

# Invesco Solo 401(k)® Transfer/Rollover Form

Use this form to transfer or rollover eligible retirement assets to an Invesco Solo 401(k) account. We recommend that you speak with a tax or financial advisor regarding the consequences of this transaction.

To expedite your request, please attach your most recent account statement.

Please see the Additional Information section at the end of this form.

\*Required PLEASE USE BLUE OR BLACK INK PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS 1 | Account Owner Information **Full Name** Social Security Number\* Date of Birth\* (mm/dd/yyyy) Mailing Address ZIP City State 2 | Contact Preference In some cases, Invesco will attempt to contact you for more information or to resolve any discrepancies that may be present with your request. The preferred method you provide below will be used for this request only and will not be added to your account for future contact. Please provide your preferred method of contact (Select One.) ☐ Please contact my financial professional on record. □ Please contact me at 3 | Assets are Moving from this Account (Required) Important Note: Some trustees and custodians require pre-liquidation of assets, payment of fees, and/or completion of their own forms prior to transferring assets to Invesco Investment Services, Inc. (IIS). To expedite your request, please contact your current trustee or custodian to verify their requirements. ☐ Yes, I have contacted the current trustee or custodian. I have met their requirements for transferring or rolling over assets, and have filed the necessary paperwork. ☐ Yes, I have confirmed the current trustee or custodian will accept this request by fax at the number I've provided below. □ No, I have not contacted the current trustee or custodian. Name of Current Trustee/Custodian Name of Employer (if applicable) Mailing Address of Current Trustee/Custodian ZIP City State

Assets are Moving from this Account section continues on the next page.

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PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS		
Trustee/Custodian Phone Number	Trustee/Custodian Fax Number		
Account Identifier at Current Trustee/Custodian*	Attention		
Additional Account Identifier (if applicable)			
Transfer/Rollover assets from my: (Select applicable plan ☐ Traditional IRA ☐ SARSEP IRA ☐ 403(b) ☐ Rollover IRA ☐ SIMPLE IRA ☐ Roth 4 ☐ SEP IRA ☐ Profit Sharing Plan ☐ Money	□ 401(k)		
Distribution Reason for Rollover from Qualified Plan: (S ☐ Termination of employment ☐ Death ☐ Disability ☐ Plan termination	Select one, if applicable.)  ☐ Attainment of retirement age (typically 59½)		
4   Instructions to Delivering Trustee/Custodian (Comp	plete A or B. Required.)		
A. Liquidate — Please liquidate the account(s) listed in sec	tion 3 and issue a check payable to IIS.		
Select one.			
☐ Liquidate ALL immediately			
□ Liquidate \$ □ □ □ , □ □ □ . □ immedia	telv		
☐ Liquidate ALL at maturity (mm/dd/yyyy) ☐ ☐ / ☐ ☐			
□ Liquidate \$ □ □ □ , □ □ □ . □ □ at maturi	ity (mm/dd/yyyy)		
B. Transfer "in kind": A transfer "in kind" is the movement of IIS without liquidating. If you do not currently own Invesco the Additional Information section at the end of this form. I statement is required.			
Select one.			
$\square$ ALL existing Invesco Fund(s) held in the account(s) list	ed in section 3.		
□ PARTIAL shares in the amount of			
shares of Invesco	Fund.		
shares of Invesco	Fund.		
shares of Invesco	Fund.		
shares of Invesco	Fund.		

