

Pioneer Investments Retirement Plans

Pioneer Uni-K PlanSM Set-Up Kit

It's Easy to Open a Pioneer Uni-K PlanSM

1. Complete the *Uni-K Adoption Agreement* in this booklet. Keep this form for your records, along with the *Uni-K PlanSM Document* that is enclosed with this kit. The Adoption Agreement does not need to be filed with the IRS. If your business is incorporated, execute a *Board of Directors Resolution* adopting the plan. (Sample is enclosed in this kit).
2. Complete the *Pioneer Uni-K Account Application*. If there are multiple business owners (partners or spouses), each participant should complete an Account Application. Photocopies may be used if additional forms are needed.
3. If you are transferring assets from another retirement plan or IRA, fill out the *Pioneer Rollover/Transfer Form*. Pioneer will arrange the transfer for you.
4. Complete the *Pioneer Designation of Beneficiary Form*. For additional beneficiary information, refer to the *Beneficiary Questions and Answers* included in this kit.
5. Each participant who elects to make salary deferral contributions should fill out a *Pioneer Salary Deferral Agreement*. Keep these forms with your business records. (Please do not forward to Pioneer.) The *Pioneer Uni-K Remittance Form* must accompany any contributions.

Send to:

Pioneer Investment Management Shareholder Services, Inc. (PIMSS)
P.O. Box 55150
Boston, MA 02205-5150

For overnight courier mail, please use the following address:

Pioneer Investment Management Shareholder Services, Inc. (PIMSS)
30 Dan Road
Canton, MA 02021-2809

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.

Foreign Banks and Foreign Intermediaries will need to provide additional information to comply with Section 312 of the USA PATRIOT Act.

Please talk to your investment professional or call Pioneer at 1-866-622-7815 if you have any questions about completing this application.

For information about Pioneer's privacy policy, see the Privacy of Customer Information brochure that accompanies each Fund's prospectus. Check each Fund's prospectus for information about the share classes available and which is suitable for your investment. This plan is intended for US citizens only.



This booklet contains:

- **Adoption Agreement**
- **Account Application**
- **Rollover/Transfer Form**
- **Designation of Beneficiary Form**
- **Salary Deferral Agreement**
- **Remittance Form**
- **Additional Information**

Pioneer Retirement Plans

Uni-K Standardized Adoption Agreement

**EGTRRA
11.09**

Please complete all Sections. Do not send to Pioneer. Retain this form for your records.

Employer Information

Note: This election will apply to all accounts held under the retirement plan indicated.

Name of Adopting Employer

Street Address

City

State

Zip Code

Telephone

Adopting Employer's Federal Tax Identification Number

Plan Sequence Number

Adopting Employer's Tax Year End (Specify month and day)

Name of Plan

1 Effective Dates *Complete A or B*

A. New Plan Effective Date This is the initial adoption of a 401(k) profit sharing plan by the Adopting Employer.

The Effective Date of this Plan is _____

Note: The Effective Date is usually the first day of the Plan Year in which this Adoption Agreement is signed and may not be earlier than such date. Elective Deferrals, however, cannot be made available before the later of the date this Adoption Agreement is signed or the Effective Date for Elective Deferrals.

B. Existing Plan Amendment or Restatement Date This is an amendment or restatement of an existing qualified plan (a Prior Plan).

The Prior Plan was initially effective on _____

The Effective Date of this amendment or restatement is _____

Note: The restatement Effective Date is generally the first day of the Plan Year in which this Adoption Agreement is signed. Notwithstanding the foregoing, Effective Dates for certain items (e.g., EGTRRA and other government pronouncements) are governed by the dates specified in the Basic Plan Document. If Elective Deferrals are being made available for the first time as a result of this amendment and restatement, the Elective Deferrals cannot be made available before the later of the date this Adoption Agreement is signed or the Effective Date for Elective Deferrals.

2 Eligibility *Complete A and B*

A. Age Requirement An Employee will be eligible to become a Participant after attaining age 21.

Years of Eligibility Service Requirement An Employee will be eligible to become a Participant in the Plan after completing (enter 0 or 1) ____ Year of Eligibility Service.

Hours Required For Eligibility Purposes _____ (no more than 1,000) Hours of Service shall be required to constitute a Year of Eligibility Service.

B. Employees Employed As of Effective Date Will an Employee employed as of the Effective Date listed in Section One, Part A of the Adoption Agreement who has not otherwise met the requirements of Part A above be considered to have met those requirements as of the Effective Date (select one)?

Option 1: Yes **Option 2:** No

Note: If no option is selected, Option 2 shall be deemed to be selected.

