Please remember to sign form after printing.

Print | Clear Form

Asset Reallocation Form

Use this form to systematically rebalance the allocation of the funds in your account.

- Your account must have a minimum account balance of $5,000, with a minimum of $500 per fund.
- Asset reallocation cannot be established if any fund has a systematic redemption plan or a systematic exchange plan.

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

1 | Invesco Account Number and Registration Information

Start here >. Use "Tab" key to move to next field.

☐ SSN or ☐ TIN *(Required)*

Invesco Account or Plan ID Number

Account Registration *(Please print name(s) as it appears on account.)*

Primary Phone Number

Alternate Phone Number

2 | Fund Selection

This feature will only be placed on the funds you have indicated below. If you have funds in your account that are not included on this form, those funds will not be reallocated. *(Not available for the Invesco Senior Loan Fund.)*

- **Select a minimum of 2 funds.**
- **Minimum of 5% allocation per fund allowed.**
- **Only one class of shares is allowed for all funds in the program.** *(Not eligible for all share classes.)*

	Fund Number	Fund Name	Class of Shares	Percentage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
			TOTAL %	1 0 0

3 | Reallocation Frequency *(Select one.)*

Note: The program will not execute an exchange if the variance in the fund/account is 2% or less.

☐ Quarterly ☐ Semiannually ☐ Annually

The program will automatically rebalance the shareholder's account on the 28th day of the last month of the period chosen (or the immediate preceding business day if the 28th is not a business day).

Note for non-retirement accounts: Shares will be depleted utilizing the current cost basis method on your account. If your current method is Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares. If you would like to change your cost basis method, complete the Cost Basis Election form or log into your account at invesco.com.

4 | Authorization and Signature(s) *(Please sign and date below.)*

By signing this form, (i) I authorize and direct Invesco Investment Services, Inc. (IIS) to maintain the account(s) referenced above in accordance with the instructions set forth above, **and (ii) I agree to hold harmless, defend and indemnify IIS from and against any and all losses, costs and damages incurred by IIS as a result of IIS acting in accordance with these instructions.**

Signature *(Required)* Date (mm/dd/yyyy)

X

Signature Date (mm/dd/yyyy)

X

5 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail)
Invesco Investment Services, Inc.
P.O. Box 219078
Kansas City, MO 64121-9078

(Overnight Mail)
Invesco Investment Services, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105-1407

For assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.