

# Amundi Pioneer Asset Management

## Uni-K Plan<sup>®</sup> Set-Up Kit

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### It's Easy to Open a Uni-K Plan<sup>®</sup>

#### Important Information for the Uni-K Plan<sup>®</sup> Sponsor (Business Owner)

##### To Establish Your New Uni-K Plan<sup>®</sup>\* - Complete and Submit:

- *Owner Certification Form* – This form certifies that you are eligible to establish a Uni-K Plan<sup>®</sup>. (Send original to Amundi Pioneer.)
- *Uni-K Adoption Agreement* – This form creates your Uni-K Plan<sup>®</sup>. (Retain original and send copy to Amundi Pioneer.)

##### To Fund Your New Uni-K Plan<sup>®</sup>\* - Complete and Submit:

- *Plan Sponsor Information & Access Agreement* – This form establishes banking information for your plan, which will allow you to make electronic contributions (employer and salary deferral) to your plan. (Send original to Amundi Pioneer.)

##### Also Enclosed:

- *Sample Corporate Resolution* (for incorporated businesses)

##### Review and Retain:

- *Uni-K Plan<sup>®</sup> Basic Plan Document* – You may download or order this electronically by going to the Literature & Forms section of our website, [us.amundipioneer.com](http://us.amundipioneer.com). Save this document with your plan records.

\* Existing Uni-K Plans – Only complete these forms if you wish to update your existing Uni-K Plan<sup>®</sup> information. Call Amundi Pioneer for additional information at: 866-622-7815.

#### Important Information for the Uni-K Participant

##### For Each Uni-K Plan<sup>®</sup> Participant - Complete and Submit:

- *Uni-K Account Application* – Each Uni-K participant must complete and submit a *Uni-K Account Application*.
- *Uni-K Rollover/Transfer Form* – Use this form to roll over or transfer assets into your Uni-K account from another retirement plan.
- *Designation of Beneficiary Form* – Complete this form if you wish to designate a beneficiary(ies) for your Uni-K account.

##### Also Enclosed:

- *Beneficiary Information for Participants and Spouses* – Please provide this form to Amundi Pioneer and keep a copy with your records. For additional beneficiary information, refer to the Beneficiary Information for Participants and Spouses Q&A included in this kit.
- *Salary Deferral Agreement* – Each participant who elects to make salary deferral contributions should fill out a Uni-K Salary Deferral Agreement. Keep this with your records. Do not send to Amundi Pioneer.

Mail to:

**Pioneer Funds**  
**PO Box 219929**  
**Kansas City, MO 64121-9929**

Overnight Address:

**Pioneer Funds**  
**430 W 7th Street STE 219929**  
**Kansas City, MO 64105-1407**

Fax to:

**1-888-294-4485**

# Amundi Pioneer Asset Management

## Owner Certification Form

### 1 Business Information

Business/Plan Name \_\_\_\_\_

Is the business listed above a member of a controlled group, affiliated service group or a group of businesses under common control?

Yes  No

If you answered Yes, please consult with a qualified tax advisor to determine if the Uni-K Plan® is an appropriate retirement plan choice for your business(es). Aside from having an impact on the amount (and nature) of contributions available under the Uni-K Plan®, your eligibility to sponsor a Uni-K Plan® could be limited if there are common law employees working under one or more of the businesses falling under common control.

### 2 Employees:

Check here if you are the owner and have no employees and skip to Section 3.

Please indicate the type and number of the following employees (Check all that apply):

Owner(s)/Partner(s) \_\_\_\_\_

Spouse(s) of Owner(s)/Partner(s) working for the business listed in Section 1 \_\_\_\_\_

Children of Owner(s)/Partner(s) working for the business listed in Section 1 \_\_\_\_\_

Non-owner, full-time employee(s)<sup>1</sup> \_\_\_\_\_

Non-owner, part time employee(s)<sup>1</sup> \_\_\_\_\_

<sup>1</sup> If you hire any full-time (employees who work over 1,000 hours per year), non-owner employees, (and they subsequently become eligible to participate under the Plan) - contributions to this plan must cease on the day prior to the employee's Entry Date.

### 3 Current Plan Retirement Information (if applicable):

Check here if you do not currently sponsor a qualified retirement plan for your business(es) and skip to Section 4.

Please indicate the type of qualified retirement plan that you *currently* sponsor:

401(k) plan  Other defined contribution plan

Profit sharing/money purchase pension plan

Defined benefit plan<sup>1</sup>

Have these plans been restated for PPA?  Yes  No<sup>2</sup>

Do you plan to transfer (restate) these plans into the Uni-K Plan®?  Yes<sup>3</sup>  No

<sup>1</sup> If you plan to continue sponsoring the defined benefit plan, special contribution coordination rules may apply. Please consult with a qualified tax advisor.

<sup>2</sup> If you answered "No", please consult with a qualified tax advisor.

<sup>3</sup> If "Yes," please complete *Uni-K Rollover/Transfer Form*, Amundi Pioneer will arrange the transfer for you.

### 4 Owner Certification

I certify, as Plan Sponsor, that the above supplied information is correct and that I (and my business) are eligible to sponsor the Uni-K Plan®.

Print name of person completing form \_\_\_\_\_

**X**  
Signature

\_\_\_\_\_ Date

# Amundi Pioneer Asset Management

## *Important Information for New Uni-K Plans®*

**Before completing the Pioneer Uni-K Adoption Agreement, please review this document thoroughly to ensure the plan features that you have selected meet your needs. You should consult with your legal and/or tax advisor regarding plan features before establishing the plan.**

- The plan document is to be used exclusively by businesses that employ owners, their spouses and certain other family members.
- If you hire full-time, non-family members in the future and they subsequently become eligible to enter the plan, *contributions to this plan will automatically cease the day prior to the employee's Entry Date.*

To continue sponsoring your 401(k), it will be necessary to sign a new Adoption Agreement. If you fail to amend your Uni-K Plan® in a timely fashion, the plan will be considered an "individually designed plan," which means that you will no longer be able to rely upon the Opinion Letter issued by the IRS to the Uni-K Plan. See Article VIII of the *Uni-K Plan® Basic Plan Document* for further details. There will be no need to change the funding agreement.

- The Uni-K Plan® provides a loan feature – please see the *Additional Information about your Uni-K Plan®* located in the back of this booklet for additional information on the loan feature.
- The Uni-K Plan® may be subject to annual 5500 filing requirements. Additionally, you must file a Form 5500 series for your final plan year, regardless of the size of your plan.

Amundi Pioneer will make these forms available to you as Plan Sponsor, as part of our annual servicing for Uni-K Plans®. Please see the *Additional Information about your Uni-K Plan®* located in the back of this booklet for additional information.