C. Entry Date

Entry dates shall be the first day of the Plan Year and the first day of the seventh month of the Plan Year. Except as otherwise provided for in subsection B above (regarding employees employed as of the Effective Date), each Employee will become a Participant on the first Entry Date coinciding with or following the date the Employee satisfies the eligibility requirements of Plan Section 2.01

3 Contributions

A. Elective Deferrals Both Pre-Tax Elective Deferrals and Roth Elective Deferrals will be permitted under this Plan.

B. Employer Profit Sharing Contributions Employer Profit Sharing Contributions, if any, shall be allocated to all Qualifying Participants pursuant to the pro rata allocation formula described in Section 3.04(B)(1) of the Plan.

4 & 5 Vesting And Forfeitures, Distribution And Loans To Participants

There are no elections required for Sections 4 (Vesting and Forfeitures) and 5 (Distributions and Loans to Participants). Refer to the Basic Plan Document for information regarding these Sections.

6 & 7 Definitions And Miscellaneous

The assets of the Plan shall be invested only in those investments approved by Pioneer Investment Management, Inc. (see Uni-K Account Application) There are no elections required for Section 6 & 7. Refer to the Basic Plan Document for information regarding this Section.

8 Trustee

Part A. Trustee (This Part A must be completed unless the Plan only covers one or more Self-Employed Individuals or satisfies another exception under ERISA (select one).

1. Trustee Appointment

Option 1: Financial Organization as Trustee **Option 2:** Individual Trustee(s)

The Trustee of this Plan shall be a: Directed Trustee Discretionary Trustee

Name of Trustee: **Pioneer Investment Management USA Inc.**

Address: **60 State Street, Boston, MA 02109**

Telephone: **1-866-622-7815**

Signature _____ Title **Executive Vice President**

2. Trustee Agreement If a Trustee is designated in Part A, item 1 above, which trust agreement will apply to the Plan (select one)?

Option 1: Trust provisions contained in Plan Section Eight. **Option 2:** Separate executed trust agreement attached hereto

Note: If no option is selected, Option 1 will apply. If Option 2 is selected, the attached trust agreement must be one filed with the IRS for use by the Prototype Sponsor listed in Section Nine below.

Part B. Custodian (Both a Custodian and Trustee may be appointed for the Plan. This Part B must be completed unless a Trustee is named in Part A, above.)

1. Custodian Appointment

Financial Organization **Not Applicable**

Address **Not Applicable**

Signature **Not Applicable**

Type Name **Not Applicable** Title _____

2. Custodial Agreement If a Custodian is designated in Part B, item 1 above, which custodial agreement will apply to the Plan (select one)?

Option 1: Custodial provisions contained in Plan Section Eight **Option 2:** Separate executed custodial agreement attached hereto

Note: If no option is selected, Option 1 will apply. If Option 2 is selected, the attached custodial agreement must be one filed with the IRS for use by the Prototype Sponsor listed in Section Nine below.

9 Employer Signature Important: Please read before signing

Prototype Sponsor: Pioneer Investment Management USA Inc., 60 State Street, Boston, MA 02109, 1-866-622-7815

The undersigned Adopting Employer hereby adopts the Plan including the Adoption Agreement, the Basic Plan Document and the separate Trust Agreement. The separate Trust Agreement which is to be used in lieu of the trust agreement contained in Section Eight of the Basic Plan Document.

I am an authorized representative of the Adopting Employer named above and I state the following:

- 1) I acknowledge that I have relied upon my own advisors regarding the completion of this Adoption Agreement and the legal tax implications of adopting this Plan;
- 2) I understand that my failure to properly complete this Adoption Agreement may result in disqualification of the Plan;
- 3) I understand that the Prototype Sponsor will inform me of any amendments made to the Plan and will notify me should it discontinue or abandon the Plan; and
- 4) I have received a copy of this Adoption Agreement and the corresponding Basic Plan Document.

X _____
Signature of Adopting Employer Date

Print Name _____ Title _____

Note: The Adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under Code Section 401 of the Internal Revenue Code except to the extent provided in Revenue Procedure 2005-16. An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in Code Section 419(e), which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Code Section 419A(d)(3), or an individual medical account, as defined in Code Section 415(l)(2) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of Code Sections 415 and 416.

If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of Code Sections 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service. The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Revenue Procedure 2005-16. This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.

Pioneer Retirement Plans

Uni-K Account Application

EGTRRA

Mail to: Pioneer Investment Management Shareholder Services, Inc. (PIMSS), P.O. Box 55150, Boston, MA 02205-5150

Overnight Address: 30 Dan Road, Canton, MA 02021-2809

If you have any questions, please call Pioneer's Employer Sponsored Plan Information line at 1-866-622-7815.

Use this application only if you have completed the Uni-K Plan *Adoption Agreement*.

For information about Pioneer's privacy policy, see the Privacy of Customer Information brochure that accompanies each fund's prospectus.

Please print in blue or black ink.

1 Personal Information

This section must be completed in full in order for this application to be processed. If providing a P.O. Box as a mailing address, a residential address must also be provided.

