Amundi Pioneer Asset Management

Account Options Form

If you are establishing a new account, complete and submit an Amundi Pioneer account application. If you have an existing non-retirement account with Amundi Pioneer and would like to change or add services, you may submit this form.

Mail to Pioneer Funds, PO Box 219427, Kansas City, MO 64121-9427.

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

If you have questions or need to withdraw from your account, call us at 1-800-225-6292. Information on share prices and fund yields is also available via FactFone™ (1-800-225-4321) and online at amundipioneer.com/us.

Please print in blue or black ink.

1 Registration Information for Existing Account(s)

Note: All registered owners/trustees must sign in Section 10.

Name(s) on the account

First Name, Middle Initial, Last Name ______ Last Four Digits of Social Security Number ______

First Name, Middle Initial, Last Name ______ Last Four Digits of Social Security Number ______

☐ Update account options on all eligible accounts under my Social Security Number.

☐ Update my account options only on the following fund/account number(s): ______
Fund/Account Number(s)

Note: If nothing is checked, the account options updates will apply to all eligible plans under your Social Security Number or Taxpayer Identification Number.

2 Update Contact Information

Provide your current mailing address and phone number in this section. If you are providing a P.O. Box as a mailing address, you must also provide a residential address or, if you are updating contact information for a corporation, partnership, or other entity, a business address.

Residential or Business Address

City State Zip

Telephone Number(s)

Mailing Address (if different from above)

3 Dividend and Capital Gain Distributions

The fund's prospectus provides complete information about the requirements and procedures for account options.
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	Cross reinvest into Fund (Must be the same share class)	Deposit to Bank Account (Must Complete **Section 9**)*	Pay in Cash
Dividends (Check one.)	☐	☐ Fund number ______ (Receiving account must be worth at least $1,000.)	☐	☐
Capital Gains (Check one.)	☐	☐ Fund number ______	☐	☐

*See Section 11 for Signature validation requirement.

Please complete this section if you selected cash payments and you want your payments sent to someone else or to an address other than the one on your account.

☐ Send payments to someone other than the registered shareholder(s). (Requires a Signature Validation Program Stamp; see **Section 11**.)

☐ Send payments to the registered shareholder(s) at an address different from the one on your account. (Requires a Signature Validation Program Stamp; see **Section 11**.)

Payee Name (Check will be made payable to payee unless further information is provided below.)

Street Address City State Zip

Additional Payee Information (i.e. account number)

4 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/Relationship	Account Number/Relationship	Account 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.

5 Systematic Exchange

☐ Add ☐ Change

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** ☐ **$** *OR* ☐ **%**	**From Fund/Account #**	**Into Fund/Account #**	**Start Date***
			the _____ (day) of _______ (month) every ☐ month ($250 min.) or ☐ quarter ($500 min.)
			the _____ (day) of _______ (month) every ☐ month ($250 min.) or ☐ quarter ($500 min.)
			the _____ (day) of _______ (month) every ☐ month ($250 min.) or ☐ quarter ($500 min.)
			the _____ (day) of _______ (month) every ☐ month ($250 min.) or ☐ quarter ($500 min.)

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

6 Automatic Investment Plan (AIP)

☐ Add ☐ Change

Automatically withdraw from your bank account to invest in an Amundi Pioneer account. (Complete **Section 9**.)

Invest $ Amount ($50 minimum, $100 for Pioneer U.S. Government Money Market Fund)	**In Fund/Account #**	**Start Date***
		the _____ (day) of _______ (month) every ☐ month or ☐ quarter
		the _____ (day) of _______ (month) every ☐ month or ☐ quarter
		the _____ (day) of _______ (month) every ☐ month or ☐ quarter
		the _____ (day) of _______ (month) every ☐ month or ☐ 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.

7 Systematic Withdrawal Plan (SWP)

☐ Add ☐ Change

Automatically sell shares at net asset value from your account worth $10,000 or more. 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)	**From Fund/Account #**	**Start Date***
		the _____ (day) of _______ (month) every ☐ month ☐ quarter ☐ six month ☐ year
		the _____ (day) of _______ (month) every ☐ month ☐ quarter ☐ six month ☐ year
		the _____ (day) of _______ (month) every ☐ month ☐ quarter ☐ six month ☐ year
		the _____ (day) of _______ (month) every ☐ month ☐ quarter ☐ six month ☐ year

*If no start date is provided, the option will be established the day it is received, and your withdrawals will begin the following month.
Note: if proceeds are being deposited into a bank account, the first withdrawal may be issued in check form to the address of record.

Send Systematic Withdrawal Plan Proceeds

☐ By check to the registered owner (as shown in **Section 1**)

☐ By direct deposit to a bank account (Complete **Section 9 - May require a Signature Validation Program Stamp - See Section 11.**)

☐ By check to the special payee listed below (**A Signature Validation Program Stamp is required for this change - See Section 11.**)

Payee Name (Person or Bank)

Street Address City State Zip

8 Telephone and Online* Transactions

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

Add telephone and online options to

☐ Exchange**
☐ Redeem** to address of record

Remove telephone and online options to

☐ Exchange
☐ Redeem to address of record

* To establish online transaction privileges, you MUST complete the online registration found on amundipioneer.com/us.
** A Signature Validation Program Stamp is required for this change. **See Section 11**.

9 Bank Instructions and Options

Note: See section 11 for signature validation requirement.

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

A. 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

B. Bank Options

I understand that the attached bank information will be added for all telephone and online options for my account unless otherwise indicated by checking the additional boxes below.

☐ Do NOT accept telephone and online purchases via ACH
☐ Do NOT accept telephone and online redemptions via ACH
☐ Do NOT accept telephone redemptions via Wire (applicable fee applies)

10 Signatures

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 Amundi Pioneer Asset Management, the Pioneer Funds, and their agents and service providers (collectively, "Amundi Pioneer") to establish the options requested herein. I understand that if bank information is provided in Section 9A, my account is automatically eligible for telephone and online transactions unless I indicate otherwise in Section 9B and that 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 recognize that none of the Pioneer Funds, Amundi Pioneer Distributor, Inc., their 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.

ALL REGISTERED OWNERS/TRUSTEES MUST SIGN.

Registration	Required Signatures
Individual	Individual signs
Joint tenants	All shareholders sign
Custodian	Custodian signs and states capacity (example: Pat Miller, Custodian)
Legal guardian	Legal guardian signs and states capacity (example: Pat Miller, Guardian)
Trustee or other fiduciary	Fiduciary(ies) signs and states capacity (example: Pat Miller, Trustee)
Corporation or other organization	An authorized officer signs and states capacity (example: Pat Miller, President)

X

Owner's Signature — Date (Month/Day/Year)

X

Joint Owner's Signature — Date (Month/Day/Year)

11 Signature Validation

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

1. To authorize dividends be invested in an Amundi Pioneer account bearing a different registration.
2. To send proceeds to a person, institution, or address different from the one on your account.
3. To authorize systematic withdrawal plans (to registered shareowner) for greater than $100,000 a year.*
4. To add telephone and online purchase and redemption options.
5. To add new bank information to the account(s) or to change existing 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.

Amundi Pioneer
ASSET MANAGEMENT