- Obtaining an Employer Identification Number (EIN) for your Uni-K Plan® will not only help us protect your personal information, but will also allow Amundi Pioneer to provide additional tax reporting services for your Uni-K Plan®. Please see below for instructions on how to obtain an EIN for your Uni-K Plan®.

### **Information for Obtaining an EIN**

If you do not have an EIN, you can obtain one free of charge by using one of the IRS methods below:

- Apply Online at [www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein](http://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein). Once the application is completed, the information is validated during the online session, and an EIN is issued immediately.
- Apply by Fax or by Mail by completing application Form SS-4. Please refer to the IRS website (<https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>) to obtain a copy of this form and instructions for faxing or mailing a completed copy to the IRS.

If you have additional questions regarding obtaining an EIN or your Uni-K plan please call us toll-free at 1-866-622-7815 Monday through Friday 8:00 AM – 7:00 PM EST.

# Amundi Pioneer Asset Management

## Uni-K Adoption Agreement

**CAUTION: Failure to properly fill out this Adoption Agreement may result in disqualification of the Plan.**

**PPA**

### Employer Information

#### 1. EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER AND TIN

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Taxpayer Identification Number (TIN) \_\_\_\_\_

### Plan Information

#### 2. PLAN NAME

Plan Name \_\_\_\_\_

#### 3. PLAN STATUS

- a.  New Plan
- b.  Amendment and restatement of existing Plan

##### PPA RESTATEMENT (leave blank if not applicable)

1.  This is an amendment and restatement to bring a plan into compliance with the Pension Protection Act of 2006 ("PPA") and other legislative and regulatory changes (i.e., the 6-year pre-approved plan restatement).

#### 4. EFFECTIVE DATE (Plan Section 1.25) (complete a. if new plan; complete a. **AND** b. if an amendment and restatement)

##### Initial Effective Date of Plan

- a. \_\_\_\_\_ (enter month day, year) (hereinafter called the "Effective Date" unless 4.b. is entered below)

**Restatement Effective Date.** If this is an amendment and restatement, the effective date of the restatement (hereinafter called the "Effective Date") is:

- b. \_\_\_\_\_ (enter month day, year; may enter a restatement date that is the first day of the current Plan Year. Plan contains appropriate retroactive effective dates with respect to provisions for appropriate laws.)

#### 5. PLAN YEAR (Plan Section 1.65) means the 12 consecutive month period ending on December 31. However, if this is a new Plan, the Plan Year will be the period beginning on the Effective Date of the Plan and ending on the date specified herein.

#### 6. CONDITIONS OF ELIGIBILITY (Plan Section 3.1)

An Eligible Employee will be eligible to participate in the Plan upon satisfaction of the following:

- a. SERVICE REQUIREMENT  None  1 Year of Service
- b. AGE REQUIREMENT  None  Age 21 (may not exceed 21)

#### 7. EFFECTIVE DATE OF PARTICIPATION (ENTRY DATE) (Plan Section 3.2)

An Eligible Employee who has satisfied the eligibility requirements will become a Participant in the Plan as of:

- a.  the date such requirements are met.
- b.  the first day of the Plan Year quarter coinciding with or next following the date on which such requirements are met.
- c.  the earlier of the first day of the Plan Year or the first day of the seventh month of the Plan Year coinciding with or next following the date on which such requirements are met.

**8. RECOGNITION OF SERVICE WITH OTHER EMPLOYERS** (Plan Section 1.88)

- a.  No service with other employers shall be recognized (except as required by law).
- b.  Prior service with \_\_\_\_\_ will be recognized for all purposes.

**9. NORMAL RETIREMENT AGE ("NRA")** (Plan Section 1.55) means the date a Participant attains age 59½ (not to exceed 65 and, if this Plan includes transferred pension assets, may not be less than age 62 unless the Employer has evidence that the representative typical retirement age for the adopting Employer's industry is a lower age, but no less than age 55).

**10. SALARY REDUCTION ARRANGEMENT - ELECTIVE DEFERRALS**

Each Participant may elect to have Compensation deferred by up to the maximum amount allowed by law.

Catch-Up Contributions and Roth Elective Deferrals. Participants may make (select all that apply):

- a.  Catch-Up Contributions
- b.  Roth Elective Deferrals

**11. IN-PLAN ROTH ROLLOVER CONTRIBUTIONS** (Plan Section 12.11)

- a.  In-Plan Roth rollover contributions are NOT permitted
- b.  In-Plan Roth rollover contributions may be elected by any Participant, under the existing in-service distribution provisions.

**12. TRUSTEE(S) OR INSURER(S)**

- a.  This Plan is funded exclusively with Contracts and the name of the Insurer is \_\_\_\_\_.
- b.  Financial institution that is the sponsor of this prototype plan.
  - Check here if the financial institution has full trust powers.
- c.  Sole proprietor, practitioner, partner or officer who signs this Adoption Agreement on behalf of the Employer.
- d.  The following person or entity

**UMB Bank, n.a.**

Name(s)

**1010 Grand Boulevard, Kansas City, Missouri 64141**

Address

**1-866-622-7815**

Telephone

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## **STANDARD PROVISIONS. The following elections, which are referenced in the Basic Plan Document, apply to this Plan.**

