

# Amundi US

## Name Change Request Form

Use this form to notify Amundi US that your name has changed. We will update all directly held accounts registered under the Social Security Number, Taxpayer Identification Number, or Account Number(s) you provide in Section 1 of this form.

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

Please print in blue or black ink. Original form is required. If you have questions, call us at 1-800-225-6292.

### 1 Registration Information for Existing Account(s)

Please provide your name as it currently appears on your Amundi US account(s).

Name (First, Middle Initial, Last)

Fund/Account Number(s)

Social Security/Taxpayer Identification Number

Address

City

State

Zip

Telephone Number

If you want to change your name on accounts registered under a different Social Security or individual Taxpayer ID Number (e.g., joint, custodial, or trust accounts), list the fund and account numbers below.

Fund/Account Number(s)

### 2 Name Change

Provide both your former name and new name in this section.

I hereby certify that \_\_\_\_\_ was changed to \_\_\_\_\_

Print Former Name

Print New Name

and is one and the same person. Please change the registration on all accounts registered under my Social Security/Tax Identification Number and/or accounts listed above to reflect my new name.

### 3 Signature and Taxpayer Identification Certification

Please sign this form exactly as your new name appears in Section 2. A Signature Guarantee or Notary Seal is required in Section 4. If you are a foreign shareholder, additional requirements may apply. Please contact Amundi US for more information.

**Taxpayer Identification Number Certification:** Under penalties of perjury, I certify: 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 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 by the IRS on Form W-9 instructions found at [www.irs.gov](http://www.irs.gov)); and 4. The FATCA code(s) 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 IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Owner's Signature

Date (Month/Day/Year)

### 4 Signature Validation

A Signature Guarantee or a Notary Seal is required on this form. Note: The Pioneer Funds and their transfer agent will also accept a Signature Validation Program Stamp or Medallion Signature Guarantee Stamp executed by eligible issuers participating in the Securities Transfer Agents Medallion Program 2000 (STAMP 2000) on your non-financial account request. 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 participating broker/dealers, municipal and government securities dealers whose net capital exceeds \$100,000. Please keep in mind that if any part of your request results in a financial transaction, we will require a Medallion Signature Guarantee.

Use this space for Signature Guarantee or Notary Seal.