

Amundi Pioneer Asset Management

Designation of Beneficiary for Qualified Plans Including Uni-Ks

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. By submitting this form, you will **completely replace** any prior designation for the plan types you specify in Section 1. It is important that you list all primary and secondary beneficiaries you want to designate even if you are updating information for only one beneficiary.

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

Send the completed form to **Pioneer Funds, PO Box 219427, Kansas City, MO 64121-9427.**

Overnight Address: 430 W 7th Street STE 219427, Kansas City, MO 64105-1407.

Please print in blue or black ink. Both pages of this form must be completed in its entirety to be considered in good order and cannot be faxed, we must receive the original.

1 Qualified Plan Shareowner Information

If you are providing a P.O. Box as a mailing address, you must also provide a residential address. If the address you provide below is different from the address Amundi Pioneer has on file, we will update our records accordingly.

First Name	Middle Initial	Last Name	Birthdate (mo/day/yr)	Social Security Number
Residential Address (Required)			Daytime Telephone Number	Evening Telephone Number
City			State	Zip
Mailing Address (if different from above)				

This designation applies to

- All accounts under my Social Security Number (includes Uni-Ks, MPPPs, and PSRPs).
 These specific Uni-Ks, MPPPs, and PSRPs only: _____ and any account(s) derived therefrom.

If nothing is checked, this designation will apply to all Uni-Ks and Qualified Plans under your Social Security Number.

2 Primary Beneficiaries* Signature Required in Section 4

I hereby designate the individual(s) and entity(ies) 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 the controlling Qualified Plan Document.

Note: If you would like to elect a different distribution option, please contact us. If you are naming a trust as beneficiary, the complete name of the trust must be listed and **the date of the trust must be included.**

Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)
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Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)
Full name of beneficiary	Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)

Percentage must total 100%
_____ %
_____ %
_____ %
_____ %

*If you want to designate more than four primary beneficiaries, please attach the appropriate information, making sure the total percentages of all primary beneficiaries equal 100%. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

Check here if you are attaching additional information.

3 Secondary Beneficiaries* Signature Required in Section 4

If no designated primary beneficiary survives me, I hereby designate the individual(s) and entity(ies) 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 the controlling Qualified Plan Document.

Note: If you would like to elect a different distribution option, please contact us. If you are naming a trust as beneficiary, the complete name of the trust must be listed and **the date of the trust must be included.**

Full name of beneficiary	Check one:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)	%	Percentage must total 100%
Full name of beneficiary	Check one:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)	%	
Full name of beneficiary	Check one:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)	%	
Full name of beneficiary	Check one:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	Birthdate (mo/day/yr)	%	

*If you want to designate more than four secondary beneficiaries, please attach the appropriate information, making sure the total percentages of all secondary beneficiaries equal 100%. **This additional sheet must be signed and dated by the account owner to be considered in good order.**

Check here if you are attaching additional information.

4 Signatures

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

X

Participant's Signature Required	Date (mo/day/yr)
If unmarried, check here: <input type="checkbox"/> 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: <input type="checkbox"/> 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.

X

Spouse's Signature	Date (mo/day/yr)
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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

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