

# Amundi US

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## Redemption Form

Use this form to redeem assets from a non-retirement account. If you have questions, call us at 1-800-225-6292.

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

Fax: 1-800-225-4240 (If your form requires a Medallion Signature Guarantee, it must be mailed.)

### Requirements for Redemptions to Living Owner(s):

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Complete Section 1. In Section 2A, check 1. *I am the account owner; redeem my assets.* Proceed to Sections 3 - 5. In Section 6, all account owner(s) must sign as registered. A Medallion Signature Guarantee may be required. See Section 7 for more details.

### Requirements for Redemptions Due to Death:

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Please note that each unique circumstance could require additional documentation. A Medallion Signature Guarantee may also be required. See Section 7 for more details.

#### Individual Accounts

In case of death of owner, the agent of the account owner's estate can authorize a redemption by completing and signing (in capacity) an Amundi US *Redemption Form*. The estate's Taxpayer Identification Number (TIN) should be provided in **Section 2A**. An inheritance tax waiver from the state of residence for the decedent may also be required. If the decedent's account has been claimed via a small estate affidavit or another legal process that bypasses the estate probate process, please contact our Customer Service Department for special requirements.

#### Joint Accounts

In case of death of a joint tenant (JT TEN) account owner, the surviving registered tenant(s) must also complete **Sections 2A & 2B**. If the redemption is to be reported under a different Social Security Number (SSN), the surviving tenant must provide their SSN in **Section 2A**. A tax waiver from the state of residence for the decedent may also be required. For death of owner(s) on tenants in common (TEN COM) or tenants by the entirety (TEN ENT) accounts, please call our Customer Service Department to confirm our full requirements.

#### Transfer on Death (TOD) Accounts / Declaration of Trust Accounts (DTR)

The beneficiary(ies) can each authorize a redemption of their beneficial shares by completing and signing a separate Amundi US *Redemption Form*. The beneficiary(ies) must provide their SSN in **Section 2A**. A tax waiver from the state of residence for the decedent may also be required.

#### Trust Accounts

If a trustee has died and the successor trustees are using this form to request a redemption, each acting trustee must sign this form in their legal capacity (trustee). If the account is to be redeemed using a Tax Identification Number (TIN) or a Social Security Number (SSN) other than the current TIN on file with Amundi US for the trust, the remaining and/or successor trustee(s) must provide a TIN or SSN in **Section 2A**. If the redemption is due to the death of the trust's grantor, a tax waiver from the state of residence for the decedent may also be required.

### Amundi US' Reinvestment Privilege:

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Please note that shares sold from your Class A shares account may be eligible for the Fund's Reinvestment Privilege, which allows investors to reinvest all or a portion of the amount they sold without a sales charge within 90 days of redemption. Certain restrictions apply - please refer to the fund prospectus or the Amundi US *Reinvestment Form* for complete details of the reinvestment privilege.

Please print in blue or black ink.

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## 1 Investor Information

### Name(s) on the account(s)

Name (First, Middle Initial, Last) \_\_\_\_\_

Name (First, Middle Initial, Last) \_\_\_\_\_

Fund(s)/Account Number(s) \_\_\_\_\_

Last Four Digits Social Security/Taxpayer Identification Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

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## 2 Type of Redemption

Indicate the type of redemption requested and provide details where applicable.

### A. Type of Redemption

1. I am the account owner; redeem my assets **(Proceed to Section 3.)**
2. Redemption due to death of shareowner **(Select your relationship to the deceased shareowner below.)**
  - Executor, Administrator or Personal Representative
  - Remaining Trustee
  - Successor Trustee
  - Surviving spouse joint owner (I certify that I was legally married to the shareholder at the time of his or her death.) **(Section 2B Required)**
  - Surviving non-spouse joint owner **(Section 2B Required)**
  - Spouse beneficiary (I certify that I was legally married to the shareholder at the time of his or her death.)
  - Non-Spouse beneficiary

Name of Requestor (Required) \_\_\_\_\_ and Mailing Address \_\_\_\_\_

Date of Death (Required) \_\_\_\_\_

SSN/TIN (Required)\* \_\_\_\_\_

Alternate Date (Optional) \_\_\_\_\_

Alternate Value (Optional) \_\_\_\_\_

### B. Details of Redemption Due to Death (Required for joint accounts only.)

**Note: If more than one or all owners are deceased, the dates of death for the deceased owners must be provided and you must clearly identify the last living account owner**

Cost basis will be adjusted per IRS regulations for inherited assets. To properly adjust the cost basis, provide the percentage of assets invested by each owner:

Joint owners invested an equal percentage of assets

Joint owners invested different amounts (complete the information below)

Deceased Shareowner's Name \_\_\_\_\_ % Invested \_\_\_\_\_

Surviving Joint Owner's Name \_\_\_\_\_ % Invested \_\_\_\_\_

**Note: If there are additional surviving joint owners, please attach the appropriate information. This attachment must be signed and dated to be considered in good order.**

\*Any SSN/TIN provided in Section 2A will be used for tax reporting purposes.

