



Invesco Real Estate Income Trust Inc. (INREIT) Account Maintenance Form

Use this form to add or change any or all of the following on your Invesco Real Estate Income Trust Inc. (INREIT) account:

- Change of address and/or phone number
- Name change
- Interested party
- Change of cost basis options
- Change of broker-dealer/registered investment advisor
- Change of distribution options

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Registration Information and Account Number

☐ Trust ☐ Corporation ☐ Partnership ☐ Individual

Name of Individual Owner/Beneficial Owner

☐ SSN or ☐ TIN (Required)

Date of Birth (mm/dd/yyyy)

Name of Joint owner/Beneficial owner

☐ SSN or ☐ TIN (Required)

Date of Birth (mm/dd/yyyy)

INREIT Account Number

2 | Change of address and/or Phone Number

Mailing Address (Account statements and confirmations will be mailed to this address.)

City

State

ZIP

Primary Phone Number

Residential Address (Required if different than your mailing address or if a P.O. Box address was given above.)

City

State

ZIP

3 | Name Change Information

Important: If other maintenance request(s) is completed on this form, your signature is also required in section 8.

My name has been legally changed from: *(Please print former name.)*

And has been legally changed to: *(Please print new name.)*

I authorize INREIT to update the name on my account.

Former Signature *(Please sign name as it appears on account.)*

☒

New Signature

Date (mm/dd/yyyy)

☒ / / **4 | Interested Party *(Complete this section to add an interested party to the address of record.)***

A duplicate quarterly statement may be sent to the additional address provided. This option does not grant telephone or account access privileges. This option is not available on all accounts. For custodial, brokerage or managed accounts, please contact the custodian of record to confirm availability.

Name

Mailing Address

City

State

ZIP

5 | Change of Cost Basis Accounting Method Election *(Select only one.)*

IRS regulations require us to determine and disclose on Form 1099-B the adjusted cost basis for shares of our stock sold or repurchased. Although there are several available methods for determining the adjusted cost basis, unless you elect otherwise, which you may do by checking the appropriate box below or calling our customer service number at 833-834-4924, we will utilize the first-in-first-out (FIFO) method.

- | | |
|--|--|
| <input type="checkbox"/> Average Cost (Not available for all funds.) | <input type="checkbox"/> Low Cost |
| <input type="checkbox"/> First-In, First-Out (FIFO) | <input type="checkbox"/> Loss Gain Utilization |
| <input type="checkbox"/> Last-In, First-Out (LIFO) | <input type="checkbox"/> Specific Lot Identification |
| <input type="checkbox"/> High Cost | |

Note: We recommend that you contact a tax advisor for detailed information regarding cost basis regulations.

6 | Change of Broker-Dealer/Financial Professional (Select one.)

- ☐ Please remove the current financial professional on the account referenced in section 1. I understand no broker/dealer will be assigned to the account.
- ☐ Please update the account referenced in section 1 with a new financial professional listed below.
- ☐ Broker-Dealer ☐ RIA ☐ Trust Co

Name of Firm

Advisor Name

Client Account Number

Mailing Address

City

State

ZIP

Email Address

Phone Number

 - -

Branch Number (BD Only)

Rep/CRD Number (BD Only)

The undersigned broker-dealer, financial professional or registered investment advisor represents and warrants that they have reasonable grounds to believe that this investment is suitable for the investor. The broker-dealer, financial professional or registered investment advisor further represents and certifies their adherence to all applicable policies and procedures under their firm's existing anti-money laundering program and customer identification program. An executed Selling/Service agreement must be active with Invesco in order to receive trail commissions on eligible funds.

Authorized Signature of Dealer/Home Office

☒
7 | Change of Distribution Options (Select only one option for each.)

A. DISTRIBUTION REINVESTMENT PLAN. All stockholders are automatically enrolled in the Company's distribution reinvestment plan (other than clients of certain participating broker-dealers that do not permit automatic enrollment in the plan). Participants in the Company's distribution reinvestment plan may terminate enrollment at any time, without penalty, upon 10 days' prior written notice to the Company. Any such notice must be received by the Company prior to the last day of a quarter in order for such termination to be effective for such quarter. If you (i) were previously automatically enrolled in the distribution reinvestment plan or affirmatively elected to be enrolled in the distribution reinvestment plan and wish to terminate enrollment or (ii) previously declined to be enrolled and wish to enroll in the distribution reinvestment plan, check the appropriate box below and complete Section B.

