



Invesco Real Estate Income Trust Beneficiary Designation Form

Use this form to designate or modify the beneficiary(ies) on your Invesco Real Estate Income Trust Inc. (INREIT) account. We recommend you speak with a tax advisor or financial professional prior to designating beneficiaries on your account.

- Signature of account owner must be notarized in section 4.
- If you are married, spousal consent may be required in section 3.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Registration Information and Account Number

Owner/Beneficial Owner Name(s) (Please print name(s) as it appears on account.)

Invesco Real Estate Income Trust, Inc. Account Number

SSN or TIN (Required)

Primary Phone Number

Email Address

2 | Beneficiary Information (Complete A, B, and C, if applicable.)

Provide a complete list of your primary beneficiary(ies) and your contingent beneficiary(ies) below. If you have additional beneficiaries, please attach a separate page including all of the information requested in this section.

Important: The designation you provide will replace any current designation in entirety.

A. Primary Beneficiary(ies)

1. Full Name Check here if this is your spouse.

Percentage

 %

SSN or TIN (Required)

Date of Birth (mm/dd/yyyy)

2. Full Name Check here if this is your spouse.

Percentage

 %

SSN or TIN (Required)

Date of Birth (mm/dd/yyyy)

Total %

B. Contingent Beneficiary(ies)

1. Full Name Check here if this is your spouse.

Percentage

 %

SSN or TIN (Required)

Date of Birth (mm/dd/yyyy)

2. Full Name Check here if this is your spouse.

Percentage

 %

SSN or TIN (Required)

Date of Birth (mm/dd/yyyy)

Total %

3 | Spousal Consent - Community Property States Only (Please sign and date, if applicable.)

Spousal Consent: If you are married and your spouse is not the sole designated beneficiary of your investment, spousal consent may be required for the registration of your account in TOD form. It is the account owner's responsibility to determine if spousal consent is required. The Company is under no obligation to determine your marital status, or whether your investment is separate or community property.

Signature of Account Owner's Spouse (If applicable)

By signing this form, I affirm that (i) I am the spouse of the account owner named in section 1 and (ii) I expressly consent to the designated beneficiary(ies) in section 2 and/or attached.

Name of Spouse (Please print)

Signature of Spouse

Date (mm/dd/yyyy)

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

I designate the beneficiary(ies) listed in section 2 and/or attached to receive any assets remaining in my account upon my death, based on the percentage allocations provided.

I have read, understand and agree to the information listed above. I also certify that, if I am married and have not named my spouse as primary beneficiary, I have consulted a tax advisor about the need for spousal consent. This document, upon receipt by INREIT, supersedes and revokes in entirety any existing beneficiary designation on file with INREIT.

Signature of Owner or Authorized Person (Required)

Date (mm/dd/yyyy)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) _____.

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

Authorization and Signature section continues on the next page.

PLEASE USE BLUE OR BLACK INK

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Signature of Joint Account Owner or Authorized Person

Date (mm/dd/yyyy)

X

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) _____.

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

Signature of Custodian (Required for custodial accounts)

Date (mm/dd/yyyy)

X

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) _____.

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

5 | Checklist and Mailing Instructions

Please review the checklist before submitting your beneficiary designations:

- A primary beneficiary designation has been provided in section 2A.
- The primary beneficiaries percentages add up to 100% in section 2A.
- The contingent beneficiaries percentages add up to 100% in section 2B.
- Spousal consent signature is included in section 3, if applicable.
- If a separate page is included with additional beneficiaries, all information requested in section 2 has been provided.
- All required signatures are included and notarized in section 4.

Please send completed and signed form to:

(Direct Mail)
Invesco INREIT
c/o DST Systems, Inc.
P.O. Box 219164
Kansas City, MO 64121-9164

(Overnight Mail)
Invesco INREIT
c/o DST Systems, Inc.
430 W. 7th Street, Suite 219164
Kansas City, MO 64105-1407

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