1. Valuation Date means the last day of the Plan Year and any other dates deemed necessary or appropriate by the Administrator, which may include any day that the Trustee, any transfer agent appointed by the Trustee (or Insurer) or the Employer, and any stock exchange used by such agent are open for business (daily valuation).
2. The Employer will be the Plan Administrator.
3. This Plan shall be governed by the laws of the state or commonwealth where the Employer's (or, in the case of a corporate Trustee or Insurer, such Trustee's or Insurer's) principal place of business is located.
4. All Employees, except union employees and non-resident aliens (both as defined in Plan Section 1.28), are eligible to participate for all purposes of the Plan.
5. To the extent applicable, the Hours of Service method shall be used to compute eligibility for Employees based on actual hours for which an Employee is paid or entitled to payment. "Year of Service" means the computation period of twelve (12) consecutive months during which an Employee has completed at least 1,000 Hours of Service. Employees whose records of actual Hours of Service are not maintained or available (e.g., salaried employees) will be credited with one hundred ninety (190) Hours of Service for each month they would be credited with at least one (1) Hour of Service during the month. The eligibility computation period after the initial eligibility computation period shall shift to the Plan Year. The vesting computation period shall be the Plan Year.
6. Normal Retirement Date means the Anniversary Date coinciding with or next following a Participant's Normal Retirement Age.
7. There are no early retirement provisions.
8. Compensation with respect to any Participant means wages, tips and other compensation on Form W-2 and shall be based on the Plan Year. Compensation for any Self-Employed Individual, however, shall be equal to Earned Income.
9. Compensation shall be adjusted by (a) including compensation not currently includible in the Participant gross income by reason of the application of Code §§ 401(k), 125 (cafeteria plan), 132(f)(4) (qualified transportation fringe), 402(h)(1)(B) (simplified employee pension plan), 414(h)(2) (employer pickup contributions under a governmental plan), 403(b) (tax sheltered annuity) or 457(b) (eligible deferred compensation plan); (b) excluding reimbursements or other expense allowances, fringe benefits (cash or non-cash), moving expenses, deferred compensation (other than deferrals specified in (a) above) and welfare benefits; and (c) excluding Compensation paid during the determination period while not a Participant in the Plan. Military Differential Pay will be treated, for Plan Years beginning after December 31, 2008, as Compensation for all Plan benefit purposes. 415 Compensation and Plan Compensation will include (to the extent provided in Plan Section 1.40), post-severance regular pay, leave cash-outs and payments from nonqualified unfunded deferred compensation plans.
10. The ADP and/or ACP safe harbor provisions, Qualified Automatic Contribution Account provisions, Eligible Automatic Contribution Account provisions, and SIMPLE provisions shall not apply. The ADP and ACP ratio for Nonhighly Compensated Employees will be based on current year ratio.
11. The Employer may make matching contributions equal to a discretionary percentage, to be determined by the Employer, of the Participants' Elective Deferrals (including, if permitted under the Plan, Roth Elective Deferrals and/or Catch-up Contributions). In applying the matching contribution, only Elective Deferrals up to a discretionary percentage of a Participant's Compensation or a discretionary dollar amount, the percentage or dollar amount to be determined by the Employer on a uniform basis to all Participants, will be taken into account. This matching contribution shall be made on a payroll period basis to any Participant who is employed on the last day of the Plan Year or who terminates with at least 500 Hours of Service.
12. The Employer may make a discretionary profit sharing contribution for a Plan Year, the amount to be determined in the discretion of the Employer and allocated in the same ratio as each Participant's Compensation bears to the total of such Compensation of all Participants eligible to share in the allocations for the Plan Year. A Participant is eligible to share in the contribution for the Plan Year if the Participant is employed on the last day of the Plan Year or terminates employment with at least 500 Hours of Service during the Plan Year.
13. All contributions shall be 100% vested at all times.
14. Distributions will be made as soon as administratively feasible following termination of employment in lump-sums only. Partial withdrawals or installments are only permitted for required minimum distributions under Code §401(a)(9). No annuities will be allowed. All distributions will be in cash or property that is specifically allocated and identifiable with respect to a Participant.
15. Distributions upon the death of a Participant prior to receiving any benefits shall be made pursuant to the election of the Participant or Beneficiary.
16. No involuntary distributions shall be made.
17. Hardship distributions are allowed from all Accounts subject to the parameters set forth in Plan Section 12.10 (e.g. distributions from a Participant's Elective Deferral Account are limited to the portion of such Account attributable to such Participant's Elective Deferrals (and earnings attributable thereto up to December 31, 1988)).
18. In-service distributions are allowed at age 59½ from all Accounts.
19. Loans are permitted from all Accounts, in accordance with the terms of the Participant loan program.
20. The Participants shall direct the Trustee with respect to the investments of all Accounts.
21. Rollovers may be accepted from all Eligible Employees. Distributions from a Participant's Rollover Account may be made at any time.
22. After-tax voluntary Employee contributions are not allowed.
23. Required minimum distributions shall be made at the later of age 70½ or retirement, except for 5% owners.
24. Qualified reservist distributions are not permitted.
25. HEART Act provisions - continued benefit accruals will not apply and the Plan does not permit distributions for deemed severance of employment.
26. WRERA provisions - required minimum distributions (RMDs) for 2009 were suspended unless a Participant or Beneficiary elected to receive such distributions.
27. Non-spousal rollovers are permitted effective for distributions after December 31, 2006.
28. There are no elections made on an Appendix A (Special Effective Dates and other permitted elections).

**Special Notice:** For periods prior to the effective date of this plan and pursuant to Article VIII section 8.1(b)(6) of the Base Plan Document, standard provisions 24 and 25 listed above were available prior to the plan being restated under this Adoption Agreement and are protected benefits under the IRS code section 411(d)(6) of ERISA and must be preserved.

The adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Code §401 except to the extent provided in Rev. Proc. 2011-49 or subsequent guidance.

An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in Code §419(e), which provides post retirement medical benefits allocated to separate accounts for Key Employees, as defined in Code §419A(d)(3), or an individual medical account, as defined in Code §415(l)(2)) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Code §§415 and 416. If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Code §§415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service.

The Employer may not rely on the opinion letter in certain other circumstances or with respect to certain qualification requirements, which are specified in the opinion letter issued with respect to the Plan and in Rev. Proc. 2011-49 or subsequent guidance.

This Adoption Agreement may be used only in conjunction with basic Plan document #10. This Adoption Agreement and the basic Plan document shall together be known as DST Retirement Solutions, LLC Defined Contribution Prototype Plan and Trust #10-007.

The adoption of this Plan, its qualification by the IRS, and the related tax consequences are the responsibility of the Employer and its independent tax and legal advisors.

DST Retirement Solutions, LLC will notify the Employer of any amendments made to the Plan or of the discontinuance or abandonment of the Plan. Furthermore, in order to be eligible to receive such notification, the Employer agrees to notify DST Retirement Solutions, LLC of any change in address. In addition, this Plan is provided to the Employer either in connection with investment in a product or pursuant to a contract or other arrangement for products and/or services. Upon cessation of such investment in a product or cessation of such contract or arrangement, as applicable, the Employer is no longer considered to be an adopter of this Plan and DST Retirement Solutions, LLC no longer has any obligations to the Employer that relate to the adoption of this Plan.

With regard to any questions regarding the provisions of the Plan, adoption of the Plan, or the effect of an opinion letter from the IRS, call or write (this information must be completed by the sponsor of this Plan or its designated representative):

**DST Retirement Solutions, LLC**


Name		
<b>2000 Crown Colony Drive</b>		
Address		
<b>Quincy</b>	<b>MA</b>	<b>02169</b>
City	State	Zip Code
<b>1-866-622-7815</b>		
Telephone		

The Employer and Trustee, by executing below, hereby adopt this Plan:

EMPLOYER:

Name of Employer	
<b>X</b>	
By	Date Signed

TRUSTEE:

<b>UMB Bank, n.a.</b>	
Name of Trustee	
<b>X</b>	
Trustee	

# Amundi Pioneer Asset Management

## Uni-K Plan<sup>®</sup> Sponsor Information & Access Agreement

Use this form to establish (or update) Plan contact information and authorize Plan Sponsor Web access for your Uni-K Plan<sup>®</sup>.

