trader	Cell Number	Check one	Authorized Trader Account Information Only

Note: If you want to designate more than three authorized traders, please enclose an attachment with this form containing the required information for each additional trader, with the level of authorization indicated. **This additional sheet must be signed and dated by the Authorized Organization Representative to be considered in good order.**

To add, replace or revoke any Authorized Trader designations in the future, you must submit an Amundi US Authorized Trader Designation Form.

Authorized Traders (AT): These individuals have full authority to act on behalf of the organization. This authority includes being able to receive any information related to the account, perform any transactions to the account, and make any necessary updates to the account options and attributes.

Account Information Only (IO): These individuals can receive any information related to the account verbally or in writing (to include account balances, statements, etc.), but are not authorized to perform financial transactions.

4 Beneficial Owners of Certain Business Organizations

Use this section to provide identifying information for the individual beneficial owners of the organization or legal entity.

Under U.S. federal law, Amundi US is required to collect identifying information for beneficial owners of certain legal entity customers. The requirement to obtain beneficial ownership information generally applies to corporations, limited liability companies, or other legal entities created by filing a public document with a Secretary of State or other similar office, where 25% or more of the organization is owned, directly or indirectly, by a natural person. If the organization is owned, in whole or in part, by a non-natural person (e.g. a "nominee" owner) you must still provide identifying information for any and all ultimate natural person beneficial owners whose equity interest equals or exceeds 25% of the organization.

Estates and non-statutory trusts do not need to complete this section, and may skip to **Section 5**. All other entities must disclose beneficial owners in this section OR use this section to certify their exemption from the requirement. **Failure to complete this section may result in the rejection of this application.**

Check this box if no natural person owns more than 25% of the equity interest of the organization. If this applies, skip to **Section 5**.

Name of Beneficial Owner _____ Social Security Number* _____

Residential Address _____ Cell Number _____

Mailing Address (Only required if mailing address and residential address are not the same) _____

Date of Birth _____

Check this box if more than one natural person owns more than 25% of the equity interest of the organization. Attach a separate page listing the name, residential address, date of birth and social security number for each of these additional beneficial owners.

***Note:** If the Tax ID number you are providing is not an SSN but is an ITIN (Individual Tax Identification Number), Amundi US will require additional documentary evidence for identity verification purposes. For persons providing an ITIN, this may include government-issued identification evidencing nationality and residence, such as a valid driver's license or passport.

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 1-800-225-6292 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: _____ %

⁴Whole percentages only. The total of the percentages must equal 100%.

D. Automatic Investment Plan

Automatically withdraw from this bank account to invest in an Amundi US account. (Complete **Section 7.**) **Note: A check for the minimum purchase for each fund must be submitted with the application, or the account(s) cannot be established.**

Invest \$ Amount (\$50 minimum, \$100 minimum for U.S. Government Money Market)	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
_____	_____	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.

E1. Systematic Withdrawal Plan

Automatically sell shares at net asset value from your new account worth \$10,000 or more. Class C accounts will pay any applicable contingent deferred sales charge (CDSC). You may not request a periodic withdrawal of more than 10% of the value of any Class C or Class R share account.

Sell \$ Amount or Shares (worth at least \$50)			From Fund	Start Date*
Indicate	\$	OR %		
_____	_____	_____	_____	the ____ (day) of ____ (month) every month or quarter
_____	_____	_____	_____	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 you do not specify a date, the option will be established on the day received, and your withdrawals will begin the following month.

E2. Send Systematic Withdrawal Plan Proceeds

- By direct deposit to a bank account (Complete **Section 7**)
- By check to the registered owner (as shown in **Section 1**)
- By check to the special payee listed below

Payee Name (Person or Bank) _____

Street Address (Number, Street, P.O. Box, Apt.) _____

City _____ State _____ Zip Code _____

F. Systematic Exchange

Automatically exchange shares from one Pioneer fund into another Pioneer fund with the identical registration 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			From	Into	Start Date*
\$	Amount or Shares	Indicate	Fund/Account #	Fund/Account #	
\$	OR	%			
_____	_____	_____	_____	_____	the ____ (day) of ____ (month) every month (\$250 min.) or quarter (\$500 min.)
_____	_____	_____	_____	_____	the ____ (day) of ____ (month) every month (\$250 min.) or quarter (\$500 min.)
_____	_____	_____	_____	_____	the ____ (day) of ____ (month) every month (\$250 min.) or quarter (\$500 min.)
_____	_____	_____	_____	_____	the ____ (day) of ____ (month) every month (\$250 min.) or 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.

7 Bank Information

Use this section to establish bank information on this account. The checking or savings account provided in this section may be used for transactions requested via the telephone or online, unless your organization opted out of telephone and online transactions in **Section 6**. The registration of the bank account provided should match the legal registration of the organization named in **Section 1A**, unless you are opening an account for a non-statutory trust. If your organization is a non-statutory trust, the registration of the bank account provided must be registered to the trust named in **Section 1A** or a trustee named in **Section 2**.

Required: attach an 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 Account Options Form. Additional documentation will be required to add or update this information at a later date.

8 Signatures

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, assets may be escheated to the state of residence if the following occurs: 1. Mail sent to the address of record is returned and attempts to re-mail to you are unsuccessful; and 2. Amundi Asset Management US, Inc., the Pioneer Funds, and their agents and service providers (collectively, "Amundi US") are not notified promptly when your organization's mailing address changes; and 3. The 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."

The account and the provisions of this form shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts as applied to contracts entered into by Massachusetts residents and completely performed within Massachusetts, except as superseded by federal law or statute.

I certify that I have the authority and legal capacity to open and give instructions for this account. I further certify that any and all information provided in **Section 1, Section 2, Section 3, and Section 4** is complete and correct. I certify that I have received and read the current prospectus of each Pioneer Fund listed in **Section 5**. I agree to read the prospectus for any Pioneer Funds into which I request an exchange in the future. I understand that the terms, representations, and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.

I authorize Amundi US to establish the options selected in **Section 6**.

I agree that Amundi US will automatically establish telephone and online transaction privileges for my account unless I refused them in **Section 6B**.

I authorize Amundi US to act upon instructions (by phone, in writing, or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I understand that if the organization has more than one control person, controlling agent, authorized trader, or authorized organization representative ("Representative"), Amundi US may accept instructions from any of the Representatives. I understand that the organization is responsible for notifying Amundi US when a Representative should be added or removed from the account, and the addition or removal of any such Representative will be subject to the reasonable procedures of Amundi US. I agree that none of the Pioneer Funds, their distributor, transfer agent or affiliated companies, or their directors, trustees, or employees will be liable for any loss, cost or expense as a result of acting on such instructions, provided Amundi US employs reasonable procedures to confirm that such instructions are genuine.

I authorize Amundi US to issue credits to and make debits from the account in **Section 7**. I agree that Amundi US shall be fully protected in honoring any such transaction. I also agree that Amundi US may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Amundi US will price my shares at the net asset value next determined after Pioneer receives good funds.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION - 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).**
 - 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.

Note: This section must be signed in capacity; to indicate your capacity, provide your title with respect to the organization on the signature line below (e.g. trustee, personal representative, officer, president)

X

Signature of Authorized Organization Representative Legal Capacity Date (Month/Day/Year)

X

Signature of Authorized Organization Representative Legal Capacity Date (Month/Day/Year)

9 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) E-mail Address

Firm Name (or Clearing Firm, if applicable)

Street Address City State Zip

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