

# Amundi Pioneer Asset Management

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## Redemption Form

Use this form to redeem assets from a non-retirement account. For special requirements on redemptions due to death, see below. Please note that each unique circumstance could require additional documentation. A Medallion Signature Guarantee may also be required. See Section 7 for more details.

Mail to Pioneer Funds, P.O. Box 55014, Boston, MA 02205-5014.

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

If you have questions, call us at 1-800-225-6292.

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

## Special Requirements on 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

The account owner must sign as registered. In case of death of owner, the executor or estate representative can authorize a redemption by completing and signing (in capacity) an Amundi Pioneer *Redemption Form*. If the account(s) is to be redeemed using the estate's Taxpayer Identification Number (TIN), please provide the estate's TIN in **Section 2A**. Otherwise, the redemption will be reported under the decedent's Social Security Number (SSN). An inheritance tax waiver from the state of residence for the decedent may also be required. If the decedent's estate is settling under "small estate affidavit" please call us at 1-800-225-6292 for special requirements.

### Joint Accounts

All joint tenants must sign as registered. In case of death of a joint tenant (JT TEN) account owner, the surviving 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 us at 1-800-225-6292 for additional 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 Pioneer *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

The remaining and/or successor trustee(s) can authorize a redemption by completing and signing (in capacity) an Amundi Pioneer *Redemption Form*. If the account(s) is to be redeemed using a Tax Identification Number (TIN) or a Social Security Number (SSN) other than the decedent's, the remaining and/or successor trustee(s) must provide a TIN or SSN in **Section 2A**. Otherwise, the account(s) will be redeemed using the Social Security Number showing on the account. 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 Pioneer's Reinvestment Privilege:

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Please note that shares sold from your Class A shares account may be eligible for Amundi Pioneer's Reinvestment Privilege and reinvested without a sales charge within 90 days of redemption. Please refer to the fund prospectus or the Amundi Pioneer *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) \_\_\_\_\_

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; Specific Identification\*; 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 the secondary cost basis accounting method that was previously provided. If no secondary method has been provided, the First In, First Out method will be used.

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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 Pioneer 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 Pioneer account.)

**Note:** If a method is not provided, your payment will automatically be sent via ACH.