**Mail to Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929**

**Overnight Address: 430 W 7th Street STE 219929, Kansas City, MO 64105-1407**

**Fax to 1-888-294-4485**

**Questions?** Please call our Employer-Sponsored Plans Department at 1-866-622-7815.

### 1 Plan Information

Name of Plan		Plan ID Number (if existing plan)*
Street Address		
City	State	Zip Code
Telephone Number	Employer Tax ID Number (EIN)**	
Name of Plan Sponsor (Print)		Effective Date

\* If you are establishing Plan Sponsor Web access for a new plan and your Plan ID Number has not yet been assigned, leave this section blank and submit this form with your *Uni-K Adoption Agreement*.

\*\* Social security numbers cannot be accepted. If an EIN is not provided, your Uni-K Plan<sup>®</sup> will not be established. If you do not have an EIN, please see the reverse side for instructions on how to obtain from the IRS.

### 2 Plan Sponsor Web Access

Plan Sponsor Web is a secure web portal that allows the Adopting Employer (the Plan Sponsor indicated in Section 1 of this form and the *Uni-K Standardized Adoption Agreement*) and any other individuals designated in Section 2 of this form ("Co-Sponsors") to perform administrative functions for the Plan.

For **new** plans, list each Plan Sponsor in the table below. For **existing** plans, use the table below to update existing information or provide contact information for a new user or disable Plan Sponsor Web access for an existing user.

Name of Plan Sponsor	Enable Web Access?	Disable Web Access?	Email Address (Required for Web Access)	Telephone Number
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		

Amundi Pioneer will provide a unique operator ID and a temporary password for new users. The Plan Sponsor will be prompted to change the temporary password on initial login.

**Note:** For security reasons, the temporary password expires after 30 days. Established users will need to reset their password after 30 days and log in at least once every 90 days to keep their user operator ID from becoming disabled.



### 3 Bank Information

Use this section to add bank information to your plan for the purpose of processing contributions through Plan Sponsor Web.

Check one:  New  Change  Additional

**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

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

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

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

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

### 4 Business Characteristics

Amundi Pioneer will use the information below to help you satisfy your plan's Form 5500 Series reporting requirement. More information about plan annual reporting requirements can be found in the *Additional Information About Your Uni-K Plan* section.

#### A. Business Structure

- My business is a Sole Proprietorship, or a Partnership, or a Limited Liability Company ("LLC") treated as a partnership or a disregarded entity\* for federal tax purposes.
- My business is a Corporation.

\* An LLC treated as a disregarded entity is treated as a sole proprietorship for federal income tax purposes.

#### B. Principal Business Activity

Please provide the six-digit IRS Principal Business Activity Code that best describes your business in the space below. If you do not know your six-digit code, please refer to the index within the *Instructions for Form 5500-EZ*. The most recent version of that IRS publication can be obtained at [www.irs.gov/retirement-plans/form-5500-corner](http://www.irs.gov/retirement-plans/form-5500-corner).

Principal Business Activity Code:

### 5 Signature

By signing this form, the Adopting Employer and all Co-Sponsors ("The Sponsor(s)") acknowledge that the Pioneer Funds (severally and not jointly), Amundi Pioneer Asset Management USA, Inc., and their agents and service providers ("Amundi Pioneer") may, at their discretion, provide telephone assistance and educational services to the individuals designated herein related to the information available on or the functionality of Plan Sponsor Web. The Sponsor(s) agree to accept the responsibility for protecting the confidentiality of the login information, and agree to notify Amundi Pioneer immediately if their login information is lost or stolen. The Sponsor(s) also acknowledge that they will keep private and secure the personal identifiable information ("PII") of all participants and beneficiaries of the Uni-K Plan®, and that they will only use PII as necessary to perform administrative functions for the Plan. The Sponsor(s) acknowledge that they are a Plan Fiduciary with discretionary authority or discretionary responsibility in the administration of the Plan and Plan assets, as outlined in the *Uni-K Plan® Basic Plan Document*. The Sponsor(s) likewise acknowledge that Amundi Pioneer will not serve as a Plan Fiduciary of the Plan identified in Section 1 and is not the Plan Administrator or named Fiduciary, as defined in the Employee Retirement Income Security act of 1974 ("ERISA").

**X** \_\_\_\_\_  
Signature of Plan Sponsor Date

**X** \_\_\_\_\_  
Signature of Co-Sponsor (if Applicable) Date

**X** \_\_\_\_\_  
Signature of Co-Sponsor (if Applicable) Date

#### Information for Obtaining an Employer Identification Number (EIN)

If you do not have an EIN, you can obtain one free of charge by using one of the IRS methods below:

- Apply Online at [www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein](http://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein). Once the application is completed, the information is validated during the online session, and an EIN is issued immediately.
- Apply by Fax or by Mail by completing application Form SS-4. Please refer to the IRS website (<https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>) to obtain a copy of this form and instructions for faxing or mailing a completed copy to the IRS.

# Amundi Pioneer Asset Management

## *Sample Corporate Resolution*

The following sample resolution has been prepared for a corporation. You should adopt your resolution with any modifications you and your attorney consider appropriate, and enter it in the minutes book of the corporation or place it in the plan file. The plan must be adopted on or before the last day of the fiscal year for which the initial contribution is being made. Adoption is accomplished:

- by resolution of the Board of Directors of a corporation;
- by vote of the management of a partnership; or
- by such other action as may be required by the by-laws or governing instrument of the adopting entity.

### **Board of Directors Resolution**

**Resolved:** That this corporation adopt The Uni-K Plan® and Account Application, pursuant to which all contributions and the earnings thereon shall be invested as indicated therein shall be invested as indicated therein.

#### **Further**

**Resolved:** That (name) \_\_\_\_\_  
(title) \_\_\_\_\_  
of this corporation, be and hereby is authorized and directed to make application to UMB Bank, n. a., as Trustee, and to execute any and all instruments in such form and containing such terms as the said (title) \_\_\_\_\_ shall deem proper, and shall affix thereto the corporate seal, for the purpose of executing, adopting and installing the said retirement plan.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Directors: \_\_\_\_\_  
\_\_\_\_\_

# Amundi Pioneer Asset Management

## Uni-K Participant Application

PPA-11.17

Mail to Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929

Overnight Address: 430 W 7th Street STE 219929, Kansas City, MO 64105-1407

If you have any questions, please call our Employer-Sponsored Plans Department at 1-866-622-7815.

Use this application only if you have completed the *Uni-K Adoption Agreement*.

## 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 us at 1-866-622-7815 if you have any questions about completing this application.

For information about Amundi Pioneer's 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 [us.amundipioneer.com](http://us.amundipioneer.com). 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 Personal Information

This section must be completed in full in order for this application to be processed. If providing a P.O. Box as a Mailing Address, a Residential Address must also be provided. You must be a U.S. citizen with a U.S. address (including U.S. territories and military post offices) and a U.S. issued taxpayer identification number, or a resident alien with a U.S. address and U.S. taxpayer identification number.

