Amundi US

Change of Dealer Authorization

Mail 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 any questions, please call us at 1-800-225-6292.
Please print in blue or black ink.

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1 Shareowner Information - Must appear as account is registered

Shareowner's Name (First, Middle Initial, Last) | Social Security Number

Joint Owner's Name, if applicable (First, Middle Initial, Last) | Social Security Number

2 Account Information - To be completed by the shareowner(s)

☐ I authorize the change of dealer on all accounts registered under my SSN

OR

☐ I authorize the change of dealer on only the specific accounts listed below:

Account Number | Account Number

Account Number | Account Number

Note: If nothing is checked, this dealer change will apply to all accounts under your Social Security Number.

3 New Dealer Information - To be completed by your dealer

☐ I authorize the removal of the current financial professional and dealer on the account(s) referenced in Section 2. No financial professional will be assigned to the account(s).

OR

☐ I authorize the replacement of the current financial professional and dealer on the account(s) referenced on Section 2 with the representative and firm listed below:

Representative Name | Representative Number

Firm Name | Branch Number

Branch Office Address | Telephone Number

City | State | Zip Code

We confirm this dealer substitution and authorize and direct you to act as our Agent in accordance with the provisions of the Amundi US account application(s) for the account(s) indicated in Section 2. We hereby guarantee the genuineness of the shareowner signature(s) and represent to you that we are duly qualified and licensed to sell securities under the laws of the state shareholder(s) of residence and that we have executed a Dealer Sales Agreement with Amundi Distributor US, Inc.

X
Authorized Signature (Required), Title | Date (Month/Day/Year)

4 Signature - All registered owners must sign

I authorize the change of dealer on my account(s). If I have elected to remove the current financial professional and dealer on my account(s), I acknowledge that Amundi US, the Pioneer Funds, and their service providers do not provide investment advice or investment recommendations.

X
Signature (must appear exactly as account is registered) | Date (Month/Day/Year)

X
Signature (must appear exactly as account is registered) | Date (Month/Day/Year)

Amundi
ASSET MANAGEMENT