First Name, Middle Initial, Last Name	Birthdate (mo/day/yr)	Social Security Number		
Street Address				
City	State	Zip Code	Daytime Telephone Number	Evening Telephone Number

Residency

U.S. citizen or resident alien or Foreign citizen of _____.*

*(Please attach IRS form W-8 BEN and a copy of a current government-issued identification document, such as a passport or an alien identification card.)

2 Company Information

Name of Employer Sponsoring Plan	Employer Tax ID Number		
Street Address	Telephone Number		
City	State	Zip Code	Contact Person

Send remittance form? Yes No

3 Initial Investment

<input type="checkbox"/> I am enclosing my retirement plan contribution.	\$ _____
<input type="checkbox"/> I am enclosing a check representing a rollover/transfer from another retirement account.	\$ _____
<input type="checkbox"/> I am enclosing a check representing a transfer of assets from another owner-only 401(k) plan.	\$ _____
<input type="checkbox"/> I am not enclosing a check, but have attached a Pioneer <i>Rollover/Transfer Form</i> . I understand that Pioneer will arrange the rollover/transfer.	\$ _____

Please make checks payable to Pioneer Investment Management USA Inc., Trustee.

4 Fee Option

If no box is checked, the first option will apply. I wish to pay the annual trustee fee as follows:

Deduct annually from my account. Enclosed is a check for the annual fee of \$25.00*

*Available to new plans only. The \$25 annual fee is waived if the account value is \$25,000 or greater. The account balance is determined at the time the annual fee is assessed. Any outstanding loan amounts are not included in the account balance.

5 Select Your Funds

Enter the percentage of your contribution that you wish to invest in each fund. Call 1-866-622-7815 or visit pioneerinvestments.com for most current fund availability.

	CLASS A Indicate %	CLASS C Indicate %
Growth Funds		
Pioneer Fundamental Growth Fund	(040)	(140)
Pioneer Growth Fund	(7003)	(7103)
Pioneer Growth Opportunities Fund	(060)	(160)
Pioneer Independence Fund	(090)	(182)
Pioneer Mid Cap Growth Fund	(008)	(108)
Pioneer Mid Cap Value Fund	(010)	(110)
Pioneer Oak Ridge Large Cap Growth Fund	(048)	(148)
Pioneer Oak Ridge Small Cap Growth Fund	(044)	(144)
Pioneer Research Fund	(023)	(123)
Pioneer Select Mid Cap Growth Fund	(7004)	(7104)
Balanced/Asset Allocation Funds		
Pioneer Classic Balanced Fund	(067)	(167)
Pioneer Ibbotson Aggressive Allocation Fund	(058)	(158)
Pioneer Ibbotson Conservative Allocation Fund	(066)	(166)
Pioneer Ibbotson Growth Allocation Fund	(057)	(157)
Pioneer Ibbotson Moderate Allocation Fund	(056)	(156)
International/Global Funds		
Pioneer Emerging Markets Fund	(015)	(115)
Pioneer Global Equity Fund	(080)	(180)
Pioneer International Value Fund	(007)	(107)
Growth and Income Funds		
Pioneer Disciplined Growth Fund	(079)	(179)
Pioneer Disciplined Value Fund	(078)	(178)
Pioneer Fund	(001)	(101)
Pioneer Cullen Value Fund	(065)	(165)
Pioneer Equity Income Fund	(011)	(111)
Pioneer Equity Opportunity Fund	(064)	(164)
Pioneer Value Fund	(002)	(102)
Income Funds		
Pioneer Bond Fund	(003)	(103)
Pioneer Floating Rate Fund	(095)	(195)
Pioneer Global Aggregate Bond Fund	(7000)	(7100)
Pioneer Global High Yield Fund	(028)	(128)
Pioneer Government Income Fund	(074)	(174)
Pioneer High Yield Fund	(024)	(124)
Pioneer Short Term Income Fund*	(055)	(155)
Pioneer Strategic Income Fund	(022)	(122)

The minimum initial purchase is \$250 per fund. If participating in an Automatic Investment Plan, the minimum purchase is \$50 per fund, \$100 for Pioneer Cash Reserves Fund.

Class A shares of equity funds have a maximum 5.75% sales charge at the beginning of the period. Class A shares of bond funds have a maximum 4.50% sales charge at the beginning of the period.

* Class A shares of Pioneer Short Term Income Fund have a maximum 2.50% sales charge at the beginning of the period.

Class C shares of equity and bond funds have a 1% contingent deferred sales charge that applies to redemptions made within one year of purchase.

5 Select Your Funds *Continued*

Write in your investment percentage and check the appropriate box. Call 1-866-622-7815 or visit pioneerinvestments.com for most current fund availability.

