

Amundi Pioneer Asset Management

Account Application for Individuals Class A and Class C Shares

Use this application to establish an individual, joint tenant, uniform transfer/gift to minors (“UTMA” or “UGMA”), attorney-in-fact, guardianship, or conservatorship account.

Do not use this application to establish a new account for a corporation, trust, estate or other organization - for those account types, please complete the *Amundi Pioneer Account Application for Legal Entities and Institutions* instead.

Pioneer Funds Offer Retail Investors:

- Your choice of Class A or Class C shares
- \$1,000 minimum investment to open your account, except as noted below
- \$50 minimum investment to open your account if you establish an Automatic Investment Plan (\$100 for Pioneer U.S. Government Money Market Fund)
- Checkwriting redemptions for Pioneer U.S. Government Money Market Fund (Class A). Request a *Checkwriting Form* from your investment professional or call Amundi Pioneer at 1-800-225-6292.

It's Easy to Open an Amundi Pioneer Account.

1. Select the Pioneer Funds you wish to invest in.
2. Complete and sign this application.
3. Make your check payable to **Pioneer Funds**.
We do not accept third-party checks, starter checks, or cash equivalents.
4. Mail both your check and the completed application to
Pioneer Funds
PO Box 219427
Kansas City, MO 64121-9427

Overnight Address:
Pioneer Funds
430 W 7th Street STE 219427
Kansas City, MO 64105-1407
5. If you choose to wire funds, you must **include the wire confirmation number in Section 3B under Payment Method - Other**. Contact Amundi Pioneer at 1-800-225-6292 for wiring instructions.

USA PATRIOT Act Information

Important Information About Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please talk to your investment professional or call Amundi Pioneer at 1-800-225-6292 if you have any questions about completing this application.

For information about our privacy policy, see the Privacy of Customer Information notice, which is mailed upon confirming the new account opening and annually thereafter. If you opened your account through a brokerage firm, you can also view the privacy brochure at 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 Register Your Account

All registered owners/authorized signers must sign *in capacity* in Section 7 for this application to be considered in good order. You must be a U.S. citizen or resident alien with a valid U.S. tax identification number and a valid U.S. mailing address to open an account.

A. Individual or Joint Account (Two or more co-owners will be registered as joint tenants with rights of survivorship unless you specify another form of ownership.)

Owner's Name (First, Middle Initial, Last)

Owner's Date of Birth (mo/day/yr)

Owner's Social Security Number (Required)

Joint Owner's Name (First, Middle Initial, Last)

Joint Owner's Date of Birth (mo/day/yr)

Joint Owner's Social Security Number (Required, if establishing Joint Owner)

B. Attorney-in-Fact, Guardianship, or Conservatorship Account

(**Amundi Pioneer's Power of Attorney (POA) Form** is required to establish an attorney-in-fact account. A **court-certified appointment of guardianship** is required to establish a guardianship account. A **court-certified appointment of conservatorship** is required to establish a conservatorship account.)

Owner's Name (First, Middle Initial, Last)

Owner's Date of Birth (mo/day/yr)

Owner's Social Security Number (Required)

Attorney-in-Fact, Guardian, or Conservator's (Authorized Signer's) Name (First, Middle Initial, Last)

Attorney-in-Fact, Guardian, or Conservator's Date of Birth (mo/day/yr)

Attorney-in-Fact, Guardian, or Conservator's Social Security Number (Required)

C. Gift/Transfer to a Minor (UGMA/UTMA)

Custodian's Name (First, Middle Initial, Last)

Custodian's Street Address

Custodian's Date of Birth (mo/day/yr)

Custodian's Social Security Number (Required)

Minor's Name (First, Middle Initial, Last)

Minor's State of Residence

Minor's Date of Birth (mo/day/yr)

Minor's Social Security Number (Required)

2 Provide Your Address(es)

The section below must be completed in full in order for this application to be processed. If you are providing a P.O. Box as a mailing address, you must also provide a residential address or the address of a principal place of business.

