

Amundi US

Account Options Form

If you are establishing a new account, complete and submit an Amundi US account application. If you have an existing non-retirement account with Amundi US and would like to change or add services, you may submit this form.

Mail to Amundi US, PO Box 534427, Pittsburgh PA 15253-4427

Overnight Address: Amundi US, Attention 534427, 500 Ross Street, 154-0520, Pittsburgh, PA 15262

If you have questions or need to withdraw from your account, call us at 1-800-225-6292. Information on share prices and fund yields is also available via FactFone™ (1-800-225-4321) and online at amundi.com/usinvestors.

Please print in blue or black ink.

1 Registration Information for Existing Account(s)

Note: All registered owners/trustees must sign in Section 10.

Name(s) on the account

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

City

State

Zip

Telephone Number(s)

Mailing Address (if different from above)

3 Dividend and Capital Gain Distributions

All account options are subject to the terms of the fund's prospectus. Please see the prospectus for complete information.

You must select an option for each distribution. If you do not, all dividend and capital gain distributions will be reinvested. Accounts less than \$500 in value must reinvest all dividend and capital gain distributions.

Reinvest

Cross reinvest into Fund
(Must be the same share class)

Deposit to Bank Account

Pay in Cash
(Must Complete **Section 9**)*

Dividends (Check one.)

Fund number _____
(Receiving account must be worth at least \$1,000.)

Capital Gains (Check one.)

Fund number _____

*See **Section 11** for Medallion Signature Guarantee or Signature Validation Program Stamp requirement.

Please complete this section if you selected cash payments and you want your payments sent to someone else or to an address other than the one on your account.

Send payments to someone other than the registered shareholder(s). (Requires a Signature Validation Program Stamp; see **Section 11**.)

Send payments to the registered shareholder(s) at an address different from the one on your account. (Requires a Signature Validation Program Stamp; see **Section 11**.)

Payee Name (Check will be made payable to payee unless further information is provided below.)

Street Address

City

State

Zip

Additional Payee Information (i.e. account number)

4 Reduced Sales Charges

For purchases of Class A shares.

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/Relationship	Account Number/Relationship	Account 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.

5 Systematic Exchange

Add Change

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 \$ Amount or Shares	From Fund/Account #	Into Fund/Account #	Start Date*
Indicate \$ <i>OR</i> %			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 begin the following month.

6 Automatic Investment Plan (AIP)

Add Change

Automatically withdraw from your bank account to invest in an Amundi US account. (Complete **Section 9**.)

Invest \$ Amount (\$50 minimum, \$100 for Pioneer U.S. Government Money Market Fund)	In Fund/Account #	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.

7 Systematic Withdrawal Plan (SWP) Add Change

Automatically sell shares at net asset value from your account worth \$10,000 or more. 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/Account #	Start Date*			
		the ____ (day) of ____ (month) every	month	quarter	
			six month	year	
		the ____ (day) of ____ (month) every	month	quarter	
			six month	year	
		the ____ (day) of ____ (month) every	month	quarter	
			six month	year	
		the ____ (day) of ____ (month) every	month	quarter	
			six month	year	

*If no start date is provided, the option will be established the day it is received, and your withdrawals will begin the following month.
 Note: if proceeds are being deposited into a bank account, the first withdrawal may be issued in check form to the address of record.

Send Systematic Withdrawal Plan Proceeds

By check to the registered owner (as shown in **Section 1**)

By direct deposit to a bank account (Complete **Section 9 - May require a Medallion Signature Guarantee or Signature Validation Program Stamp - See Section 11.**)

By check to the special payee listed below (**A Signature Validation Program Stamp is required for this change - See Section 11.**)

Payee Name (Person or Bank)			
Street Address	City	State	Zip

8 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**
- Redeem** to address of record

Remove telephone and online options to

- Redeem to address of record

* To establish online transaction privileges, you MUST complete the online registration found on amundi.com/usinvestors.
 ** A Signature Validation Program Stamp is required for this change. **See Section 11.**

9 Bank Instructions and Options

Note: See **Section 11** for signature validation requirement.

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

10 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 9A**, my account is automatically eligible for telephone and online transactions unless I indicate otherwise in **Section 9B**. 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, 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 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.

ALL REGISTERED OWNERS/TRUSTEES MUST SIGN.

Registration	Required Signatures
Individual	Individual signs
Joint tenants	All shareholders sign
Custodian	Custodian signs and states capacity (example: Pat Miller, Custodian)
Legal guardian	Legal guardian signs and states capacity (example: Pat Miller, Guardian)
Trustee or other fiduciary	Fiduciary(ies) signs and states capacity (example: Pat Miller, Trustee)
Corporation or other organization	An authorized officer signs and states capacity (example: Pat Miller, President)

X _____
Owner's Signature Date (Month/Day/Year)

X _____
Joint Owner's Signature Date (Month/Day/Year)

11 Medallion Signature Guarantee or Signature Validation

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

1. To direct dividends and/or capital gains be deposited into new bank information
2. To authorize a systematic withdrawal plan directing funds be deposited into new bank information

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 authorize dividends be invested in an Amundi US account bearing a different registration.
2. To send proceeds to a person, institution, or address different from the one on your account.
3. To authorize systematic withdrawal plans (to registered shareowner) for greater than \$100,000 a year.
4. To add telephone and online purchase and redemption options.
5. To add new bank information to the account(s) or to change existing 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 guarantees executed by an eligible issuer enrolled in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include participating U.S. domestic banks, credit unions, savings associations (including savings and loan associations), trust companies, broker/dealers, registered investment advisors, and law firms. Individuals seeking a signature guarantee should contact the issuer to determine the availability of Medallion Signature Guarantees or Signature Validation Program Stamps (whichever is applicable) and to determine the issuer's specific requirements. **A notarized signature may not be used in lieu of a STAMP 2000 signature guarantee, when one is required.**

Use this space for a stamp, if required.