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**3 Redemption Amount****Total withdrawal of all assets**

**Partial withdrawal from the following fund(s)** (Indicate fund names and amount to be withdrawn. Withdrawal will be made proportionally from the funds you are currently invested in unless you indicate otherwise.):

<b>Fund Name</b>	<b>Amount</b>
_____	\$ _____ or _____ % or # _____ shares.
_____	\$ _____ or _____ % or # _____ shares.
_____	\$ _____ or _____ % or # _____ shares.

**Note:** Redemption requests from Class C shares may be subject to a Contingent Deferred Sales Charge (CDSC). Any applicable CDSC will be taken from amount requested, unless otherwise noted.

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**4 Cost Basis Method**

**Complete this section if you would like to override the cost basis method for this transaction only.** Skip to Section 5 if you would like to use the current cost basis method for any covered shares on your fund(s)/account(s). If no prior cost basis method was chosen, the cost basis for covered shares in this redemption will be reported using the Funds' default method of Average Cost. To change the method listed on your account, please call us at 1-800-225-6292 for additional requirements.

**Note:** A redemption of covered shares using Average Cost limits the shareholder's ability to change their cost basis method retrospectively.

**Use the cost basis method on my account**

**Use the following cost basis method for this redemption** \_\_\_\_\_ **(First In, First Out; Last In, First Out; Selected Lot Depletion\*; etc.)**

\*Specific Identification requires you to indicate below which share lot you wish to redeem.

**Purchase Date** \_\_\_\_\_ **Selected Lot Shares** \_\_\_\_\_

**Purchase Date** \_\_\_\_\_ **Selected Lot Shares** \_\_\_\_\_

**Purchase Date** \_\_\_\_\_ **Selected Lot Shares** \_\_\_\_\_

**Note:** If your selected share lot is insufficient to cover the redemption, or has been previously depleted, we will redeem your shares using First In, First Out method.

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**5 Payment Options (select one)**

**A. Send payment to the current address of record listed on the account. (Check sent regular mail unless overnight option is selected.)**

**Optional:** Expedited Delivery (Fee will automatically be deducted from your Amundi US account. Signature is not required for delivery.)

**B. Send payment to a different name or address (Medallion Signature Guarantee required – See Section 7).**

\_\_\_\_\_  
Name of Payee

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**C. Send payment directly to the following bank account via the following method: (Medallion Signature Guarantee may be required – See Section 7)**

ACH (No additional fee required)

Wire (Applicable bank wire fee will automatically be deducted from your Amundi US account.)

**Note:** If a method is not provided in Section 5, Option A will apply for your payment. If Option C is checked and a method is not provided, your payment will automatically be sent via ACH.

## Tape your "voided" check or deposit slip here.

Attach a preprinted check or preprinted savings account deposit slip marked "VOID." If a voided check or deposit slip is not available, ask your bank for its routing and clearinghouse numbers. Starter checks or starter deposit slips are not acceptable for bank information.

Checking Account          Savings Account

Name on Bank Account (First, Middle Initial, Last)

Bank Account Number

Bank ABA Routing Number

Bank Name

Bank Telephone Number

## 6 Signature(s) and Taxpayer Identification Certification

I authorize the withdrawal specified above and recognize that the Pioneer Funds, their distribution, transfer agent, or affiliated companies, or their directors, trustees, or employees (collectively, "Amundi US") will not be liable for any loss, damage, or expense as a result of acting upon my instruction; and certify that no tax advice has been given to me/us by Amundi US. In the case that this redemption or transfer is due to the death of an account owner, I certify that the information in Section 2 of this form is correct.

**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](http://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.***

**X**

Owner/Beneficiary/Legal Representative

Legal Capacity

Date (Month/Day/Year)

**X**

Owner/Beneficiary/Legal Representative

Legal Capacity

Date (Month/Day/Year)

**Note:** If applicable, include your legal capacity (e.g. Trustee, Custodian, Executor, etc.) on the signature line above.

## 7 Medallion Signature Guarantee

A Medallion Signature Guarantee is required if:

1. The proceeds will be sent to a bank account that is not currently on file.
2. The proceeds will be sent to an address other than the address of record on the account.
3. The proceeds will be made payable to a party other than the registered owner(s).
4. The total distribution value exceeds \$100,000.
5. The address of record has changed in the past thirty (30) days.
6. You are the beneficiary of the deceased account holder.

**Note:** There may be other unique situations that require a Medallion Signature Guarantee. The Pioneer Funds and their transfer agent accept Medallion Signature Guarantees executed by an eligible issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). 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/dealers, and government securities broker/dealers whose net capital exceeds \$100,000. For your protection, a Medallion Signature Guarantee is required for certain requests. **Notarized signatures or signature guarantees from financial institutions that are not participating in one of these programs will not be accepted.**

**Provide Medallion Signature Guarantee Here.**