



IRA Account Options Form

Use this form to add or update bank information, systematic options, or telephone privileges on your Invesco Traditional, Roth, SEP, SARSEP or SIMPLE IRA.

Systematic purchase plans for SIMPLE or SARSEP IRAs must be initiated and authorized by the employer on the Invesco Retirement Plan Systematic Contribution Form.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | IRA and Depositor Information

SSN or TIN (Required)

Invesco Account Number or Plan ID

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

Primary Phone Number

Email Address

2 | Bank Account Information

Note:

- Unless instructed otherwise, IIS will replace your current systematic bank information with the new bank information provided below.
- Signature of bank account owner(s) is required in section 7 if different from the account registration.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is provided, then a letter from that financial institution verifying the authorized signers must be included.

Please provide bank instructions below. In doing so, shareholders with eligible accounts are allowed to make investments into their fund by calling an Invesco Client Services representative. Upon request, Invesco Investment Services, Inc. (IIS) can arrange for a specified dollar amount to be deducted from your bank account via Automated Clearing House (ACH) and used to purchase shares of a specified fund. These bank instructions will also be used for systematic purchase and may receive redemption proceeds, as applicable.

Account Type: Checking Savings

Name	

Pay to the order of _____	\$ <input type="text"/>

Please tape your voided check here.	
Routing Number	Account Number
<input type="text"/>	<input type="text"/>

3 | Telephone Transactions

Note:

- Telephone purchase option is not allowed on SIMPLE IRAs or SARSEP IRAs.
- To add telephone redemption to an existing account, a signature guarantee is required in section 7.
- Redemption proceeds will be mailed to the address of record unless bank information is provided in section 2.

Telephone Exchange Add telephone exchange Remove telephone exchange

Telephone Purchase Add telephone purchase Remove telephone purchase

Telephone Redemption Add telephone redemption Remove telephone redemption

4 | Systematic Purchase Plan (Attach voided check in section 2.)

The systematic purchase plan is a service available to shareholders making regular systematic purchases of shares to allow dollar-cost averaging. IIS must receive these instructions at least 10 business days prior to the first selected draft date.

I authorize IIS to withdraw the amount indicated below (\$25 minimum) from my bank account shown in section 2 and invest this amount in shares of the fund(s) listed below. Furthermore, I understand and agree to the terms listed below.

- If the selected draft date has already passed, I am directing IIS to establish the plan for the next scheduled draft date.
- If I do not provide a draft date(s) below, I am directing IIS to draft on the 10th for monthly drafts or 10th and 25th for twice-monthly drafts.

1. Transaction should begin during the month of _____ (e.g., Jan., Feb., etc.)

2. Draft Frequency (Select one.)

- One draft per month on the following day _____ (e.g., 10th, 25th, etc.)
- Two drafts per month on the following days _____ and _____ (e.g., 10th, 25th, etc.)
- Quarterly on the following day _____ (e.g., January 15th, etc.)

3. Fund Selection (If you have additional funds, please attach a separate page including all of the information requested in this section.)

Fund Number	Fund Name	Class of Shares	Purchase Amount
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

5 | Systematic Exchange Plan

Accounts must be identically registered and exchanges must be within the same share class. Donor account must have a minimum value of \$5,000. Minimum amount per exchange is \$50.00.

I authorize IIS to exchange as instructed below. Furthermore, I understand and agree to the terms listed below.

- If the selected exchange date has already passed, I am directing IIS to establish the plan for the next scheduled date.
- If I do not provide an exchange date(s) below, I am directing IIS to exchange on the 10th for monthly exchanges or 10th and 25th for twice-monthly exchanges.

From	Amount	To
Fund Name or Number <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Fund Name or Number <input type="text"/>
Account Number <input type="text"/>		Account Number <input type="text"/>
Fund Name or Number <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Fund Name or Number <input type="text"/>
Account Number <input type="text"/>		Account Number <input type="text"/>

1. Transactions should begin during the month of _____ (e.g., Jan., Feb., etc.)

2. Exchange Frequency (Select one.)

- One exchange per month on the following day _____ (e.g., 10th, 25th, etc.)
- Two exchanges per month on the following days _____ and _____ (e.g., 10th, 25th, etc.)
- Quarterly on the following day _____ (e.g., 10th, 25th, etc.)
- Annually on the following day _____ (e.g., 10th, 25th, etc.)

6 | Reduced Sales Charge (Not applicable for all funds and account types. See your prospectus for more information.)

For SEP and SIMPLE IRA: I direct IIS to aggregate my SEP/SIMPLE IRA with my employer’s SEP/SIMPLE IRA plan for Rights of Accumulation, unless I have listed other eligible Invesco account(s) below. I understand that if I choose to aggregate my SEP/SIMPLE IRA with the account(s) listed below for Rights of Accumulation, my SEP/SIMPLE IRA will not be aggregated with my employer’s SEP/SIMPLE IRA plan.

Rights of Accumulation (Cumulative Discount)

Please aggregate the following eligible Invesco accounts to reduce sales charge for Class A shares for myself and my immediate family*:

Account Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>

Letter of Intent

Pursuant to the fund’s current prospectus, it is my intention to invest the following amounts, including Purchase Credit**, over a 13-month period for myself and my immediate family* in the following eligible Invesco accounts:

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Account Numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Eligible Purchasers include the individual account owner and the immediate family of the individual account owner (including the individual’s spouse or domestic partner and the individual’s children, step-children or grandchildren) as well as the individual’s parents, step-parents, the parents of the individual’s spouse or domestic partner, grandparents and siblings.

**Purchase Credit is the value of the accounts under ROA the day before the Start Date of the Letter of Intent.

7 | Authorization and Signatures (Please sign and date below.)

By signing this form, (i) I authorize and direct IIS to maintain the account referenced herein, **and (ii) 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.**

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

A signature guarantee is required under the following circumstances:

- Adding the telephone redemption feature to an existing account.
- Adding bank instructions when the Invesco account owner is not listed in the bank account registration.

<p>Signature Guarantee: (Please place signature guarantee stamp below.)</p>	<p>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 be obtained through a notary public.</p>
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Note: Endorsement guarantee is not acceptable.

Signature of Bank Account Owner(s) if different from Invesco Account Registration

By signing this form and providing banking instructions, I understand and acknowledge that:

- IIS may accept telephone or written instructions to remit redemption proceeds, and IIS may pay and charge my account for ACH drafts paid to the Invesco account.
- This authorization will remain in full force and effect, and IIS may continue to honor instructions to draft this bank account until written notice is provided revoking this authority.

Signature of Bank Account Owner

Date (mm/dd/yyyy)

X

Signature of Bank Account Owner

Date (mm/dd/yyyy)

X

8 | 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.

Visit our website at 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.