

AMUNDI US SIMPLE INDIVIDUAL RETIREMENT ACCOUNT (IRA) DISTRIBUTION REQUEST FORM

This form is not intended for required minimum distributions, trustee to trustee transfers, or conversion requests. For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

I. PARTICIPANT INFORMATION – Please print

Name: _____ Cell Phone: () _____
Address: _____ Alternate Telephone: () _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Date of Birth: _____
Account Number: _____ SIMPLE IRA – Year First Established*: _____

*A distribution received before you attain age 59½ is considered a premature distribution and is subject to a penalty tax equal to 10% of the distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25%.

II. REASON FOR DISTRIBUTION

The distribution is being made for the following reason (check one):

1. Normal distribution - You are age 59½ or older.
2. Early (premature) distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons.
3. Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
4. Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.*
5. Transfer incident due to divorce or legal separation - Contact Shareholder Services regarding additional document requirements.
6. Removal of excess - You must complete **Section III (Excess Contribution Election)** in its entirety.
7. Direct rollover to a (Select One): 401(k) 403(b) TSP 457 plan Qualified Plan (other) - You certify that the receiving custodian will accept the IRA assets issued. Provide the receiving custodians information below -

Receiving Custodian: _____ Account Number: _____

Street: _____ City: _____ State: _____ Zip: _____

NOT FOR USE FOR IRA TO IRA ROLLOVERS. A DISTRIBUTION FROM AN IRA TO AN IRA IS A 60 DAY ROLLOVER LIMITED TO ONE EACH 12 MONTHS PER INDIVIDUAL, THIS LIMIT APPLIES TO ALL IRA ACCOUNTS YOU OWN REGARDLESS OF TYPE. FOR A DIRECT TRANSFER TO ANOTHER IRA OBTAIN THE RECEIVING CUSTODIANS TRANSFER FORM.

8. Qualified Reservist Distribution
9. Qualified Hurricane Distribution
10. Qualified Birth or Adoption Distribution as defined in section 72(t)(2) of the Internal Revenue Code

*For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

III. EXCESS CONTRIBUTION ELECTION

Instructions for the Participant: You must indicate how the return of excess should be distributed in **Section IV - DISTRIBUTION AMOUNT (subsection A)** we will distribute proportionately across all funds. A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

Important: Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The 6% excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

Earnings on Salary Deferral and Employer Contributions - For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59½. You must file IRS Form 5329 *Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts* to report any excise tax.

SALARY DEFERRAL CORRECTION

Excess Salary Deferral: \$ _____ Date Deposited: _____

Salary deferral excess is being corrected: (select either A, B, or C)

- A. Within the same calendar that the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.
- B. Between January 1 and April 15th following the calendar year in which excess deferral was deposited. Earnings (if any) will be calculated based on the December 31st value for the deferral calendar year.
- C. After April 15th following the calendar year in which the excess deferral was deposited. Earnings (if any) will be calculated through the date of correction.

EMPLOYER CONTRIBUTION CORRECTION – (Employer signature required)

Excess Employer Contribution: \$ _____ Date Deposited: _____

Important: The employer must sign below in addition to the Participant signature in the Participant Authorization section to facilitate this request, if the participant is also the employer i.e., a self-employed individual they must in both sections. Unless the participant indicates a specific fund(s) and allocation by percent to distribute the excess and possible earnings in Section IV - DISTRIBUTION AMOUNT (subsection A) we will distribute proportionately across all funds.

Earnings (if any) will be calculated through the date of correction.

The check will be made payable to the company and mailed to the following address.

Company Name: _____ Phone Number: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Signature (required): _____ Date: _____

Employer's Printed Name (required): _____

IV. DISTRIBUTION AMOUNT - Complete sections A OR B

A. ONE TIME REDEMPTION - Choose one: Liquidate Entire Account or Partial Distribution of \$ _____¹

¹**Distribution will be taken proportionately across all funds unless specific fund(s) and amount(s) are indicated below:**

Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Total Amount: \$ _____ or Total 100%

OR

B. PERIODIC DISTRIBUTIONS: Amount of each distribution \$ _____¹

Beginning Date MM/DD/YYYY ____/____/____ Frequency: Monthly Quarterly Semi-Annually Annually

| | |
|--|---|
| <i>If no beginning date is selected, distributions will be scheduled for the 20th. If this form is received after the beginning date selected the first distribution will occur immediately upon receipt and future payments scheduled on the date selected.</i> | <i>If a frequency is not selected, your distribution will be made annually on the 20th of the next available month.</i> |
|--|---|

¹**Distribution will be taken proportionately across all funds unless specific fund(s) and amount(s) are indicated below:**

Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Total Amount: \$ _____ or Total 100%

RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) - "Application of one-rollover-per-year limitation."