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<b>Transfer/Rollover assets to</b> n Select one.	ny.			
	☐ Existing Invesco Plan ID			
Investment Allocation:				
<ul> <li>Important: Clients of Register Class A and Class Y shares. S</li> <li>If transfer in kind was select separately.</li> <li>If I do not have investment a purchase shares of the appropriate of the specified fund(s).</li> </ul>	Share class eligibility requirer red above, your fund selectional allocations on file with IIS, or ropriate share class of a gove	ments are contained on will remain the sa I do not provide invernment money ma	d in the Funds' Prospo ame. You may reques westment allocations b arket fund.	ectus. st an exchange below, I direct
Select one.				
		acontribution alastic		
⊢ Please invest using the sam	e allocations as my ongoing	contribution election	ns on tile.	
<ul><li>□ Please invest using the sam</li><li>□ Please invest proceeds usin</li></ul>	, ,		ns on file.	
•	g the fund allocations below.			centage must
☐ Please invest proceeds usin	g the fund allocations below.			-
☐ Please invest proceeds usine Please indicate fund(s) and inv	g the fund allocations below.			centage must Whole Percentage
☐ Please invest proceeds usine Please indicate fund(s) and invual 100%.	g the fund allocations below.  estment percentages, rour		centages. Total perc	Whole Percentage
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☐ Please invest proceeds usine Please indicate fund(s) and invual 100%.	g the fund allocations below.  estment percentages, rour		centages. Total perc	Whole Percentage

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be obtained through a notary public.

# **6 | Authorization and Signatures** (Both the Employer/Plan Administrator/Trustee and Participant must authorize the rollover. Please sign and date below.)

**Participant Authorization to the current trustee/custodian:** I have enrolled as a participant in an Invesco Solo 401(k) Plan. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted above, which your company holds for me. In accordance with my custodial agreement and/or plan document, I authorize you to deduct any outstanding fees from the account prior to the transfer.

## **Employer/Plan Administrator/Trustee Acceptance**

As employer/plan administrator/trustee of the receiving plan, I acknowledge that I am solely responsible for determining whether the rollover or transfer is qualified and eligible for acceptance into the plan identified in section 4. The proceeds from the account identified in section 3 are hereby accepted into this plan in accordance with the investment elections provided in section 5. This transfer of assets/direct rollover is to be executed on a trustee to trustee basis and will not place the participant in actual receipt of any portion of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover. I agree to indemnify and hold harmless IIS, its affiliates, each of their respective employees, officers, trustees, or directors, and each of the Invesco Funds from and against any and all claims, losses, liabilities, damages and expenses that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

This section must be signed and dated by the employer/plan administrator/trustee and participant even if they are one and the same.

Employer/Plan Administrator/Trustee Signature*	Date (mm/dd/yyyy)		
X			
Name (Please print)			
Participant Signature*	Date (mm/dd/yyyy)		
Name (Please print)			
Note: The current trustee/custodian may require signature to be grequirements.	juaranteed. Call that institution for their		
Signature Guarantee: (Please place signature guarantee 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		

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# 7 | Checklist and Mailing Instructions

Please review checklist before submitting your reque	st:
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☐ Participant information was provided in section 1.

☐ Name and address of the current trustee or custodian was provided in section 3.

☐ A copy of your most recent account statement is enclosed.

☐ Transfer/rollover instructions were indicated in section 4.

☐ The signatures of the employer/plan administrator/trustee and participant are provided in section 6.

☐ An Invesco Solo 401(k) Enrollment Form was attached for a new participant.

IIS does not accept the following types of payment: Cash, Credit Card Checks, Temporary/Starter Checks, and Third Party Checks.

Please send completed and signed form to:

(Direct Mail) (Overnight Mail)

Invesco Investment Services, Inc. Invesco Investment Services, Inc.

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**

- A transfer "in kind" is the transfer of currently owned Invesco Funds from one custodian to IIS without liquidating. This option is available if you currently own Invesco funds at the resigning trustee/custodian.
- 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.
- RMD, hardship distributions, an unforeseeable emergency distribution, corrective distributions, or deemed distributions of a defaulted loan are not eligible for rollover.
- Payments or a series of payments over life expectancy(ies) or over a period of 10 years or more are not eligible for rollover.
- SIMPLE IRAs aged less than two years are not eligible to transfer or rollover to another plan type. The only option for a SIMPLE IRA less than two years is to transfer to another SIMPLE IRA.

#### Note for Indirect Rollovers (60 day rollovers):

 Rollover contribution must be made into the retirement plan within 60 days of receipt of the distribution from the resigning trustee/custodian.

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