	CLASS A	CLASS C
Sector Fund	Indicate %	Indicate %
Pioneer Real Estate Shares	(014)	(114)
Money Market Funds		
Pioneer Cash Reserves Fund	(077)	(177)
Pioneer Treasury Reserves Fund	(073)	Not Available
Other¹		
Percentage must total 100%		

¹ Must be permitted by the Plan Trustee

Payment Method (Do not send cash or third party checks)

Check (made payable to PIMSS) Other _____

6 Automatic Investment Plan

Optional. Automatically withdraw from your bank account to invest in your Pioneer Uni-K account. (Complete **Section 7**)

Invest \$ Amount (\$50 minimum)	In Pioneer (fund)	Draft Date*
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter
_____	_____	the ____ (day) of ____ (month) every <input type="checkbox"/> month or <input type="checkbox"/> quarter

*If no draft date is provided, the option will be established the day it is received and the bank account will be drafted the following month.

7 Bank Information

Required if you want to establish bank instructions to purchase directly from your business' bank checking or savings account.
A voided check or preprinted account deposit slip is required to establish this service.

Tape your voided pre-printed check or deposit slip here.

Starter checks not acceptable for bank information.

Checking Account Savings Account

Name on Bank Account

Bank Account Number

Bank Name

Bank ABA Routing Number

8 Automatic Exchange

You may automatically exchange shares from one Pioneer fund into another Pioneer fund with the same registration and share class.

Exchange from (enter fund name*)	Amount per exchange	Exchange into (enter fund name)

Frequency of exchange: the ____ (day) of ____ (month) every month or quarter

*Originating fund must have a minimum balance of \$5,000. Automatic Exchanges will continue until the balance of the originating fund is zero, unless you advise Pioneer otherwise. If no start date is provided, the option will be established the day it is received and automatic exchanges will take place in the following month.

9 Telephone & Online Transactions*

I understand PIMSS will accept and act upon instructions from me (or any person purporting to act on my behalf either online or through Pioneer's FactFoneSM system) unless indicated otherwise:

Do **not** accept Telephone Exchanges Do **not** accept Online Exchanges

*To establish online transaction privileges you must complete the online registration found on pioneerinvestments.com

10 Signature

PATRIOT Act Certification: By signing below, I certify that I have received, read and understand the PATRIOT Act information provided by Pioneer, and that the information I am providing is true and accurate. I understand that Pioneer will not accept money and/or open this account on my behalf if my identity cannot be properly identified. I authorize Pioneer to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law), creditworthiness and ongoing eligibility for the account (and that of my spouse, if I live in a community property state) at account opening, at any time through the life of the account, and thereafter for debt collection or investigative purposes.

I hereby certify that I have established a Uni-K Plan in accordance with the terms and conditions of the Pioneer Uni-K PlanSM and Trust Agreement, which I have received, read, accept and specifically incorporate herein by this reference and appoint Pioneer Investment Management USA Inc. to serve as Trustee of this Plan. I certify that: (1) I have received a current prospectus for each fund selected in this application and agree to be bound by its terms and the terms of this application; (2) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover contribution for federal income tax purposes; (3) under penalties of perjury, my social security number shown on this application is correct; and (4) I understand that my account is automatically eligible for telephone and/or online exchanges unless I refuse it in Section 9, and that the fund(s) will follow reasonable procedures to confirm that each telephone exchange instruction is genuine. I understand that each telephone exchange will be tape recorded, authorized by my personal identification number (PIN) and confirmed in writing. If these or similar procedures are not followed, the fund(s) may be liable for any loss due to unauthorized or fraudulent instructions. In all other cases, I bear the risk of loss for unauthorized or fraudulent telephone and/or online exchanges and none of the Pioneer mutual funds, Pioneer Investment Management Shareholder Services, Inc., or their affiliated companies, or their directors, trustees, or employees will be liable for any loss, damage, or expense as a result of action upon, and will not be responsible for the authenticity of, any telephone and/or online exchange instructions that they reasonably believe to be authentic and authorized. Note: The Pioneer Uni-K PlanSM is designed for self-employed individuals, owners, partners, and their spouses. To the extent that common law employees become eligible to participate in this plan, additional reporting, disclosure, and other compliance requirements apply. I understand that I should consult with legal tax counsel or a qualified tax adviser to ensure the tax qualification of the Plan. I understand that I must specify whether federal income tax is to be withheld from any distribution I request from this account; otherwise my request will not be in good order. I further understand and consent that if I have federal income tax withheld from any distribution and my state of residence requires tax withholding, that Pioneer will withhold the applicable state tax from my distribution.

X
Signature of Individual _____ Date _____

X
Signature of Employer (if different) _____ Date _____

11 To Be Completed by Investment Representative

Representative Number _____ Branch Number _____ Telephone Number _____

Representative Name (First, Middle Initial, Last) _____

Firm Name (or Clearing Firm, if applicable) _____

Branch Address _____

X
Authorized Signature _____ Principal _____

Pioneer Retirement Plans

Uni-K Rollover/Transfer Form

Use this form to move your retirement plan assets directly from another financial institution to Pioneer.