Residential or Business Address (Required)

City

State

Zip

Telephone Number(s)

Mailing Address (if different from above)

Residency (Select one.)

U.S. citizen

Resident alien. If resident alien, indicate country of origin _____.

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 or call us at 1-800-225-6292 for the most current fund availability.

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

A. Select Your Funds

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

¹ Whole percentages only. The total of the percentages must equal 100%.

B. Payment Method (Do not send cash, third-party checks, starter checks, or cash equivalents.)

Check (made payable to Pioneer Funds) Broker/Dealer Order (Confirmation Number _____) Other _____

4 Choose Your Account Options and Services

The fund's prospectus provides more complete information about the requirements and procedures for account options. Please Note: Amundi Pioneer may require additional documentation if these options are added or updated at a later date.

Note: The Cost Basis method for your new Amundi Pioneer account will be our default method, Average Cost Basis. If you wish to elect a different cost basis method, please complete an Amundi Pioneer Cost Basis Method Election Form or contact us for additional information.

A. Dividend and Capital Gain Distributions

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	Reinvest into Fund*	Deposit to Bank Account (Must complete Section 5.)	Pay in Cash
Dividends (Check one)	<input type="checkbox"/>	<input type="checkbox"/> Fund number _____	<input type="checkbox"/>	<input type="checkbox"/> (Minimum \$25)
Capital Gains (Check one)	<input type="checkbox"/>	<input type="checkbox"/> Fund number _____	<input type="checkbox"/>	<input type="checkbox"/> (Minimum \$25)

*Receiving account must be the same class as paying account and be worth at least \$1,000.

B. Telephone and Online Transactions*

I understand Pioneer Funds will accept and act upon telephone instructions from me (or any person purporting to act on my behalf either online or through our FactFoneSM system) unless indicated otherwise below.

- Do **not** accept telephone or online purchases.
- Do **not** accept telephone or online redemptions.
- Do **not** accept telephone or online exchanges.

* To establish online transaction privileges, you **MUST** complete the online registration found on us.amundipioneer.com.

C. Reduced Sales Charges

For purchases of Class A shares

1. 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	Relationship
_____	_____
Account Number	Relationship
_____	_____
Account Number	Relationship

2. 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 1-800-225-6292 for more information.

Open a new LOI for OR change to an existing LOI to:

- \$50,000 \$250,000
- \$100,000 \$500,000

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

D. Automatic Investment Plan

Automatically withdraw from your bank account to invest in an Amundi Pioneer account. (Complete **Section 5.**) **Note: A check for the minimum purchase for each fund must be submitted with the application, or the account(s) cannot be established.**

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

*If no start date is provided, the option will be established the day it is received, and the bank account will be drafted the following month.

E1. Systematic Withdrawal Plan

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

Sell \$ Amount or Shares (worth at least \$50) Indicate <input type="checkbox"/> \$ OR <input type="checkbox"/> %	From Fund	Start Date*
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> six month <input type="checkbox"/> year
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> six month <input type="checkbox"/> year
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> six month <input type="checkbox"/> year
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month <input type="checkbox"/> quarter <input type="checkbox"/> six month <input type="checkbox"/> year

*If you do not specify a date, the option will be established on the day received, and your withdrawals will begin the following month.

E2. Send Systematic Withdrawal Plan Proceeds

- By direct deposit to a bank account (Complete **Section 5**)
- By check to the registered owner (as shown in **Section 1**)
- By check to the special payee listed below

Payee Name (Person or Bank)

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

City State Zip Code

F. Systematic Exchange

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

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

*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 Bank Information

Required to establish bank instructions to redeem and/or purchase from your bank checking or savings account. This includes transacting via telephone, web, and FactFoneSM (unless you previously opted out in Section 4B).

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

Note: to update or add bank information at a later date, use the *Account Options Form*. Additional documentation will be required at a later date.