First Name, Middle Initial, Last Name	Date of Birth (mo/day/yr)	Social Security Number
Residential Address (Required)	Telephone Number	
City	State	Zip Code
Mailing Address (If different from above)	E-mail Address	

### Residency

U.S. citizen or  Resident alien

## 2 Company Information

Name of Employer Sponsoring Plan	Plan ID Number (if existing plan)*
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\* If you are establishing a new Uni-K and a Plan ID has not yet been assigned, please send this application to us along with the **Adoption Agreement, the Uni-K Owners Only Certification Form, and the Plan Sponsor Information & Access Agreement.**

### 3 Choose Your Investments

See Amundi Pioneer's *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 3A. Fund information may be updated periodically. Visit [us.amundipioneer.com](http://us.amundipioneer.com) or call us at 1-866-622-7815 for the most current fund availability.

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

#### A. Select Your Funds

Fund Name (including class of shares)	Fund Number	Indicate Percentage <sup>1</sup>
1. _____	_____	_____ %
2. _____	_____	_____ %
3. _____	_____	_____ %
4. _____	_____	_____ %
5. _____	_____	_____ %
6. _____	_____	_____ %
7. _____	_____	_____ %
8. _____	_____	_____ %
9. _____	_____	_____ %
10. _____	_____	_____ %
		TOTAL: _____ %

<sup>1</sup> Whole percentages only. The total of the percentages must equal 100%.

#### B. Please Indicate Your Funding Method

- Bank Draft** - Complete and attach the *Plan Sponsor Information & Access Agreement Form* (See Page 8)
- Check** - Complete and attach the *Uni-K Remittance Form* to designate the type of contribution (See Page 23)  

I have enclosed my initial funding  Yes  No
- Rollover or Transfer** - Complete and attach the *Uni-K Rollover/Transfer Form* (See Page 15)

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**4 Reduced Sales Charges****For purchases of Class A shares.**

**A. Right of Accumulation (ROA)** Use the value of your Pioneer Funds account(s) and your immediate family's (you, your spouse, and children under 21 of a family and their trusts) existing Amundi Pioneer accounts to qualify for the lowest possible sales charge on Class A shares. List your qualifying accounts.

---

Account Number/Plan ID/Relationship

Account Number/Plan ID/Relationship

Account Number/Plan ID/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. Certain restrictions may apply if you are linking a SEP IRA, SIMPLE IRA, and/or Uni-K Plan®. Call 1-866-622-7815 for more information.

**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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**5 Automatic Exchange**

You may automatically exchange shares from one Pioneer fund into another Pioneer fund with the same registration and share class.

**Exchange from (enter fund name\*)**

**Amount per exchange**

**Exchange into (enter fund name)**

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**Frequency of exchange:** the \_\_\_\_\_(day) of \_\_\_\_\_(month) every  month or  quarter

\* Originating fund must have a minimum balance of \$5,000. Automatic exchanges will continue until the balance of the originating fund is zero unless you advise us otherwise. If no start date is provided, the option will be established the day it is received and automatic exchanges will take place in the following month.

---

**6 Fee Option**

**If no box is checked, the first option will apply.** I wish to pay the **annual** trustee fee as follows:

Deduct annually from my account.  Enclosed is a check for the annual fee of \$150. (Make checks payable to Pioneer Funds)

(please complete reverse side)

## 7 Signature

USA PATRIOT Act Certification: By signing below, I certify that I have received, read and understand the PATRIOT Act information provided by Amundi Pioneer and that the information I am providing is true and accurate. I understand that Amundi Pioneer will not accept money and/or open this account on my behalf if my identity cannot be properly verified. I authorize Amundi Pioneer 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, your account assets may be escheated to the state of residence on your account if the following occurs: 1. Mail sent to your address of record is returned and attempts to re-mail to you are unsuccessful; and 2. You do not contact us to maintain a current address; and 3. Your 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."

I hereby certify that I have established a Uni-K Plan® in accordance with the terms and conditions of the Uni-K Plan® and Trust Agreement, which I have received, read, accept and specifically incorporate herein by this reference and appoint UMB Bank, n.a. to serve as Trustee of this Plan. I certify that: (1) I have received a current prospectus for each Pioneer Fund selected in this application and agree to be bound by its terms and the terms of this application; (2) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover contribution for federal income tax purposes; (3) under penalties of perjury, my social security number shown on this application is correct; and (4) I understand that my account is automatically eligible for telephone and/or online exchanges and that Amundi Pioneer Asset Management, the Pioneer Funds, and their agents and service providers (collectively, "Amundi Pioneer") will follow reasonable procedures to confirm that each telephone exchange instruction is genuine. I understand that each telephone exchange will be tape recorded, authorized by my personal identification number (PIN) and confirmed in writing. If these or similar procedures are not followed, Amundi Pioneer 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 exchanges and none of the Pioneer Funds, or their transfer agent, 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 exchange instructions that they reasonably believe to be authentic and authorized. **Note:** The Uni-K Plan® is designed for self-employed individuals, owners, partners, and their qualifying family members. By signing below, I certify that I understand that the Uni-K Plan® is a retirement plan designed exclusively for self-employed individuals, owners, partners, and their qualifying family members, and it is not appropriate for businesses with common law employees. It remains the sole responsibility of the Adopting Employer to determine the continued appropriateness of the Uni-K Plan®. I understand that I should consult with legal tax counsel or a qualified tax adviser to ensure the tax qualification of the Plan. I understand and consent that if I have federal income tax withheld from any distribution, and my state of residence requires tax withholding, Amundi Pioneer will withhold the applicable state tax from my distribution. I acknowledge that Amundi Pioneer does not provide investment advice or investment recommendations.

### Under penalties of perjury:

- (1) The Taxpayer Identification Number (Social Security Number) shown on this form is correct.
- (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 failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS on Form W-9).
- (4) I am exempt from FATCA reporting (if applicable).

**Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**X**  
Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**X**  
Signature of Adopting Employer (if other than Participant) \_\_\_\_\_ Date \_\_\_\_\_

## 8 To Be Completed by Investment Representative

Representative Number \_\_\_\_\_ Branch Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Representative Name (First, Middle Initial, Last) \_\_\_\_\_

Firm Name (or Clearing Firm, if applicable) \_\_\_\_\_

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

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

# Amundi Pioneer Asset Management

## Uni-K Rollover/Transfer Form

Use this form to move your retirement plan assets directly from another financial institution to Amundi Pioneer.

**Mail to Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929**

**Overnight Address: 430 W 7th Street STE 219929, Kansas City, MO 64105-1407**

**If you have any questions, please call our Employer-Sponsored Plans Department at 1-866-622-7815.**

**Rolling over an employer-sponsored plan to the Uni-K Plan®:** Please check with your employer before completing to see if there are any specific requirements.

