

# Amundi Pioneer Asset Management

## Uni-K Plan® Account Options Form

If you are an existing Uni-K Plan® participant and you would like to change or add services, you may submit this form. If you are establishing a new plan, please complete and submit an *Amundi Pioneer Uni-K Plan® Application*. If you would like to change your Plan contact information, establish or change Plan Sponsor Web access, or add a bank account for Plan Sponsor Web contribution processing, please complete and submit an *Amundi Pioneer Uni-K Plan® Sponsor Information & Access Agreement*.

**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 questions or need to withdraw from your account, call our Retirement Employer-Sponsored Plan Department at 1-866-622-7815.**

Please print in blue or black ink.

### 1 Uni-K Plan® Registration Information

Participant Name Last Four Digits of Social Security Number

Plan Name Plan ID Number

### 2 Update Participant Contact Information

**Provide your current mailing address, phone number and e-mail address in this section. If you are providing a P.O. Box as a mailing address, you must also provide a residential address.**

Residential Address Telephone Number

City State Zip Code

Mailing Address (if different from above) E-mail Address

### 3 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 Pioneer accounts to qualify for the lowest possible sales charge on Class A shares. List your qualifying accounts.

Account Number/Plan ID Number/Relationship

Account Number/Plan ID Number/Relationship

Account Number/Plan ID Number/Relationship

**B. Letter of Intent (LOI)\*** Use the value of purchases made in the past 90 days and planned future purchases to qualify for the lowest possible sales charge on Class A shares. **Note:** The LOI must be fulfilled within 13 months of the date of the initial purchase.

**Open a new LOI for** OR  **Change an existing LOI to:**  \$50,000  \$100,000  \$250,000  \$500,000

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

#### 4 Systematic Exchange

Automatically exchange shares from one Pioneer fund into another Pioneer fund in an identical account type 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 Indicate <input type="checkbox"/> \$ OR <input type="checkbox"/> %	From Fund/Account #	Into Fund/Account #	Start Date*
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)
_____	_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month (\$250 min.) or <input type="checkbox"/> quarter (\$500 min.)

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

#### 5 Automatic Investment Plan (AIP) Add Change

Automatically withdraw money from your business bank account to invest in a Uni-K Plan®. (Complete **Section 6**.)

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

(Note: Contributions will be made according to your existing investment allocation election.)

Start date\*: the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) every  month or  quarter

Employee Contribution		Employer Contribution (pre-tax only)	Total Contribution
Pre-Tax	Roth		
\$ _____	+ \$ _____	+ \$ _____	= \$ _____

\*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.

**Note:** Contribution designations are required. A designation of contribution as an Employee Salary Deferral (pre-tax or Roth) or Employer is irrevocable.

#### 6 Bank Information

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

Check this box if using the following bank information only for an Automatic Investment Plan (AIP). SVP stamp is not required.

##### 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

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## 7 Telephone and Online\* Transactions

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

### Add telephone options to

- Purchase\*\* (Complete **Section 7**)
- Exchange

### Add online option to

- Exchange

### Remove telephone options to

- Purchase
- Exchange

### Remove online option to

- Exchange

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

\*\* A Signature Validation Program Stamp is required for this change (not required for Automatic Investment Plan). **See Section 9.**

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## 8 Signature

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 Pioneer account application that preceded or accompanies this form, and the current fund prospectus. I authorize the Pioneer Funds and their agents to establish the options requested herein. I understand that the Pioneer Funds and their transfer agent will follow reasonable procedures to confirm that each telephone or online transaction is genuine. I understand that each telephone transaction will be recorded, authorized by my personal identification number (PIN), 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 Pioneer Distributor, Inc., or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of any telephone and/or online instructions that they reasonably believe to be authentic and authorized. I 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 any designation of an AIP contribution in Section 5 as an Employee Salary Deferral (pre-tax or Roth) or Employer is irrevocable once the transaction is processed.

I recognize 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, damage, or expense as a result of acting upon my instruction.

**X**

Signature

Date (Month/Day/Year)

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## 9 Signature Validation

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

1. To add telephone purchases.
2. To add new bank information to the account(s) or to change existing bank information in any way (not required for Automatic Investment Plan).\*

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

\*A Notary Stamp for all registered owners may be acceptable if you are requesting the following option:

1. To add new bank information or change existing information that includes a bank account with at least one common owner with the owner(s) of your Amundi Pioneer account. (Not required for Automatic Investment Plan.)

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

Securities offered through Amundi Pioneer Distributor, Inc.  
60 State Street, Boston, MA 02109.  
Underwriter of Pioneer mutual funds, Member SIPC.

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**Amundi Pioneer**  

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**ASSET MANAGEMENT**