Mail to: Pioneer Investment Management Shareholder Services, Inc. (PIMSS), P.O. Box 55150, Boston, MA 02205-5150

Overnight address: 30 Dan Road, Canton, MA 02021-2809

If you have any questions, please call Pioneer's Employer Sponsored Plan Information line at 1-866-622-7815.

Rolling over an employer-sponsored plan to the Pioneer Uni-K PlanSM: Please check with your employer before completing to see if there are any specific requirements. To initiate a direct rollover, first complete all forms required by the employer maintaining your current plan (if any forms require Pioneer's signature, submit them along with this form).

Designated Roth Contributions: Under proposed IRS regulations, if you made Roth contributions to your current 401(k) plan, any nontaxable amounts (designated Roth contributions or Qualified Distributions and any attributable earnings) may only be directly rolled over to the Pioneer Uni-K PlanSM. Taxable amounts (earnings attributable to Nonqualified Distributions) may be rolled over directly or indirectly within 60-days of receipt. Contact your tax advisor for additional information. Note: Roth IRAs cannot be rolled into the Uni-K Plan. You do NOT need to complete this form if your employer has already issued your distribution check; just send the check within 60 days to Pioneer along with your retirement plan application.

Please complete all sections. Please print in blue or black ink.

1 Investor Information

First Name, Middle Initial, Last Name	Birthdate (mo/day/yr)	Social Security Number	
Street Address	Pioneer Plan ID Number (if existing plan)		
City	State	Zip Code	Daytime Telephone Number

Please check this box if you are over age 70½ and need to set up required minimum distributions.

2 Current Retirement Account Information

Check here if your existing retirement account is invested at Pioneer.¹ (skip to part B)

A. Current Custodian/Trustee

Name of Present Custodian/Trustee or Insurance Company	Telephone Number	
Street Address	Contact Person	
City	State	Zip Code

B. Type of Retirement Account

Traditional/Rollover IRA SEP-IRA 403(b)/ORP³

SIMPLE IRA² Governmental 457 plan Other _____

Employer-sponsored retirement plan⁴ (including 401(k), pension, and profit sharing)

C. Account Information

Account Number(s) / Plan ID Number (if existing plan)

Please attach a copy of your most recent account statement.

¹If assets are already invested in Pioneer Mutual Funds, they will not be liquidated, but will be transferred "in kind" and re-registered with Pioneer Investment Management USA Inc. as custodian/trustee.

²May only be transferred to another SIMPLE IRA during the first two years of participation in order to avoid IRS penalty.

³Only taxable amounts in 403(b) plans (earnings attributable to nonqualified distributions) may be rolled over to the Uni-K Plan.

⁴Rollovers from employer-sponsored plans may require additional paperwork; please check with your employer.

3 Amount

Transfer/Rollover

- All assets from the retirement account(s) listed in Section 2.
- Only \$ _____ or _____% of the retirement account(s) listed in Section 2.
- Check here if you have made Roth contributions to your existing employer-sponsored retirement account. If this is a direct rollover, please provide a statement from current custodian/trustee reflecting the first year in which Roth contributions were made and the total amount of Roth contributions made under the Plan.

4 How Do You Want to Invest These Assets?

Select A or B. If this is a new plan, attach a completed Uni-K Account Application.

- A. Invest according to my current investment allocation OR B. Invest in the following funds (same share class)

Fund Name ¹	% of Proceeds

¹ Must be a permitted fund as allowed by the Plan Trustee.

Percentage Must total 100%

5 Signature

PATRIOT Act Certification: By signing below, I certify that I have received, read and understand the PATRIOT Act information provided by Pioneer, and that the information I am providing is true and accurate. I understand that Pioneer will not accept money and/or open this account on my behalf if my identity cannot be properly identified. I authorize Pioneer to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law), creditworthiness and ongoing eligibility for the account (and that of my spouse, if I live in a community property state) at account opening, at any time through the life of the account, and thereafter for debt collection or investigative purposes.

I authorize the liquidation of the account(s) specified in Section 2, in the amount(s) indicated, and the rollover/transfer of all proceeds to Pioneer as successor custodian/trustee. I certify that: (1) the rollover of any after-tax assets is made only to a traditional IRA, Rollover IRA or another retirement plan that qualifies; (2) any contribution designated as a rollover qualifies for rollover treatment and constitutes an irrevocable election to have such amount treated as a rollover for federal income tax purposes; and (3) I have received a current prospectus for each fund selected and agree to be bound by its terms and the terms of this form. **Rolling over Designated Roth contributions from an employer-sponsored plan to Pioneer:** I understand that; (1) nontaxable amounts attributable to designated Roth contributions may only be directly rolled over from my current 401(k) plan to the Pioneer Uni-K PlanSM. Nontaxable amounts are defined as the portion of the rollover that is not subject to taxation, including designated Roth contributions made to the plan or in the case of a Qualified Distribution, designated Roth contributions and any attributable earnings; (2) if I am initiating a direct rollover, the plan administrator or other responsible party of my former plan is responsible for providing Pioneer with the year that the five-year Roth holding period began and the total amount of designated Roth contributions included in the rollover amount, or a statement that the distribution is a Qualified Distribution. If no such information is provided, Pioneer will use the year in which the first designated Roth contribution was received in the Pioneer Uni-K PlanSM; and (3) Roth IRAs and nontaxable amounts attributable to Roth 403(b) accounts (designated Roth contributions made to the 403(b) plan or in the case of a Qualified Distribution, designated Roth contributions and any attributable earnings) may not be rolled into the Pioneer Uni-K PlanSM.