To initiate a direct rollover, first complete all forms required by the employer maintaining your current plan (if any forms require Amundi Pioneer's signature, submit them along with this form).

**Designated Roth Contributions:** Under IRS regulations, if you made Roth contributions to your current 401(k) plan, any nontaxable amounts (designated Roth contributions or Qualified Distributions and any attributable earnings) may only be directly rolled over to the Uni-K Plan®. Taxable amounts (earnings attributable to Nonqualified Distributions) may be rolled over directly or indirectly within 60-days of receipt. Contact your tax advisor for additional information.

**Note:** Roth IRAs cannot be rolled into the Uni-K Plan®. You do NOT need to complete this form if your employer has already issued your distribution check; just send the check within 60 days to Amundi Pioneer along with your retirement plan application.

**Please complete all sections. Please print in blue or black ink.**

### 1 Investor Information

First Name, Middle Initial, Last Name

Date of Birth (mo/day/yr)

Social Security Number

Street Address

Plan ID Number (if existing plan)

City

State

Zip Code

Daytime Telephone Number

If you are over age 70½ and need to set up required minimum distributions, contact Amundi Pioneer to obtain the appropriate form.

### 2 Current Retirement Account Information

Check here if your existing retirement account is invested at Amundi Pioneer.<sup>1</sup> (skip to part B)

#### A. Current Custodian/Trustee

Name of Present Custodian/Trustee or Insurance Company

Telephone Number

Street Address

Contact Person

City

State

Zip Code

#### B. Type of Retirement Account

Traditional/Rollover IRA     SEP-IRA     403(b)/ORP<sup>3</sup>

SIMPLE IRA<sup>2</sup>     Governmental 457 plan     Other \_\_\_\_\_

Employer-sponsored retirement plan<sup>4</sup> (including 401(k), pension, and profit sharing)

#### C. Account Information

Account Number(s) / Plan ID Number (if existing plan)

Please attach a copy of your most recent account statement.

<sup>1</sup>If assets are already invested in Pioneer Mutual Funds, they will not be liquidated, but will be transferred "in kind" and re-registered with UMB Bank, n. a. as custodian/trustee.

<sup>2</sup> May only be transferred to another SIMPLE IRA during the first two years of participation in order to avoid IRS penalty.

<sup>3</sup> Only taxable amounts in 403(b) plans (earnings attributable to nonqualified distributions) may be rolled over to the Uni-K Plan®.

<sup>4</sup> Rollovers from employer-sponsored plans may require additional paperwork; please check with your employer.

(please complete reverse side)

### 3 Amount

#### Transfer/Rollover

- All assets from the retirement account(s) listed in Section 2.
- Only \$ \_\_\_\_\_ or \_\_\_\_\_% of the retirement account(s) listed in Section 2.
- Check here if you have made Roth contributions to your existing employer-sponsored retirement account. If this is a direct rollover, please provide a statement from current custodian/trustee reflecting the first year in which Roth contributions were made and the total amount of Roth contributions made under the Plan.

### 4 How Do You Want to Invest These Assets?

Select A or B. If this is a new plan, attach a completed *Uni-K Account Application*.

- A.  Invest according to my current investment allocation OR B.  Invest in the following funds (same share class)

Fund Name <sup>1</sup>	% of Proceeds
_____	_____
_____	_____

<sup>1</sup> Must be a permitted fund as allowed by the Plan Trustee.

Percentage Must total 100%

### 5 Signature

USA PATRIOT Act Certification: By signing below, I certify that I have received, read and understand the PATRIOT Act information provided by Amundi Pioneer, and that the information I am providing is true and accurate. I understand that Amundi Pioneer will not accept money and/or open this account on my behalf if my identity cannot be properly verified. I authorize Amundi Pioneer 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.

I authorize the liquidation of the account(s) specified in Section 2, in the amount(s) indicated, and the rollover/transfer of all proceeds to my Uni-K Plan® with UMB Bank, n. a. as successor custodian/trustee. I certify that: (1) the rollover of any after-tax assets is made only to a traditional IRA, Rollover IRA or another retirement plan that qualifies; (2) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover for federal income tax purposes; and (3) I have received a current prospectus for each fund selected and agree to be bound by its terms and the terms of this form. **Rolling over Designated Roth contributions from an employer-sponsored plan to Amundi Pioneer:** I understand that: (1) nontaxable amounts attributable to designated Roth contributions may only be directly rolled over from my current 401(k) plan to the Uni-K Plan®. Nontaxable amounts are defined as the portion of the rollover that is not subject to taxation, including designated Roth contributions made to the plan or in the case of a Qualified Distribution, designated Roth contributions and any attributable earnings; (2) if I am initiating a direct rollover, the plan administrator or other responsible party of my former plan is responsible for providing Amundi Pioneer with the year that the five-year Roth holding period began and the total amount of designated Roth contributions included in the rollover amount or a statement that the distribution is a Qualified Distribution. If no such information is provided, Amundi Pioneer will use the year in which the first designated Roth contribution was received in the Uni-K Plan®; and (3) Roth IRAs and nontaxable amounts attributable to Roth 403(b) accounts (designated Roth contributions made to the 403(b) plan or in the case of a Qualified Distribution, designated Roth contributions and any attributable earnings) may not be rolled into the Uni-K Plan®.

X

Your Signature (required)

Date

**Ask your present custodian or trustee if a Medallion Signature Guarantee or any additional paperwork is required to complete your transfer.**

**Use this space for Medallion Signature Guarantee, if required.**

For your protection, a Medallion Signature Guarantee is required for certain redemption requests. Medallion Signature Guarantees may be obtained from a U.S. domestic bank or trust company, broker/dealer, clearing agency, savings association, or other financial institutions. **Notarized signatures will not be accepted.**

### 6 Acceptance by New Trustee (UMB Bank, n.a.)

UMB Bank, n.a. agrees to accept transfer of the above amount for deposit to the Uni-K Plan® with UMB Bank, n.a., as trustee and requests the liquidation and transfer of assets as indicated above. See attached Letter of Acceptance for the signature of an authorized officer of the custodial agent.

**Designated Roth Amounts:** As Trustee, UMB Bank, n.a. agrees to separately account for any amount that is not includible in income. **Resigning custodian/trustee:** If this is a direct rollover, please provide Amundi Pioneer with a statement verifying the year in which the first Roth contribution was made and indicate the portion of the direct rollover that is attributable to designated Roth Contributions.

