



# Net Asset Value (NAV) Certification Form

Use this form if you are a qualified purchaser as defined in the fund's Prospectus and wish to purchase Class A fund shares without a sales charge.

\*Required

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Invesco Account Number and Registration Information

SSN\* or  TIN\*

Invesco Account Number

Account Registration (Please print name(s) as it appears on account.)

Primary Phone Number

## 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 | Financial Professional/Employee

Full Name\*

Employer\*

Broker/Dealer Phone Number\*

Please complete the following information if applicable:

Branch ID#\*

Financial Professional's Rep ID\*

Invesco Dealer Number\*

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**4 | NAV Qualification Reason/Relationship to Employee**

Financial professionals and employees (and members of their immediate family) who have entered into agreements with Invesco Distributors, Inc. (or financial institutions that have arrangements with such dealers with respect to the sale of shares of the funds provided that such purchases are consistent with the policies of such firms) are eligible to purchase Class A shares at NAV.

NAV Qualification Reason/Relationship to Employee\*

**Important:** Members of their immediate family include their spouse or domestic partner, children, siblings, siblings-in-law, parents, step-parents and the parents of spouse or domestic partner.

**5 | Authorization and Signature(s) (Please sign and date below.)**

I certify that the investor is a qualified purchaser as defined in the fund's Prospectus.

Financial Professional/Employee Signature\*

**X**

Date (mm/dd/yyyy)

/  /

Account Owner Signature\*

**X**

Date (mm/dd/yyyy)

/  /

**6 | 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.  
801 Pennsylvania Ave  
Suite 219078  
Kansas City, MO 64105-1307

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

**Visit our website at [invesco.com/us](http://invesco.com/us) to:**

- Check your account balance
- Confirm transaction history
- View account statements and tax forms
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports
- Check the current fund price, yield and total return on any fund
- Process transactions
- Retrieve account forms and investor education materials

**Call the 24-Hour Automated Investor Line 800 246 5463 to:**

- Obtain fund prices
- Confirm your last three transactions
- Order a recent account statement(s)
- Check your account balance
- Process transactions

To use the system, please have your account numbers and Social Security number available.