X

Your Signature (required)

Date

Ask your present custodian or trustee if a Medallion Signature Guarantee or any additional paperwork is required to complete your transfer.

Use this space for Medallion Signature Guarantee, if required.

For your protection, Medallion Signature Guarantee is required for certain redemption requests. Medallion Signature Guarantees may be obtained from a U.S. domestic bank or trust company, broker/dealer, clearing agency, savings association, or other financial institutions. **Notarized signatures will not be accepted.**

6 Acceptance

Pioneer will complete this section and send it to your present custodian or trustee.

Pioneer Investment Management USA Inc., as Trustee of the Uni-K Plan, will accept the transfer/rollover described above.

Designated Roth Amounts: As Trustee, Pioneer Investment Management USA Inc. agrees to separately account for any amount that is not includible in income. **Resigning custodian/trustee:** If this is a direct rollover, please provide Pioneer with a statement verifying the year in which the first Roth contribution was made and indicate the portion of the direct rollover that is attributable to designated Roth Contributions.

1. Make check payable to: Pioneer Investment Management USA Inc. as Trustee for (account owner's name)
2. Include the following account number on the check: _____.
3. Send a copy of this form with the check to PIMSS, P.O. Box 55150, Boston, MA 02205-5150

X

Authorized Pioneer Signature

Pioneer Retirement Plans

Designation of Beneficiary

Use this form to designate one or more beneficiaries who will inherit your Qualified Plan assets upon your death. In accordance with Federal pension law, if you are married, your beneficiary will automatically be your spouse. If you are not married, the plan provides that your beneficiary will be your estate. If you are married and wish to designate any primary beneficiary other than your spouse, your spouse must consent by signing the waiver portion of this form. Your spouse's signature must be witnessed by a notary. If a trust is named beneficiary, the designation must include the trustee's name and address and the date of trust.

When you submit this form, it will **completely replace** any prior designation for the Qualified Plan types you specify in Section 2. Therefore, it is important that you list all the primary and secondary beneficiaries you want to designate, even if you are only updating information for one beneficiary.

This form must be completed in its entirety to be considered in good order. Questions? Please call Pioneer's Employer Sponsored Plan line at 866-622-7815.

Please send the completed form to: **Pioneer Investment Management USA Inc., P.O. Box 55150, Boston, MA 02205-5150**

1 Qualified Plan Shareowner Information

Plan Name _____ Plan ID Number/Account Number(s) _____

Participant's Name _____ Social Security Number _____

Check One: New Beneficiary Change of Beneficiary

2 Primary Beneficiaries*

I hereby designate the person(s) named below as my primary beneficiary(ies) to receive, in the proportion indicated, any payment from the above named Retirement Plan that may become due at or after my death. If any primary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated primary beneficiaries in proportion to the percentages indicated. Note: If you would like to elect a different Distribution Option, please contact Pioneer.

_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number

Percentage must total 100%	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
Total	100%

3 Secondary Beneficiaries*

If no designated primary beneficiary survives me, I hereby designate the person(s) named below as my secondary beneficiary(ies) to receive, in the proportion indicated, any payment from the above named Retirement Plan that may become due at or after my death. If any secondary beneficiary predeceases me, the amount otherwise payable to such beneficiary shall be payable to the other designated secondary beneficiaries in proportion to the percentages indicated. If no designated secondary beneficiary survives me, all benefits shall be payable to my estate. Note: If you would like to elect a different Distribution Option, please contact Pioneer.

_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number
_____	Check one: <input type="checkbox"/> Spouse	_____ / _____ / _____	_____
Name	<input type="checkbox"/> Other	Birthdate (mo/day/yr)	Social Security Number

Percentage must total 100%	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
Total	100%

*If you want to designate more than four beneficiaries (up to 10 primary and/or 10 secondary), please attach the appropriate information, making sure the total shares of all those designated equal 100% for each section. This attachment must be signed and dated to be considered in good order.

Check here if attaching additional information.

(please complete reverse side)

4 Signatures

I hereby reserve the right to change or revoke this instrument.

