

Amundi US

Beneficial Ownership Certification Form for Legal Entities and Institutions

Use this form to provide identifying information for the individual beneficial owners of the organization or legal entity.

By submitting this form, you will completely replace any prior designation for the account listed in Section 1. It is important that you list all control persons and/or beneficial owners you want to designate even if you are updating information for only one control person or beneficial owner.

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

Questions? Please contact Amundi US at 1-800-622-6292.

For the purposes of this form, what is the definition of a “Beneficial Owner,” and what legal entities generally need to provide a list of beneficial owners to Amundi US?

Under U.S. federal law, Amundi US is required to collect identifying information for beneficial owners of certain accounts. The requirement to obtain beneficial ownership information generally applies to corporations, limited liability companies, or other legal entities created by filing a public document with a Secretary of State or other similar office, where 25% or more of the organization is owned, directly or indirectly, by a natural person. If the organization is owned, in whole or in part, by a non-natural person (e.g. a “nominee” owner) you must still provide identifying information for any and all ultimate natural person beneficial owners whose equity interest equals or exceeds 25% of the organization. In certain instances, Amundi US may also ask an organization to disclose any and all natural person beneficial owners whose equity interest in the organization equals or exceeds a threshold less than 25%.

Certain legal entities, such as estates, non-statutory trusts, non-profit organizations, and sole-proprietorships do not generally need to provide beneficial ownership information. However, we may ask you to use this form to identify a person who has authority to act on behalf of the account in Section 2.

If you believe your organization may be exempt from the requirement to disclose beneficial owners, we may ask you to use this form to confirm your organization’s exempt status.

For the purposes of this form, what is the definition of a “Control Person?”

A control person is an individual with significant responsibility for controlling or directing the affairs of the organization or legal entity. Under U.S. federal law, Amundi US is required to collect identifying information for a control person of certain legal entity customers. This requirement applies to most corporations, limited liability companies, non-profit organizations, and partnerships. For these legal entity customers, the control person is often a senior officer, executive, treasurer, or other key manager of the organization.

How does Amundi US use the personal information of its customers?

Amundi US considers the privacy of our customers and former customers a matter of great importance. We believe that any personal customer data we collect should be treated with the highest regard for its confidentiality, whether it is financial information or other personal data. For more information, please refer to our Privacy of Customer Information notice, which can be obtained on our website, amundi.com/usinvestors.

USA PATRIOT Act Information

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

Please talk to your investment professional or call Amundi US at 1-800-225-6292 if you have any questions about completing this application.

For information about our privacy policy, see the Privacy of Customer Information notice, which is mailed upon confirming the new account opening and annually thereafter. If you opened your account through a brokerage firm, you can also view the privacy brochure at amundi.com/usinvestors. Check each fund’s prospectus or summary prospectus for information about the share classes available and which is suitable for your investment.

Pioneer Funds (U.S. domiciled) are available for purchase only in the United States and its territories. The Funds will only accept accounts and purchases from U.S. citizens with a U.S. address, (including U.S. territories and military post offices), and a U.S. issued taxpayer identification number, or resident aliens with a U.S. address and U.S. taxpayer identification number.

Please print in blue or black ink.

1 Legal Entity Information

A. Account Information

Full Name of Organization or Legal Entity (Trusts must also provide a trust date)

Tax Identification Number

Amundi US Account Number

B. Address of Record

Business Address/Tax Residency Address

Mailing Address (Only required if mailing address and business address are not the same)

C. Organization or Legal Entity Classification

Use this section to confirm the status of the entity that owns the Amundi US account indicated in **Section 1A**.

Note: If you have been asked to provide documentary evidence to Amundi US to verify your account, please review the *Documentary Evidence Index* at the end of this form and match your organization or legal entity classification with the appropriate form of documentary evidence.

Estate

Non-Statutory Trust - Family or other non-retirement, non-business trust created through a Trust Agreement.

Statutory Trust - Business trust created through a filing with a state office - uncommon.

Sole Proprietorship

C Corporation

S Corporation

Partnership

Limited Liability Company (LLC) If you are Limited Liability Company (LLC), we also require you to check one of the four boxes below to indicate your federal tax classification:

C Corporation **S Corporation** **Partnership** **Disregarded Entity**

Charitable Organization or Foundation

Retirement Plan or Person (Amundi US will not serve as the fiduciary, trustee, custodian, and/or recordkeeper)

D. Additional Organization Characteristics

If any of the following characteristics describe your organization or legal entity, please notify us in this section. If one or more of these characteristics apply, you are generally not required to provide a control person in **Section 2** or beneficial owner information in **Section 3**. If none of these apply, please skip this section.

Publicly Traded Company - Check this box if shares of the organization named in **Section 1A** trade on a national stock exchange.

