



Qualified Retirement Plan Transfer/Rollover Form

Use this form to transfer or rollover eligible retirement assets to a non-Invesco sponsored qualified retirement plan.

- Do not use this form to transfer or rollover assets to an Invesco Trust Company (ITC) custodial retirement plan or Invesco Solo 401(k) Plan.
- For more information, please see the Additional Information section on page 3 of this form.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant Information

Full Name

Social Security Number (Required)

Date of Birth (Required) (mm/dd/yyyy)

Mailing Address

City

State

ZIP

Primary Phone Number

Alternate Phone Number

2 | Assets Are Moving from This Account (Required)

Name of Current Trustee/Custodian/Employer

Account Number at Current Trustee/Custodian/Employer

Mailing Address of Current Trustee/Custodian/Employer

City

State

ZIP

Attention

Trustee/Custodian/Employer Phone Number

Note: Some trustees/custodians/employers may require pre-liquidation of assets, payment of fees, and/or completion of their own forms before transferring assets to Invesco Investment Services, Inc. (IIS). To expedite your request, please contact your current trustees/custodians/employers to verify their requirements.

- Yes, I have contacted the current trustee/custodian/employer. I have filed the necessary paperwork and have met their requirements for transferring or rolling over assets.
- No, I have not.

3 | Instructions to Delivering Trustee/Custodian (Complete options A, B if applicable, and C.)

A. Transfer/Rollover assets from my: (Select one.)

- Traditional IRA SARSEP IRA 403(b) 401(k)
- Rollover IRA SIMPLE IRA 403(b) Roth Deferral Contribution 401(k) Roth Deferral Contribution
- SEP IRA Profit Sharing Plan Money Purchase Pension Plan Other Employer Retirement Plan

In accordance with my custodial agreement or plan document, I hereby authorize my current trustee/custodian/employer to deduct from my account at the time of transfer any outstanding fees due.

B. Distribution reason for rollover from qualified plan: (Select one.)

- Termination of employment Death Disability Attainment of retirement age (typically 59½)
- Plan termination

C. Distribution Instructions: (Select one.)

OPTION 1: Transfer "in kind" – A transfer "in kind" is the movement of currently owned Invesco funds from one custodian to IIS without liquidating. If you do not currently own Invesco funds, this option is not available to you.

Please transfer "in kind" existing Invesco funds held in the account(s) listed in section 2.

- Transfer "in kind" ALL.
- Transfer "in kind" partial shares: shares of Invesco Fund.

OPTION 2: Liquidate – Please liquidate the account(s) listed in section 2 and issue a check payable to Invesco Investment Services, Inc. (IIS).

- Liquidate All Partial liquidation of \$, .
- Liquidate immediately Liquidate at maturity (mm/dd/yyyy)

4 | Assets Are Moving to The Following non-Invesco Sponsored Qualified Plan Account

Plan Type: 401(k) Profit Sharing Money Purchase Pension Plan

Plan Name Invesco Plan ID

Plan's Mailing Address

City State ZIP

Plan Contact Full Name Primary Phone Number

Investment Allocation:

Please indicate fund(s) and investment percentages, rounded to whole percentages. Total percentages MUST equal 100%. All investments must be made in the same class of shares previously selected by the Plan.

Please Note: If transfer "in kind" was selected above, your fund selection will remain the same. You may request an exchange separately. If no fund is selected, IIS will default to fund allocations on file for the account. If there are no fund allocations on file and no fund is selected, IIS will place the proceeds into the Plan's default fund.

Fund Number	Fund Name	Whole Percent
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
TOTAL		1 0 0

Please attach an extra sheet if further allocations are necessary.

5 | Authorization and Signature *(Both the participant and the Trustee must authorize the rollover. Please sign and date below.)*

To the current trustee/custodian/employer: I have enrolled as a participant in a non-Invesco sponsored qualified plan account with Invesco Distributors, Inc. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted in sections 2 and 3 of this form, which your company holds for me.

Participant's Signature *(Required)* Date (mm/dd/yyyy)

Note: The current trustee/custodian/employer may require signature to be guaranteed. Call that institution for their requirements.

<p>Signature Guarantee: (Please place signature guarantee stamp below.)</p>	<p>Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or 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.</p>
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I acknowledge that I am solely responsible for determining whether the rollover indicated above is a qualified rollover, or transfer, eligible for acceptance into the plan identified in section 4. As trustee of the receiving plan, said proceeds are hereby accepted into this plan accordance with the investment elections provided in section 4.

This section must be signed and dated by the trustee, even if the participant and the trustee are the same individual.

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

Name *(Please print.)*

6 | Mailing Instructions

Please send completed and signed form to one of the addresses below. Please make the check payable to **Invesco Investment Services, Inc.** IIS does not accept the following types of payment: Cash, Credit Card Checks, Temporary/Starter Checks, and Third Party Checks.

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

Additional Information

- Remember to include a copy of your most recent account statement and any required forms from the current trustee, custodian or employer.
- When transferring CD's a maturity date is required. The request must be received by IIS 30 days prior to maturity date. Transfer "in kind" is not available for CD's.
- For assistance in determining the eligibility of your rollover, consult with the trustee or plan administrator of the accepting non-Invesco sponsored plan.
- Sign and mail completed form along with any current trustee's, custodian's, or employer's required forms and a new enrollment form (if you do not already have an account established) to the appropriate location as indicated in section 6.