Participant's Signature

Date

If unmarried, check here: By checking this box, I hereby certify that I am not married at the time of this designation. I understand that if I subsequently become married this designation will become null and void.

If married, check here: and have your spouse sign below if you have designated a primary beneficiary other than your spouse.

Spouse's Consent

I am the spouse of the above named participant. I understand that I have the right to all of my spouse's vested account in the plan after my spouse dies. I hereby consent to the foregoing beneficiary designation made by my spouse and agree to give up my rights to the account and to have that amount paid to the beneficiary to the extent provided in such designation. I hereby further acknowledge that I understand: (1) that the effect of my spouse's election is to cause my spouse's death benefit to be paid to the foregoing beneficiary rather than to me; (2) that such beneficiary designation is not valid unless I consent to it; (3) that my consent is irrevocable; (4) that my spouse cannot change the name of any beneficiary in the future unless I agree to the change; (5) that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the plan after my spouse dies; (6) that I do not have to sign this agreement; (7) that I am signing this agreement voluntarily; (8) that if I do not sign this agreement, then I will receive my spouse's vested account under the plan when my spouse dies; (9) and that I have read and understood the attached Beneficiary Information for Participants and Spouses.

Spouse's Signature

Date

Witnessed by Notary Public:

State of _____ County of _____

On this _____ day of _____, 20_____, before me personally appeared _____, and, being by me duly sworn, did execute the foregoing instrument and acknowledge the same to be his/her free act and deed.

Notary Public

My Commission Expires

Seal

Pioneer Retirement Plans

Beneficiary Information for Participants and Spouses

1. What rights does the Participant's spouse have to benefits after the Participant dies?

The Participant has an account in the Plan. The money in the account that the Participant will be entitled to receive is called the vested account. Federal law states that, except as described below, the Participant's spouse will receive the vested account after the Participant dies.

Example

Pat Doe dies at age 45 and Pat's vested account in the plan was \$10,000 at the time of Pat's death. The plan will pay the \$10,000 to Pat's spouse, Robin Doe (adjusted for gains and losses after Pat's death).

2. Can the Participant choose other beneficiaries to receive the account?

The spouse's right to the Participant's vested account provided by federal law cannot be taken away unless the Participant's spouse agrees. If the Participant's spouse agrees, the Participant can elect to have all or part of the vested account paid to someone else upon the death of this participant. Each person the Participant chooses to receive a part of the vested account is called a "beneficiary." For example, if the spouse agrees, the Participant can have the vested account paid to his or her children instead of the spouse.

Example

Pat and Robin Doe agree that one-half of the vested account will be paid to Pat's child, Chris upon Pat's death. If Pat's vested account at the time of his death is \$10,000, the plan will pay \$5,000 to Robin and \$5,000 to Chris (each amount adjusted for gains and losses after Pat's death).

The Participant cannot have the vested account paid to someone else upon his or her death unless the Participant's spouse agrees and signs a consent.

3. Does the Participant's spouse have to give up the right to the Participant's vested account?

The spouse's choice must be voluntary. It is the spouse's personal decision whether he or she wants to give up the right to receive the Participant's vested account upon the death of the Participant.

4. Can the Participant change the beneficiary in the future if the Participant's spouse signs a consent?

If the Participant's spouse signs the consent, the Participant cannot change the beneficiary named in this agreement to anyone other than the spouse, unless the participant's spouse agrees to the new beneficiary by signing a new agreement. If the spouse agrees, the Participant can change the beneficiary at any time before the Participant dies.

5. Can the spouse change his or her mind after signing a consent?

The spouse cannot change the consent after signing it. The decision is final.

6. Can the Participant view their beneficiary information online?

Once the beneficiary information is established or updated on your Plan, you can view the information on Pioneer's website. Please note: To view your beneficiary information, you MUST complete the online registration on www.pioneerinvestments.com.

Pioneer Retirement Plans

Sample Corporate Resolution Adopting the Plan

The following sample resolution has been prepared for a corporation. You should adopt your resolution with any modifications you and your attorney consider appropriate, and enter it in the minutes book of the corporation, or place it in the plan file. The plan must be adopted on or before the last day of the fiscal year for which the initial contribution is being made. Adoption is accomplished:

- by resolution of the Board of Directors of a corporation;
- by vote of the management of a partnership; or
- by such other action as may be required by the by-laws or governing instrument of the adopting entity.

Board of Directors Resolution

Resolved: That this corporation adopt The Pioneer Uni-K PlanSM and Account Application, pursuant to which all contributions and the earnings thereon shall be invested as indicated therein shall be invested as indicated therein.

Further

Resolved: That (name) _____
(title) _____
of this corporation, be and hereby is authorized and directed to make application to Pioneer Investment Management USA Inc., Boston, Massachusetts, as Trustee, and to execute any and all instruments in such form and containing such terms as the said (title) _____ shall deem proper, and shall affix thereto the corporate seal, for the purpose of executing, adopting and installing the said retirement plan.

