

**Invesco**

403(b)(7) Non-ERISA Plan Data Collection Form

Use this form to provide Invesco Investment Services, Inc. (IIS) the information necessary to determine if the participant indicated below is eligible for a distribution or loan from his or her 403(b) account.

- This form is only to be used for 501(c)(3) employers operating a non-ERISA 403(b) plan.
- Please provide only account information pertaining to accounts held outside of Invesco.
- This form should be submitted along with the appropriate Invesco 403(b)(7) Distribution Form, Invesco 403(b)(7) Loan Application and Agreement, or Invesco 403(b)(7) Non-ERISA Financial Hardship Distribution Form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant and Employer Information

Social Security Number*

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Invesco Account Number or Plan ID

Participant's Full Name (Please print name as it appears on account.)

Employer Name

Date Separated from Service (if applicable) (mm/dd/yyyy)

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2 | Current Account Balances

Please provide the total account balances for accounts held outside of Invesco. Do not include Invesco account totals.

☐ Check this box below if no other accounts exist at other providers for this participant.

A. Total account balance with all other 403(b) providers \$, .

B. Total balance of rollover contributions \$, .

Note: Any rollover contributions must be distributed prior to taking any financial hardship distribution available under the plan.

3 | Loans and Hardship Information (Complete A or B, as applicable)

Select one:

A. Loans

1. Has the participant ever defaulted on a loan from any other providers under this 403(b) plan? ☐ Yes ☐ No

Note: If the participant has ever defaulted on a loan under this plan, a loan will not be permitted, in accordance with the Invesco 403(b)(7) Loan Policy and Procedures.

2. Are there any outstanding loans with another provider? ☐ Yes ☐ No

If Yes, please provide the highest outstanding loan balance in the last 12 months with all other 403(b) providers

under this plan: \$, .

B. Hardship

Please complete the following:

1. Sum of rollover contributions \$, .

2. Sum of salary deferral contributions made after 12/31/88 \$, .

3. Sum of salary deferral contributions made before 1/1/89 \$, .

4. Sum of reportable distributions from inception to the present \$, .

☐ Check here if breakdown of contribution data cannot be provided.

Note: If a breakdown of contribution data is not available for assets held outside of Invesco, the participant may be limited by the amount available for a hardship distribution.

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4 | Authorization and Signature of Employer/Plan Administrator *(Please sign and date below.)*

By signing below, the preparer acknowledges that the non-ERISA 403(b) plan document permits the requested transaction and that the information provided for the participant named in section 1 is complete and accurate to the best of the preparer's knowledge. This is a verification of plan data and does not constitute an authorization from the employer to execute the requested transaction.

Signature*

X

Name *(Please print.)*

Date (mm/dd/yyyy)

/

/

Title

5 | Mailing Instructions

Please send completed and signed form to:

(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.