6 Trusted Contact Information

Use this section to designate a trusted contact person. A trusted contact person is an individual you designate who Amundi Pioneer can contact to address possible financial exploitation, your current health status, your contact information, or the identity of any appointed guardians, attorneys-in-fact, or other legal agents currently acting on your behalf. If your state of residence allows us to notify your trusted contact person before assets are escheated to the state as unclaimed property, we may also reach out to your trusted contact person to prevent escheatment.

The individual you appoint as a trusted contact person does not have the authority to access your account information or execute transactions on your behalf. You may choose to not appoint a trusted contact person. You may revoke a previously appointed trusted contact person at any time by notifying Amundi Pioneer in writing. Only you have the ability to add or remove a trusted contact person from your account.

Trusted Contact Name (First, Middle Initial, Last) Telephone Number

Residential Address

City State Zip

Relationship to Owner

Note: Trusted contact person designations will carry over automatically to any accounts derived from the account established as a result of this application. Please contact Amundi Pioneer if you wish to designate a trusted contact person for an existing account.

7 Sign the Application and Certify Your Taxpayer Identification Number

Sign to process your application and to certify your taxpayer identification information.

USA PATRIOT Act Certification: By signing below, I certify that I have received, read, and understand the USA PATRIOT Act information provided by Amundi Pioneer and that the information that 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." If a trusted contact person has been designated in **Section 6** and your state of residence allows, Amundi Pioneer may reach out to your trusted contact person to prevent escheatment.

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

I certify that I am of legal age in my state of residence and that I have the authority and legal capacity to open and give instructions for this account. I certify that I have received and read the current prospectus of each Pioneer Fund listed in **Section 3**. I agree to read the prospectus for any Pioneer Funds into which I request an exchange in the future. I understand that the terms, representations, and conditions in this application and the prospectus, as amended from time to time, will apply to this account and any account established at a later date.

I authorize Amundi Pioneer Asset Management, the Pioneer Funds, and their agents and service providers (collectively, "Amundi Pioneer") to establish the options selected in **Section 4**. I agree that Amundi Pioneer will automatically establish telephone and online transaction privileges for my account unless I refused them in **Section 4B**.

I authorize Amundi Pioneer to act upon instructions (by phone, in writing, or by other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which exchanges are made. I agree that none of the Pioneer Funds, their distributor, transfer agent or affiliated companies, or their directors, trustees, or employees will be liable for any loss, cost or expense as a result of acting on such instructions, provided Amundi Pioneer employs reasonable procedures to confirm that such instructions are genuine.

I authorize Amundi Pioneer to contact any trusted contact person designated in **Section 6** and disclose information about my account to address possible financial exploitation, my current health status, contact information, or the identity of any appointed guardians, attorneys in fact, or other legal agents currently acting on my behalf, or as otherwise permitted by law.

I authorize Amundi Pioneer to issue credits to and make debits from the account in **Section 5**. I agree that Amundi Pioneer shall be fully protected in honoring any such transaction. I also agree that Amundi Pioneer may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. I agree that if I submit bank information that is for a bank that does not participate in the Automated Clearing House (ACH) or provide information for a nonbank account, Amundi Pioneer will price my shares at the net asset value next determined after Pioneer receives good funds.

(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.

Note: All registered owners/authorized signers must sign in capacity.

X
Owner's, Attorney-in-Fact's, Guardian's, or Conservator's Signature _____ Date (Month/Day/Year)

X
Joint Owner's, Attorney-in-Fact's, Guardian's, or Conservator's Signature _____ Date (Month/Day/Year)

8 To Be Completed by Investment Representative

Amundi Pioneer requires customers to establish accounts with the assistance of a registered investment professional. The section below must be completed in full in order for this application to be processed.

Representative Number	Branch Number	Telephone Number	
Representative Name (First, Middle Initial, Last)	E-mail Address		
Firm Name (or Clearing Firm, if applicable)			
Street Address	City	State	Zip
X Authorized Signature-Representative	X Authorized Signature-Principal (if required by your broker/dealer)		

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

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Amundi Pioneer

ASSET MANAGEMENT