- ☐ I do **not** wish to be enrolled in the Company's distribution reinvestment plan.

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B. CASH DISTRIBUTIONS. Select one cash distribution payment option below only if you do not wish to be enrolled in the Company's distribution reinvestment plan. All cash distributions for custodial ownership will be mailed or sent via Automated Clearing House (ACH) directly to the custodian of record.

☐ Mail to Residential Address

Mailing Address

City

State

ZIP

☐ Mail Distributions to a Third Party/Custodian (*Complete section below.*)

Name of Bank, Brokerage Firm, or Individual

Mailing Address

City

State

ZIP

Account Number

☐ Direct Deposit to Account (*Attach a pre-printed voided check.*)

I (we) hereby authorize the Company to deposit distributions from my (our) common stock of the Company into the checking or savings account at the financial institution indicated below. I (we) further authorize the Company to debit my (our) account noted below in the event that the Company erroneously deposits additional funds to which I am (we are) not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit. In the event that I (we) withdraw funds erroneously deposited into my (our) account before the Company reverses such deposit, I (we) agree that the Company has the right to retain any future distributions to which I am (we are) entitled until the erroneously deposited amounts are recovered by the Company. This authorization is to remain in full force and effect until the Company has received written notice from me (us) as of the termination of this authorization in time to allow reasonable opportunity to act on it, or until the Company has sent me (us) written notice of termination of this authorization.

Account Type: ☐ Checking ☐ Savings

Name(s) on Bank Account

Pay to the order of

\$

Please tape your voided check here.

Routing Number

Account Number

8 | Authorization and Signature(s) *(All registered owners must sign and date below.)*

The undersigned warrants that they meet the suitability requirements of the Company and of the individual's state, if any and as applicable. A copy of the applicable company's current prospectus/private placement memorandum may be obtained by contacting your financial professional.

If I (we) experience a material adverse change in my (our) financial condition or can no longer make the representations or warranties set forth in the original subscription agreement, I (we) must promptly notify the Company and my (our) broker-dealer in writing. My (our) broker-dealer may notify the Company if I (we) are participating in the Company's distribution reinvestment plan and can no longer make the representations or warranties set forth in the original subscription agreement, and the Company may rely on such notification to terminate my (our) participation in the distribution reinvestment plan.

MY (OUR) SIGNATURE(S) BELOW INDICATES I (WE) HAVE READ THE FOREGOING AND AGREE TO THE TERMS HEREIN. I (We) acknowledge that distributions made prior to the date upon which this instruction becomes effective (up to 30 days after receipt of this properly completed form) will be made in the manner previously provided for and arranged. This instruction supersedes all prior instructions regarding the subject matter hereof.

I (we) will indemnify and hold harmless the Company, Invesco Distributors, Inc., any participating broker-dealer and their respective members, stockholders, managers, directors, officers, employees and agents, affiliates, executors, heirs, assigns, successors or other legal representatives (each an "Indemnified Person") from and against any and all loss, damage, liability or expense, including reasonable costs and attorneys' fees and disbursements, which an Indemnified Person may incur by reason of, or in connection with, any representation or warranty made herein, not having been true when made, any misrepresentation made by me (us) or any failure by me (us) to fulfill any of the covenants or agreements set forth herein or in any other document provided by me (us) to the Company, Invesco Distributors, Inc. or any participating broker-dealer.

Note: Custodial accounts require custodial authorization.

Signature of Owner or Authorized Person *(Required)*

Date (mm/dd/yyyy)

X

/ /

Signature of Joint or Authorized Person

Date (mm/dd/yyyy)

X

/ /

Signature of Custodian

Date (mm/dd/yyyy)

X

/ /

9 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail)

INREIT
c/o SS&C GIDS, Inc.
P.O. Box 219164
Kansas City, MO 64121-9164

(Overnight Mail)

INREIT
c/o SS&C GIDS, Inc.
430 W. 7th Street, Suite 219164
Kansas City, MO 64105-1407

For assistance, please contact Investor Services at 833 834 4924, weekdays, 8 a.m. to 5 p.m. Central Time.