

SIMPLE IRA Initial Contribution Verification Form

Use this form to update or correct the date of initial contribution made by the employer indicated in section 1 into the participant's SIMPLE IRA account.

	*Required
PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
1 Participant and Plan Information	
Social Security Number*	Invesco Account Number or Plan ID
Participant's Full Name (Please print name as it appears on ad	ccount.)
Primary Phone Number	Email Address
Plan Name	
Authorized Plan Contact's Full Name	Authorized Plan Contact's Primary Phone Number
The employer sponsoring this SIMPLE IRA Plan has changed (Check if applicable.)	its name since the participant's initial contribution date.
2 Date of Initial Contribution (Required)	
Please indicate the date of initial contribution made by this em	ployer into this participant's SIMPLE IRA account:
Date of Initial Contribution (mm/dd/yyyy)	
3 Authorization and Signature (Please sign and date bel	
I authorize and direct Invesco Investment Services, Inc. (IIS) to	•
with the instructions set forth above. I agree to indemnify and	
employees, officers, trustees, or directors, and each of the	
losses, liabilities, damages and expenses that may be incur the instructions set forth herein.	rred by reason of your actions taken in accordance with
Please indicate the capacity in which you are signing: (Select of	one.)
Authorized Representative of Employer	,
Financial Professional of record	
Signature*	Date (mm/dd/yyyy)
X	
Name and Title (Please print)	
A Mailing Instructions	
4 Mailing Instructions	
Please send completed and signed form to: (Direct Mail) (Overnight Mail)	
Invesco Investment Services, Inc. Invesco Investment S	Services, Inc.
P.O. Box 219078 801 Pennsylvania Ave	5
Kansas City, MO 64121-9078 Suite 219078	

Suite 219078 Kansas City, MO 64105-1307

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