



Trusted Contact Form

Use this form to add or remove a trusted contact to your new or existing Invesco account.

Important information regarding trusted contact: Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the account owner's account, but it does authorize Invesco Investment Services, Inc. (IIS) to communicate with the trusted contact regarding the account. There can only be one trusted contact per account.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Invesco Account Number and Registration Information

SSN or TIN (Required)

Invesco Account Number or Plan ID

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

Primary Phone Number

Email Address

2 | Trusted Contact Information

By providing the information in this section, I authorize IIS to contact the person listed below and to disclose information about me in the following circumstances: to prevent the presumption of abandonment, to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney or as otherwise permitted by federal or state law. Any information provided on this form will replace the information currently on file.

Note: Your trusted contact should not be a joint account owner or the financial advisor on record.

Please select one.

Add the following individual as trusted contact to my account

Remove the following individual as trusted contact from my account

Full Name of Trusted Contact

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address (Including apartment or P.O. Box number.)

City

State

ZIP

Foreign Routing or Postal Code

Country of Residence if outside the U.S.

Primary Phone Number

Email Address

Relationship to Account Owner

3 | Authorization and Signature(s)

By signing this form, I authorize and direct IIS to maintain the account(s) referenced above in accordance with the instructions set forth above.

| Signature (Required) | Title | Date (mm/dd/yyyy) |
|----------------------|-------|-------------------|
| X | | |

| Signature | Title | Date (mm/dd/yyyy) |
|-----------|-------|-------------------|
| X | | |

4 | Mailing Instructions

Please send completed and signed form to:

| | |
|-----------------------------------|-----------------------------------|
| (Direct Mail) | (Overnight Mail) |
| Invesco Investment Services, Inc. | Invesco Investment Services, Inc. |
| P.O. Box 219078 | c/o DST Systems, Inc. |
| Kansas City, MO 64121-9078 | 430 W. 7th Street |
| | Kansas City, MO 64105-1407 |

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