

Amundi US

Authorized Trader Designation for Corporate, Partnership or Other Entity Accounts

Use this form to appoint one or more Authorized Traders or "Account Information Only" access individuals to an account, or to change a current Authorized Trader Designation. By submitting this form, you will completely replace any prior designations for the account specified in Section 1. You must list all authorized individuals you want to designate, even if you are updating the information of only one individual.

Mail completed form to Amundi US, PO Box 534427, Pittsburgh, PA 15253-4427.

Overnight Address: Amundi US, Attention 534427, 500 Ross Street, 154-0520, Pittsburgh, PA 15262.

If you have questions, call us at 1-800-225-6292.

Please print in blue or black ink.

1 Corporation/Partnership/Entity Information

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

Business / Entity Name

Social Security / Tax Identification Number

Address

City

State

Zip Code

Telephone Number

This designation applies to:

Account Number

Account Number

Note: Authorized trader designations will carry over automatically to any accounts derived from the accounts listed above.

2 Authorized Trader Designation

The section below must be completed in full in order for this designation to be processed. Provide the name(s) of the individuals you would like to authorize on the account(s) indicated in Section 1. Next to each individual's name and phone number, indicate the level of authority you are granting to that person. Each level of authorization and its capabilities on the account are described below.

Authorized Traders (AT): These individuals have full authority to act on behalf of the organization. This authority includes being able to receive any information related to the account, perform any transactions to the account, and make any necessary updates to the account options and attributes.

Account Information Only (IO): These individuals can receive any information related to the account verbally or in writing (to include account balances, statements, etc.) but are not authorized to perform financial transactions.

I hereby designate the individual(s) named below as authorized traders on the above named account(s) and, in doing so, grant the individual(s) the capacity to receive information and/or act on the account in accordance with the level of authorization indicated below. I hereby revoke any prior Authorized Trader designations on the above named account(s).

2 Authorized Trader Designation (continued)

		Level of Authorization	
Full Name and Title of Authorized Trader	Telephone Number	Check One:	Authorized Trader Account Information Only
Full Name and Title of Authorized Trader	Telephone Number	Check One:	Authorized Trader Account Information Only
Full Name and Title of Authorized Trader	Telephone Number	Check One:	Authorized Trader Account Information Only

Note: If you want to designate more than three authorized traders, please enclose an attachment with this form containing the required information for each additional trader, with the level of authorization indicated. **This additional sheet must be signed in capacity and dated by an authorized individual of the business to be considered in good order.**

Check here if you are attaching additional information.

3 Signatures

I have full authority and capacity to appoint authorized traders to the account(s). I authorize the Pioneer Funds and their agents to establish the Authorized Trader Designation requested herein and allow the authorized trader(s) to act in the manner I have indicated on this form. I understand that the Authorized Trader Designation will remain in effect unless the transfer agent receives a valid revocation in writing. I recognize that none of the Pioneer mutual funds, their distribution, 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 of Individual (required)	Legal Capacity	Date (Month/Day/Year)
------------------------------------	----------------	-----------------------

4 Signature Validation

A Signature Validation Program Stamp from all registered owners is required on this form unless you include a copy of the articles of incorporation for a corporate account or a copy of the partnership agreement for a partnership account.

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 or signature guarantee.**

Use this space for Signature Validation Program Stamp if required.