



# 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.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Participant and Plan Information

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Social Security Number (Required) | Invesco Account Number or Plan ID |
| <input type="text"/>              | <input type="text"/>              |

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

|                      |                      |
|----------------------|----------------------|
| Primary Phone Number | Email Address        |
| <input type="text"/> | <input type="text"/> |

Plan Name

|                                     |                                |
|-------------------------------------|--------------------------------|
| Authorized Plan Contact's Full Name | Contact's Primary Phone Number |
| <input type="text"/>                | <input type="text"/>           |

The employer sponsoring this SIMPLE IRA Plan has changed their name since the participant's initial contribution date. (Check if applicable.)

## 2 | Date of Initial Contribution (Required)

Please indicate the date of initial contribution made by this employer into this participant's SIMPLE IRA account:

Date of Initial Contribution (mm/dd/yyyy)

## 3 | Authorization and Signature (Please sign and date below.)

I authorize and direct Invesco Investment Services, Inc. (IIS) to maintain the account referenced in section 1 in accordance with the instructions set forth above. **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.**

Please indicate the capacity in which you are signing: (Select one.)

- Employer's authorized representative
- Financial Advisor of record

|                      |                      |
|----------------------|----------------------|
| Signature (Required) | Date (mm/dd/yyyy)    |
| <input type="text"/> | <input type="text"/> |

Name and Title (Please print)

## 4 | 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.**