1. Make check payable to Pioneer Funds for (account owner's name)
2. Include the following account number on the check: \_\_\_\_\_ .
3. Send a copy of this form with the check to Pioneer Funds, P.O. Box 55150, Boston, MA 02205-5150
4. Assets already invested in Pioneer Funds will not be liquidated, but will be transferred "in kind" and reregistered with UMB Bank, n.a. as custodian/trustee



# Amundi Pioneer Asset Management

## Designation of Beneficiary

Use this form to designate one or more beneficiaries who will inherit your Qualified Plan assets upon your death. In accordance with federal pension law, if you are married, your beneficiary will automatically be your spouse. If you are married and wish to designate any primary beneficiary other than your spouse, your spouse must consent by signing the waiver portion of this form. Your spouse's signature must be witnessed by a notary.

When you submit this form, it will **completely replace** any prior designation for the Qualified Plan types you specify in Section 2. Therefore, it is important that you list all the primary and secondary beneficiaries you want to designate, even if you are only updating information for one beneficiary.

**Both pages of this form must be completed in their entirety to be considered in good order.** Questions? Please call our Employer-Sponsored Plan Department at 866-622-7815.

Mail to **Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929**

### 1 Qualified Plan Shareowner Information

Plan Name

Plan ID Number/Account Number(s)

Participant's Name

Social Security Number

Check One:  New Beneficiary  Change of Beneficiary

### 2 Primary Beneficiaries\* (Signature Required in Section 4)

I hereby designate the person(s) named below as my primary beneficiary(ies) to receive, in the proportion indicated, any payment from the above named Retirement Plan that may become due at or after my death. If any primary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated primary beneficiaries in proportion to the percentages indicated. To the extent your beneficiary designations do not adequately dispose of your account at the time of your death, your beneficiary will be determined in accordance with Article VI of the *Uni-K Plan® Basic Plan Document*. If a trust is named beneficiary, the complete name of the trust must be listed and the date of the trust must be included.

_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)

Percentage must total 100%	
_____	%
_____	%
_____	%
_____	%
<b>Total</b>	<b>100%</b>

\*If you want to designate more than four beneficiaries, please attach the appropriate information, making sure the total shares of all those designated equal 100% for each section. This attachment must be signed and dated by the account owner to be considered in good order.

Check here if attaching additional information.

### 3 Secondary Beneficiaries\* (Signature Required in Section 4)

If no designated primary beneficiary survives me, I hereby designate the person(s) named below as my secondary beneficiary(ies) to receive, in the proportion indicated, any payment from the above named Retirement Plan that may become due at or after my death. If any secondary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated secondary beneficiaries in proportion to the percentages indicated. To the extent your beneficiary designations do not adequately dispose of your account at the time of your death, your beneficiary will be determined in accordance with Article VI of the *Uni-K Plan® Basic Plan Document*. **Note:** If you would like to elect a different Distribution Option, please contact us. If a trust is named beneficiary, the complete name of the trust must be listed and the date of the trust must be included.

_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)
_____	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____	Date of Birth (mo/day/yr)

Percentage must total 100%	
_____	%
_____	%
_____	%
_____	%
<b>Total</b>	<b>100%</b>

\*If you want to designate more than four beneficiaries, please attach the appropriate information, making sure the total shares of all those designated equal 100% for each section. This attachment must be signed and dated by the account owner to be considered in good order.

Check here if attaching additional information.

(signature required on reverse side)

**4 Signatures**

I hereby reserve the right to change or revoke this instrument.

Participant's Signature

Date

**Married/Unmarried selection (required)**

If unmarried, check here:  By checking this box, I hereby certify that I am not married at the time of this designation. I understand that if I subsequently become married this designation will become null and void.

If married, check here:  and have your spouse sign below if you have designated a primary beneficiary other than your spouse.

**Spouse's Consent**

I am the spouse of the above named participant. I understand that I have the right to all of my spouse's vested account in the plan after my spouse dies. I hereby consent to the foregoing beneficiary designation made by my spouse and agree to give up my rights to the account and to have that amount paid to the beneficiary to the extent provided in such designation. I hereby further acknowledge that I understand: (1) that the effect of my spouse's election is to cause my spouse's death benefit to be paid to the foregoing beneficiary rather than to me; (2) that such beneficiary designation is not valid unless I consent to it; (3) that my consent is irrevocable; (4) that my spouse cannot change the name of any beneficiary in the future unless I agree to the change; (5) that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the plan after my spouse dies; (6) that I do not have to sign this agreement; (7) that I am signing this agreement voluntarily; (8) that if I do not sign this agreement, then I will receive my spouse's vested account under the plan when my spouse dies; (9) and that I have read and understood the attached *Beneficiary Information for Participants and Spouses*.

Spouse's Signature

Date

**Witnessed by Notary Public:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, and, being by me duly sworn, did execute the foregoing instrument and acknowledge the same to be his/her free act and deed.

Notary Public

My Commission Expires

**Seal**

# Amundi Pioneer Asset Management

## *Beneficiary Information for Participants and Spouses*

### **1. What, if any, special beneficiary designation restrictions typically apply to married plan participants?**

Under federal law, the spouse of a married plan participant will typically be considered the plan participant's primary beneficiary unless such spouse consents, in writing, to the naming of a nonspouse beneficiary.

### **2. May a married plan participant elect to name someone other than his or her spouse as the primary beneficiary?**

Generally speaking, a married plan participant must obtain the written, notarized consent of his or her spouse before he or she may name someone other than his or her spouse as a primary beneficiary.

### **3. If a spouse beneficiary consents to the naming of someone else as the plan participant's primary beneficiary, may the plan participant subsequently elect to change his or her beneficiary designation in the future without once again obtaining the consent of his or her spouse?**

No. A married plan participant who wishes to change his or her primary beneficiary designation from one nonspouse beneficiary to another must typically receive the written, notarized consent of his or her spouse before doing so.

### **4. If a spouse beneficiary consents to the naming of someone else as the plan participant's primary beneficiary, may he or she subsequently revoke such consent?**

No. The spouse of a married plan participant generally may not revoke his or her consent to the naming of a nonspouse beneficiary.

### **5. If a married plan participant subsequently gets divorced, how is the beneficiary status of his or her spouse affected?**

The primary beneficiary status of a plan participant's spouse is typically voided in the case of a divorce. If the plan participant wishes to retain his or her former spouse as a primary beneficiary following a divorce, he or she should complete a new beneficiary designation form naming his or her former spouse as primary beneficiary.

### **6. Under certain circumstances, might an ex-spouse retain an interest in some or all of the plan participant's retirement benefit?**

Under some circumstances, a former spouse may be awarded a portion of the participant's retirement benefit as part of a divorce settlement. In such cases, the court's decision will be documented in the form of a Qualified Domestic Relations Order ("QDRO").

### **7. Can the Participant view their beneficiary information online?**

Once the beneficiary information is established or updated on your Plan, you can view the information on our website. Please note: to view your beneficiary information, you MUST complete the online registration on **us.amundipioneer.com**.

