

# Amundi Pioneer Asset Management

## IRA Rollover/Transfer/Conversion Form

Use this form to initiate a direct rollover, transfer, or conversion to an Amundi Pioneer IRA.

To avoid a delay in processing your request, contact the current custodian/trustee/plan administrator for their requirements **prior to completing this form.**

**Mail to Pioneer Funds, P.O. Box 55014, Boston, MA 02205-5014.**

**Overnight Address: 30 Dan Road, Canton, MA 02021-2809.**

**If you have any questions, please call our Retirement Plans Department at 1-800-622-0176.**

**Note:** We require the original form in order to process your request. Faxed copies will not be accepted.

**Rolling over an Employer-sponsored plan, 403(b), or Governmental 457 plan to an Amundi Pioneer IRA:** To initiate a direct rollover, first complete all forms required by the employer maintaining your current plan. (If any forms require the custodian's/trustee's signature, submit them along with this form.) If your employer has already issued your distribution check, simply send the check within 60 days of receipt to Amundi Pioneer along with your retirement plan application.

**Converting to an Amundi Pioneer Roth IRA:** To initiate a conversion to a Roth IRA, complete the entire form, ensuring that Section 5 - Tax Withholding Election - is completed. See special instruction above if assets are being directly converted from an Employer-sponsored plan, 403(b), or Governmental 457 plan.

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

### 1 Investor Information

First Name, Middle Initial, Last Name	Birthdate (mo/day/yr)	Social Security Number
Street Address	Daytime Telephone Number	Evening Telephone Number
City	State	Zip Code

Please check this box if you are over age 70½ and need to set up required minimum distributions. (Contact us to obtain a Required Minimum Distribution Form.)

### 2 Current Retirement Account Information

Check here if your existing retirement account is invested at Amundi Pioneer. If assets are already invested in Pioneer mutual funds, they will not be liquidated but will be transferred "in kind" and reregistered with UMB Bank, n. a., as custodian/trustee.

#### A. Current Custodian/Trustee

Name of Current Custodian/Trustee/Employer Sponsoring Plan	Telephone Number	
Street Address	Contact Person	
City	State	Zip Code

#### B. Type of Retirement Account

- Traditional IRA       SEP-IRA       403(b)/ORP       Coverdell ESA  
 Rollover IRA       Roth IRA       SIMPLE IRA\*       Governmental 457 plan       Other \_\_\_\_\_  
 Employer-sponsored retirement plan\*\* (including 401(k), pension, and profit sharing)

#### C. Account Information

Fund Number(s) and Account Number(s)

All accounts under my Social Security Number (Indicate each fund and account number.)

Please attach a copy of your most recent account statement.

\*May only be transferred to another SIMPLE IRA during the first two years of participation.

\*\*Rollovers from employer-sponsored plans may require additional paperwork; please check with your employer.

### 3 Amount

#### Rollover/Transfer/Conversion

- All assets from the retirement account(s) listed in Section 2
- Only \$ \_\_\_\_\_ or \_\_\_\_\_ % of the retirement account(s) listed in Section 2
- Total Roth amount included in rollover/transfer/conversion: \$ \_\_\_\_\_
- Date of First Roth Contribution: \_\_\_\_\_

(please complete reverse side)

## 4 What Type of Amundi Pioneer Individual Retirement Account Do You Want?

### Complete A and B.

Check here if you are converting non-Roth IRA accounts to an Amundi Pioneer Roth IRA. **Current custodian, please note: UMB Bank, n.a. will accept the assets as a direct conversion.**

A. Please select your retirement account type.

- Traditional IRA       Roth IRA       SEP-IRA       Coverdell ESA       Other  
 Rollover IRA       Inherited-IRA       SIMPLE IRA       Beneficiary IRA

B1.  Invest in a new Amundi Pioneer IRA as indicated above. I have attached a completed Amundi Pioneer IRA application.

OR

B2.  Invest in my existing Amundi Pioneer IRA(s) listed below:

Fund Name/Account Number \_\_\_\_\_ % of Proceeds

Fund Name/Account Number \_\_\_\_\_ % of Proceeds

Fund Name/Account Number \_\_\_\_\_ % of Proceeds

## 5 Tax Withholding Election

**Complete this section only if you are converting non-Roth IRA to a Roth IRA.** If neither box is checked, Option A will apply.

A.  I elect not to have federal income tax withheld from the converted amount. I understand that I will be liable for payment of income tax due on the taxable amount resulting from the conversion.

B.  I elect to have a minimum of 10% withheld from the converted amount for payment of federal income tax due on the taxable amount resulting from the conversion; or \_\_\_\_\_% (indicate higher percentage if desired).

**Important:** If you choose Option B and are under age 59½, an early withdrawal penalty tax may apply to the amount of withholding.

**Important state tax withholding information:** If you elect to have federal income tax withheld from your retirement plan distribution (or if the plan is required to withhold 20% mandatory withholding), and your state of residence requires mandatory state tax withholding, the plan is also required to withhold state income tax. Please contact your state Department of Revenue or a qualified tax advisor for additional information. There can be no assurance that current state tax laws and IRS rules will remain constant.

## 6 Signature

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), creditworthiness, and ongoing eligibility for the account (and that of my spouse if I live in a community property state) 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 or conversion of all proceeds to UMB Bank, n. a. as successor custodian/trustee. For conversion to a Roth IRA, I certify that I am eligible to convert any amount designated as a conversion to a Roth IRA. I understand that a conversion is a taxable event and authorize the current custodian to withhold taxes as indicated in Section 5; and (2) that if I elect to have federal income tax withheld from my distribution (or if the plan is required to withhold 20% mandatory withholding), and my state of residence requires mandatory state tax withholding, I understand and consent to the plan's withholding state income tax. If I am converting an Amundi Pioneer IRA to an Amundi Pioneer Roth IRA, I understand and acknowledge that all elections and designations (e.g., fund selection, beneficiaries, etc.) made under the existing Amundi Pioneer IRA may remain in effect on the new Roth IRA upon conversion (unless I instruct otherwise) and any contingent deferred sales charge (CDSC) will be transferred pro-rata to the new Roth IRA.

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.

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

## 7 Acceptance

UMB Bank, n.a. agrees to accept transfer of the above amount for deposit to the Depositor's UMB Bank, n.a. Individual Retirement Custodial Account, 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.

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 55014, Boston, MA 02205-5014.