V. MAILING INSTRUCTIONS - (excluding employer excess contribution corrections)

Mail to my address of record
 Mail check to an alternate address and/or payee
 Payee: _____
 Street: _____ City: _____ State: _____ Zip Code: _____

¹**NOTE IF THE PAYEE IS AN IRA CUSTODIAN THIS WILL BE PROCESSED AS A DISTRIBUTION AND THE RECEIVING CUSTODIAN MUST TREAT THIS AS A 60 DAY ROLLOVER, LIMITED TO ONE EACH 12 MONTHS PER INDIVIDUAL, THIS LIMIT APPLIES TO ALL IRA ACCOUNTS YOU OWN REGARDLESS OF TYPE. FOR A DIRECT TRANSFER TO ANOTHER IRA OBTAIN THE RECEIVING CUSTODIANS TRANSFER FORM.**

Transfer funds electronically via ACH* Existing instructions on file New bank account* (**attach a voided check**).

Name of Financial Institution: _____
 Name on Bank Account: _____
 Address: _____
 Bank Routing Number: _____ Bank Account Number: _____

*A Medallion Signature Guarantee ("MSG") Stamp is required if the banking instructions are not already on file. An MSG may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association. The bank account must include your name in the account registration.

Purchase into my non-retirement account:

I have attached an Application with investment instructions (**or**)

I have an existing Account Number: _____ please invest in the following Fund(s):

Investments will be made in the same fund(s) redeemed unless specific funds and amounts are indicated below:

Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Fund: _____ Amount \$ _____ or Percentage: _____ %
 Total Amount: \$ _____ or Total 100%

VI. TAX WITHHOLDING ELECTION

A. Federal Withholding

Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income. This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

Please select one of the following:

I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions.*

I elect federal income tax withholding of _____% must be a whole percent, you may elect any rate from 1% to 100%.*

See the attached Form W-4R Withholding Certificate for Nonperiodic Payments which has the Marginal Rate Tables and "Suggestion for determining withholding" instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions.

B. State Withholding

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal income taxes are withheld or may mandate a fixed amount regardless of your federal tax election. Voluntary states let individuals determine whether they want state taxes withheld. Some states have no income tax on retirement payments. Please consult with a tax advisor or your state's tax authority for additional information on your state requirements. If you are completing this form, your below election will remain in effect until such time as you make a different election in writing to the Custodian.

I elect NOT TO have state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state tax withholding).

I elect TO have the following dollar amount or percentage withheld from my retirement account distribution for state income taxes (for residents of states that allow voluntary state tax withholding). \$ _____ or _____ %

VII. PARTICIPANT AUTHORIZATION

I certify that I am the individual authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Amundi US, or the Pioneer Funds, nor has any tax or legal advice been given by any agent of the Custodian, Amundi US, or the Pioneer Funds. All decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Amundi US, the Pioneer Funds, and their respective agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Substitute W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and

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 a failure to report all interest or dividends; or

c. The IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions found at www.irs.gov).

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out Line 2 if you have been notified by the IRS that backup withholding applies.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Participant's Signature: _____ Date: _____

Please review the Fund's prospectus for Medallion Signature Guarantee stamp requirements.

Medallion Signature Guarantee Stamp and Signature: An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee Stamp

Mail to the following:

First Class Mail:

Amundi US
PO Box 534427
Pittsburgh, PA 15253-4427

Overnight Mail:

Amundi US
Attention 534427
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Customer Service:

1-800-622-0176

Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments – For use with IRAs ONLY

Where instructed to provide your withholding election on “line 2” use the space provided on the attached form under “Federal Income Withholding Election.”

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

| Single or Married filing Separately | | Married filing jointly or Qualifying surviving spouse | | Head of household | |
|-------------------------------------|--------------------------------|---|--------------------------------|--------------------|--------------------------------|
| Total income over— | Tax rate for every dollar more | Total income over— | Tax rate for every dollar more | Total income over— | Tax rate for every dollar more |
| \$0 | 0% | \$0 | 0% | \$0 | 0% |
| 14,600 | 10% | 29,200 | 10% | 21,900 | 10% |
| 26,200 | 12% | 52,400 | 12% | 38,450 | 12% |
| 61,750 | 22% | 123,500 | 22% | 85,000 | 22% |
| 115,125 | 24% | 230,250 | 24% | 122,400 | 24% |
| 206,550 | 32% | 413,100 | 32% | 213,850 | 32% |
| 258,325 | 35% | 516,650 | 35% | 265,600 | 35% |
| 623,950* | 37% | 760,400 | 37% | 631,250 | 37% |

*If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions: Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 2 - More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other

withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter “13” on line 2.