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# Amundi Pioneer Asset Management

## Salary Deferral Agreement

Keep this form with the plan's records; do not send to Amundi Pioneer. All plan participants, including owners must complete this Agreement. If you are terminating your contributions to the plan, you need only to complete Sections 2 and 3.

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

### 1 Salary Deferral Election

Effective date of this election: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo/day/yr)

Subject to the requirements of the Uni-K Plan®, I authorize the following to be withheld from my earned income/compensation and contributed to my Uni-K account(s) as a salary deferral contribution:

A. \_\_\_\_\_ % of my pay,

**OR**

B. \$ \_\_\_\_\_ per pay period,

**OR**

C. A one-time deferral contribution of \$ \_\_\_\_\_ as of \_\_\_\_\_  
(Insert date that you want this amount to be withheld from your pay.)

Your total salary deferral contributions for the 2018 calendar year cannot exceed \$18,500 (\$24,500 if age 50 or older).\*

Your salary deferral contributions may not start before the plan effective date.

\* \$18,000 (\$24,000 if age 50 or older) for 2017.

### 2 Termination of Salary Deferral

Please stop my salary deferral contributions as of \_\_\_\_\_.

### 3 Signature

This Salary Deferral Agreement replaces any previous agreement and will remain in effect as long as I am eligible to participate in the Uni-K Plan®, or until I complete a new Salary Deferral Agreement.

Participant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**X**  
Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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# Amundi Pioneer Asset Management

## Uni-K Remittance Form

If you chose to contribute to your Uni-K via check, you must enclose this form with a check made payable to *Pioneer Funds*.

If you have any questions, call our Employer-Sponsored Plan Department at 1-866-622-7815.

Mail to Pioneer Funds, PO Box 219929, Kansas City, MO 64121-9929

Overnight Address: 430 W 7th Street STE 219929, Kansas City, MO 64105-1407

### 1 Plan Information

Employer Name		Plan ID Number (for existing plans)	
Street Address	City	State	Zip Code
Contact Name	Telephone Number		

### 2 Contribution Information

Use the table below to designate a contribution as either Employee (Salary Deferral) or Employer. If any of the Contribution Information is incomplete (including the dollar amount or the type of contribution) it may result in the contribution being returned for further instructions.

Participant Name	Last four digits of Social Security Number	Contribution Year (Indicate Current or Prior)*	Employee Contribution (Salary Deferral)		Employer Contribution (Pre-Tax Only)	Total Contribution Amount
			Pre-tax	Roth		
<b>Total Contribution Amount</b>						\$

\* If you do not provide a Contribution Year, your contribution will be applied as a "current year" contribution.

### 3 Signature of Plan Sponsor or Employer

I certify that I understand that in my capacity as Plan Sponsor/Employer, I am solely responsible for allocating contributions made to the Uni-K Plan® correctly and complying with all applicable Uni-K Plan® contribution limits and deadlines. I understand that my designation of a contribution as an Employee Salary Deferral (pre-tax or Roth) or Employer is irrevocable, and any contribution(s) received by Amundi Pioneer without a specific designation may result in a contribution being returned for further instructions. Amundi Pioneer will not be responsible for delays in investing contributions returned due to missing or incomplete information.

X Signature	Date (mo/day/yr)
----------------	------------------

#### Important Note:

If you hire or are considering hiring any full-time (employees who work over 1,000 hours per year), non-owner employees, the Uni-K Plan® (and they subsequently become eligible to participate under the Plan) - contributions to this plan will automatically cease the day prior to the employee's Entry Date.

Please contact your financial advisor for information on plans that may be better suited to meet your business's growing needs.

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# Amundi Pioneer Asset Management

## *Additional Information about your Uni-K Plan®*

### **Loans and Distributions**

Loans are available from your Uni-K account. You can borrow up to 50% of your account balance for a maximum loan amount of \$50,000. There are no taxes or penalties on the amount of the loan unless you fail to make scheduled payments by the prescribed deadline. Only one loan may be outstanding at any time and all the interest you repay is allocated back into your account.

For more information about loans, request the Amundi Pioneer Loan brochure by calling 1-866-622-7815. Other withdrawals from your Uni-K account are available after age 59½ or upon termination of employment, death, disability or plan termination<sup>1</sup>. Call Amundi Pioneer for a *Uni-K Withdrawal Request Form*. You can also download forms at [us.amundipioneer.com](http://us.amundipioneer.com). UMB Bank, n.a., will serve as trustee and issue the IRS Form 1099-R as required when a participant takes a withdrawal.

### **Annual Reporting Requirements**

Businesses that sponsor a qualified plan are generally required to file an annual return with the Employee Benefits Security Administration (EBSA). The Uni-K Plan® is designed to be a “one-participant” plan and as such, the Form 5500-EZ or Form 5500-SF (5500-Series) generally may be used to satisfy the filing requirement. A one-participant plan does not necessarily mean a plan in which there is only one participant. It means a plan where every participant is either a sole owner or a partner in the business, or is the spouse of a sole owner or a partner. Generally, one-participant plans are exempt from filing if the value of the plan’s assets has never exceeded \$250,000 at the end of any plan year. **Note:** One-participant plans must file a Form 5500 series of forms for their final plan year even if the total plan assets at the end of the previous plan year were less than \$250,000. The final plan year is the year in which distribution of all plan assets is completed. Not all plans may be eligible to file Form 5500-EZ or Form 5500-SF annually, regardless of the asset level in the plan. The Uni-K Plan® may be subject to additional annual 5500-Series filing requirements. Contact your tax advisor for additional information.

The due date for the annual return of the 5500 series of forms is the last day of the seventh month following the end of the plan year. For the Uni-K prototype plan, the plan year is the calendar year, so your filing will be due on July 31 of the following year. For terminated plans, file the Form 5500 series of forms by the last day of the 7th month following the month in which the last assets are distributed.

Amundi Pioneer makes the 5500-Series service available to Uni-K Plans®. For more information, call our Employer-Sponsored Plans Department at 1-866-622-7815.

### **Additional Fees and Services**

- No set-up charges.
- Annual trustee fee: \$150 per participant
- Distribution fee: \$50 per non-periodic distribution initiated via a *Uni-K Withdrawal Request Form*
- Loan fee: \$75 per loan
- Form 5500-series filing services:
  - Participants in Uni-K Plans® with total plan assets exceeding \$250,000 at the end of the calendar year (12/31) will incur an additional \$25 administration fee for preparation of an annual 5500-series form.
  - Plans that terminate will receive a signature-ready 5500-series form within seven-months of terminating the plan. The cost of this service will be covered by the distribution fee.
- Amendment and restatement fee: \$250 per plan

Additional fees may apply. Contact Amundi Pioneer for additional information.

<sup>1</sup> Withdrawals before age 59½ may be subject to a 10% penalty tax.

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Securities offered through Amundi Pioneer Distributor, Inc.  
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**ASSET MANAGEMENT**