Ticker Symbol: _____

Financial Institution Regulated by a State Entity

Financial Institution Regulated by a National Entity

Municipal or Other U.S. Government Entity

Mutual Fund

Exempt Payee Code: If your organization is an exempt payee for the purpose of IRS information reporting, provide your exempt payee code here. A list of exempt payee codes can be found in the general instructions for IRS Form W-9.

2 Control Person

Use this section to provide identifying information for an individual with significant responsibility for controlling or directing the affairs of the organization or legal entity.

If the organization is a sole-proprietorship, skip to **Section 3**. Amundi US will treat the owner of the sole-proprietorship as the individual managing the affairs of the organization.

Name of Control Person or Controlling Agent

Social Security Number

Residential Address

Telephone Number

Mailing Address (Only required if mailing address and residential address are not the same)

Date of Birth

Check this box if you elect to add an additional control person to the account. Attach a separate page listing the name, residential address, phone number, date of birth, and social security number of each additional control person. **This additional sheet must be signed and dated by the Authorized Organization Representative to be considered in good order.**

3 Beneficial Owners of Certain Business Organizations

Use this section to provide identifying information for the individual beneficial owners of the organization or legal entity.

Estates and non-statutory trusts do not need to complete this section, and may skip to **Section 4**.

Check this box if no natural person owns more than 25% of the equity interest of the organization. If this applies, skip to **Section 4**.

Name of Beneficial Owner

Social Security Number

Residential Address

Telephone Number

Mailing Address (Only required if mailing address and residential address are not the same)

Date of Birth

Name of Beneficial Owner

Social Security Number

Residential Address

Telephone Number

Mailing Address (Only required if mailing address and residential address are not the same)

Date of Birth

Check this box if more than two natural persons owns more than 25% of the equity interest of the organization. Attach a separate page listing the name, residential address, date of birth, and social security number for each of these additional beneficial owners. **This additional sheet must be signed and dated by the Authorized Organization Representative to be considered in good order.**

4 Signatures

USA PATRIOT Act Certification: By signing below, I certify that I have received, read, and understand the USA PATRIOT Act information provided by Amundi US and that the information that I am providing is true and accurate. I understand that Amundi US will not accept money on my behalf if my identity cannot be properly verified. I authorize Amundi US to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law) at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

I certify that I have the authority and legal capacity to give instructions for this account and agree to be bound by the terms of this form, the Amundi US account application that preceded or accompanies this form, and the current fund prospectus. I further certify that any and all information provided in Section 1, Section 2, and Section 3 is complete and correct. I understand that by submitting this form, I will completely replace any prior designation for the account listed in Section 1.

I understand that if the Organization has more than one control person, controlling agent, authorized trader, or authorized organization representative ("Representative"), Amundi US may accept instructions from any of the Representatives. I understand that the Organization is responsible for notifying Amundi US when a Representative should be added or removed from the account, and the addition or removal of any such Representative will be subject to the reasonable procedures of Amundi US. I agree that none of the Pioneer Funds, their distributor, transfer agent or affiliated companies, or their directors, trustees, or employees will be liable for any loss, cost or expense as a result of acting on such instructions, provided Amundi US employs reasonable procedures to confirm that such instructions are genuine.

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.

Note: This section must be signed *in capacity*; to indicate your capacity, provide your title with respect to the organization on the signature line below (e.g. *trustee, personal representative, officer, president*)

X

Signature of Authorized Organization Representative

Legal Capacity

Date (Month/Day/Year)

X

Signature of Authorized Organization Representative

Legal Capacity

Date (Month/Day/Year)

5 Addendum - Documentary Evidence Index

As part of our Customer Identification Policy, Amundi US will ask for documentary evidence that verifies the status of the legal entity that owns the account whenever a new account is opened or whenever there is a material change to the legal entity that owns an established account. Use this section to identify the documentary evidence that is generally provided for the account types in the index below. If you have any questions, please contact Amundi US.

Estates - Copy of Letters of Testamentary or Letters of Administration, issued by a court.

Non-Statutory Trust - Title and signatures pages of the Trust Agreement or a Certificate of Incumbency

Statutory Trust - Document filed to create the Statutory Trust

Sole Proprietorship - Document filed to create the Sole Proprietorship

C Corporation - Articles of Incorporation or Business License

S Corporation - Articles of Incorporation or Business License

Partnership - Partnership Agreement

Limited Liability Company (LLC) - Articles of Association or other Certificate of Organization

Charitable Organization or Foundation - Articles of Association or other Certificate of Organization

Retirement Plan (Amundi US will not serve as the fiduciary, trustee, custodian, and / or recordkeeper) - Title and Signature Pages of the Trust Agreement