Executed on the _____ day of _____, 20 _____.

Directors: _____

Pioneer Retirement Plans

Salary Deferral Agreement

Keep this form with the plan's records; do not send to Pioneer. All plan participants, including owners must complete this Agreement. If you are terminating your contributions to the plan, you need only to complete Sections 2 and 3.

Employer Name

1 Salary Deferral Election

Effective date of this election: ____/____/____.
(mo/day/yr)

Subject to the requirements of the Uni-K PlanSM, I authorize the following to be withheld from my earned income/compensation and contributed to my Pioneer Uni-K account(s) as a salary deferral contribution:

A. _____ % of my pay,

OR

B. \$ _____ per pay period,

OR

C. A one-time deferral contribution of _____ as of _____
(Insert date that you want this amount to be withheld from your pay.)

Your total salary deferral contributions for the 2010 calendar year cannot exceed \$16,500 (\$22,000 if age 50 or older).

Your salary deferral contributions may not start before the plan effective date.

2 Termination of Salary Deferral

Please stop my salary deferral contributions as of _____.

3 Signature

This Salary Deferral Agreement replaces any previous agreement and will remain in effect as long as I am eligible to participate in the Uni-K Plan,SM or until I complete a new Salary Deferral Agreement.

X

Participant's Name

Social Security Number

X

Participant's Name

Date

Pioneer Retirement Plans

Uni-K Remittance Form

Please enclose this form with your check made payable to Pioneer Investment Management Shareholder Services, Inc. (PIMSS). If you have any questions, call Pioneer's Employer Sponsored Plan Information line at 1-866-622-7815.

Mail to: PIMSS, Attn: Group Plans, P.O. Box 55150, Boston, MA 02205-5150

From:

First Name, Middle Initial, Last Name		Plan ID Number (for existing plans)		
Street Address		City	State	Zip Code
Telephone		Contact Name		

Participant Name	Last Four Digits of Social Security Number	Employee Contribution Salary Deferral		Employer Contribution	Total Contribution Amount
		Pre-tax	Roth*		

*Note: Roth contributions cannot be redesignated as pre-tax contributions.

Total Contribution Amount¹ \$ _____

Important information: You must indicate what type of contribution is being made to your Uni-K Plan. If you do not indicate the type of contribution, the amount will be designated as a "Retirement Contribution."

The Pioneer Uni-K PlanSM is designed for self-employed individuals, owners, partners, and their spouses. To the extent that common law employees become eligible to participate in this plan, additional reporting, disclosure, and other compliance requirements apply. Contact a qualified tax advisor or your financial advisor for more information.

¹ If you are enclosing a contribution for a new participant, you must attach a completed Uni-K Account Application.

Pioneer Retirement Plans

Additional Information about your Pioneer Uni-K PlanSM

Loans and Distributions

Loans are available from your Uni-K account. You can borrow up to 50% of your account balance for a maximum loan amount of \$50,000. There are no taxes or penalties on the amount of the loan unless you fail to make scheduled payments by the prescribed deadline. Only one loan may be outstanding at any time and all the interest you repay is allocated back into your account. For more information about loans, request the Pioneer Loan brochure by calling 1-866-622-7815. Other withdrawals from your Uni-K account are available after age 59½ or upon termination of employment, death, disability or plan termination¹. Call Pioneer for a Uni-K distribution form. Pioneer Investment Management USA Inc., will serve as trustee and issue the IRS Form 1099-R as required when a participant takes a withdrawal.

Annual Reporting Requirements

Businesses that sponsor a qualified plan are generally required to file an annual return with the Pension and Welfare Benefits Administration. The Uni-K PlanSM is designed to be a “one-participant” plan and as such, the Form 5500-EZ generally may be used to satisfy the filing requirement. A one-participant plan does not necessarily mean a plan in which there is only one participant. It means a plan where every participant is either a sole owner or a partner in the business, or is the spouse of a sole owner or a partner. Generally, one-participant plans are exempt from filing if the value of the plan’s assets has never exceeded \$250,000 at the end of any plan year. Plans that do not qualify to file Form 5500-EZ are required to file Form 5500 annually, regardless of the asset level in the plan. Exceptions may apply. Contact your tax advisor for additional information.

The due date for the annual return of the 5500 series of forms is the last day of the seventh month following the end of the plan year. For the Uni-K prototype plan, the plan year is the calendar year, so your filing will be due on July 31 of the following year.

Pioneer offers a Form 5500 preparation service. For more information, including a fee schedule, call Pioneer’s Retirement Plans Account Information line at 1-866-622-7815. If you prefer to prepare the 5500 yourself, ask for the *Pioneer Uni-K PlanSM 5500 Filing Instructions Booklet*.

¹ Withdrawals before age 59½ may be subject to a 10% penalty tax.

