

Change of Ownership FormUse this form to change the registration on non-retirement Invesco accounts.

- If this is a corporate account or is a transfer or distribution due to the death of the account owner(s), please call an Invesco Client Services representative to obtain any additional requirements.
- All signatures require a signature or medallion guarantee, unless moving to a Transfer on Death (TOD) account for the same shareholder(s) or you are the Custodian of a UGMA/UTMA and transferring to the beneficial minor only.

PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
1 Invesco Account Number and Current Regis	
☐ SSN or ☐ TIN (Required)	Invesco Account Number
Account Registration (<i>Please print name(s)</i> as it app	nears on account)
Account Registration (Flease print hame(s) as it app	ical's off account.)
2 Requestor Information	Drimary Dhone Number
Full Name of Requestor(s)	Primary Phone Number
Mailing Address	
Capacity of Requestor (Select all that apply.):	
	☐ Former Minor ☐ Custodian
☐ Attorney-in-Fact for	☐ Successor Trustee - Reason for replacement
☐ Executor(trix) for	□ Other
3 New Owner(s)/Recipient Information (If you a	re transferring to a new Invesco account, a new account application is also required.)
Full Name of New Shareholder, Custodian, Trust, Es	tate or other Entity
□ SSN or □ TIN (Required)	Date of Birth (mm/dd/yyyy)
Date of Trust (If applicable) (mm/dd/yyyy)	
Full Name of New Joint Owner, Minor, Trustee or Ex	kecutor (If applicable)
SSN	Date of Birth (mm/dd/yyyy)
Mailing Address	dress is the same as section 2.
Primary Phone Number	Email Address

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4 | **Reason for Request** (Select one option A, B or C.)

trea	ted as a gift for cost basis purposes.					
A. [General Registration Change: Select this option if you are transferring also check the box that matches your specific reason.	shares due to one of the reasons below. Please				
	☐ Marriage or divorce					
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	arriage or divorce				
	☐ UTMA/UGMA minor has reached the age of majority					
	☐ Transferring shares into your Grantor Trust (Grantor trusts typically of the grantors. See "Gift" if SSN of the trust does not match with the grantor of the trust.)					
	☐ Transferring shares into your partnership or sole proprietor account					
	☐ Transferring shares into your TOD account					
	☐ Transferring shares from an existing estate account					
В. 🗆	Death of Owner (Inheritance): Select this option if you have inherited sor an estate account. Please provide the date of death, alternate valuation invesco to provide cost basis for your shares.					
	Cost basis rules for inherited shares are complex. Please consult with your tax advisor and complete 1 below and 2-3 as applicable.					
	1. Decedent's Name(s)	Date of Death (mm/dd/yyyy) (Required)				
	2. Alternate Valuation Date (<i>Optional</i>) (mm/dd/yyyy)	or Value \$,				
	 3. If transferring shares due to death from a joint account or grantor trus select all that apply: The owners or grantors were not married at the time of death. The owners or grantors were married at the time of death. (If this the shares are designated as "community property". The shares are not designated as "community property". 					
C. 🗆	Gift: Select this option if you are transferring shares due to one of the matches your specific reason and provide the date of the gift. If a date fer will be utilized as the gift date to determine the fair market value of Gifting shares to new owner(s) Gifting shares to a UTMA/UGMA account for the benefit of a minor Gifting shares to a non-grantor trust (Non-grantor trusts typically ut of the original owner.)	is not provided, then the trade date of the trans- the gifted shares.				
	Date of Gift (mm/dd/yyyy)					
	Acceptance of Fair Market Value (Signature of new owner.)					

To ensure accurate cost basis reporting, indicate the reason for transfer. If a reason is not selected, this transaction will be

If the recipient's existing account or new account will use the Average Cost accounting method and the gifted shares are covered (originally acquired on or after January 1, 2012), they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares should be transferred at a loss. If this section is not signed by the recipient and the covered shares are transferred at a loss, then Average Cost can no longer be utilized on the recipient's account and the cost basis method will be changed to First-In First-Out (FIFO) or another method of the recipient's choosing. If the gifted shares are noncovered (originally acquired prior to January 1, 2012) and are transferred at a loss, then Invesco will be unable to provide cost basis information for any of the recipient's noncovered shares.

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5 Transfe	er/Redemption Instru	ctions (Complete A and E	3.)					
	equest (Select one.)							
_		sting Invesco account nur						
_		Invesco account (A new I	nvesco Accou	ınt Applic	ation is	required for	each recip	pient.)
,	ster shares and redee							
	if Transfer or Redemp account	tion (Select one.)						
		of shares from the accou	ınt					
		e indicate the fund(s) and		ом/)				
Fund Num	•	Fund Name	arriourits ben	Percenta	ane	∆mount. □	Dollars (or □ Shares
Turia Nurri	ibei	T und Maine		rercent	ige	Amount.		JI _ Stidles
					or], []	
					or		,	
					or], []	
(If you have a	additional funds, please	e attach a separate page i	including all o	of the info	rmation	requested a	above.)	
		rvice requires mutual fund						
		shares of this transfer will						
		please attach a separate le e date of purchase and nu			eterrea (depletion me	tnoa. The	specific lot
acrimication	metriod will require the	, date of pareriase and ha	Triber of Stiars	c3 .				
6 Payme	nt Options (Complete t	his section only if you are re	questing a red	lemption u	nder sec	tion 5A.)		
Note: Your re	edemption proceeds w	ill be mailed to the addres	ss referenced	l in sectio	n 3, unl	ess specified	below. Cl	hecks will not
be forwarded						•		
	ne payment option (A	or B).						
A. By check:								
	eck(s) to address listed				, ,	,		
		Idress. (Specify name and	adaress of t	nira party	below.)		
Make ched	ck payable to: (Name o	of third party.)						
Mailing Ac	ddress (Including apart	ment or hox number)						
Walling Ac	daress (meraamig apart	THERE OF BOX HUMBELLY						
B. To Bank:	(If bank information is	provided below and a sing	ale deliverv o	ption is n	ot selec	ted, proceed	ls will be s	ent via
	d Clearing House (ACH		,	,		, ,		
☐ Wire pro	oceeds to my bank acc	count.						
☐ ACH tra	ansfer to my bank acco	ount. (Allow 2 -3 business	days to rece	ive your p	roceeds	s.)		
I								7
	Name							
	Pay to the order	of				_ \$		1
					•	<u> </u>	<u></u>	
								1
	Please tape your voided check here.							1
	Routing Number	Accou	unt Number					

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

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **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. person (including a U.S. resident alien), and
- 4. I am exempt from FATCA reporting.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I certify the information I have provided in connection with this request is true and accurate, and I authorize and direct Invesco Investment Services, Inc. (IIS) to take such actions as indicated above.

Signature of Requestor (Required)	Title	Date (mm/dd/yyyy)
X		
Signature of Joint Requestor (If applicable)	Title	Date (mm/dd/yyyy)
X		
Signature of New Owner/Recipient (If applicable)	Title	Date (mm/dd/yyyy)
X		
Signature Guarantee: (Please place signature guarant	ee stamp below.)	Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A signature guarantee may NOT be obtained through a notary public.

Note: Endorsement guarantee is not acceptable.

8 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail) (Overnight Mail)

Invesco Investment Services, Inc.

P.O. Box 219078

Kansas City, MO 64121-9078

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.

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