



INVESCO SIMPLE IRA Plan Salary Reduction Agreement

Use this form to establish or change your SIMPLE IRA salary reduction election.

- Completed form should be returned to the employer and retained for the employer's records.
- Do not return this form to Invesco Investment Services, Inc. (IIS).

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | General Plan Information

Participant's Name:

Participant's Address:

SSN

Name of Employer:

Trustee/Custodian:

2 | Salary Reduction Deferral Election

Subject to the requirements of the SIMPLE Retirement Plan of the above-named employer:

1. I authorize the following amount or percentage of my compensation to be withheld from each of my paychecks and contributed to my SIMPLE IRA as a "Pre-Tax" salary reduction contribution.
- a. % percent of my salary (not in excess of 100%); OR
- b. \$ per pay period; OR
- c. \$ as of / / (insert amount and date of single-sum deferral payment)
2. If permitted in section II.(B) of the Notification to Eligible Employees and section 9 of the Annual Summary Description, I authorize the following amount or percentage of my compensation to be withheld from each of my paychecks and contributed to my SIMPLE IRA as a "Roth" employee contribution.
- a. % percent of my salary (not in excess of 100%); OR
- b. \$ per pay period; OR
- c. \$ as of / / (insert amount and date of single-sum deferral payment)
3. I elect to terminate my salary reduction contributions. (Proceed to Section VII.)
4. I elect not to participate in my employer's SIMPLE Plan with respect to Salary reduction contributions.

I understand that this salary reduction authorization shall remain in effect until I give a written modification or termination of its terms to my employer.

3 | Amount of Deferral

1. If I will be under age 50 by the end of the relevant year, I understand that the total amount of my salary reduction contributions cannot exceed a specified dollar amount explained in the Summary Description.
2. If I will be age 50 or over by the end of the relevant year, I understand that the total amount of my age 50 catch-up salary reduction contributions cannot exceed a specified dollar amount explained in the Summary Description.

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3. If I am age 60-63 and my employer has made 60-63 catch-up contributions available, I understand that the total amount of my salary reduction contributions cannot exceed a specified dollar amount explained in the Summary Description.

4. I understand that the total amount I defer in any calendar year to this SIMPLE may not exceed the lesser of:

% of my compensation; or the dollar limitation indicated in (a) or (b) above.

4 | Commencement of Deferral

The deferral election specified in Section 2 above shall not become effective before / /
(Specify a date no earlier than the first day of the first pay period beginning after you sign this agreement.)

5 | Distributions from SIMPLE IRA

I understand that any amounts withdrawn from my SIMPLE IRA are includible in my gross income and may be subject to a 25% additional income tax if withdrawn within 2 years of the day I first participated in this SIMPLE Plan.

6 | Employee Selection of SIMPLE IRA Trustee or Custodian

I select the following financial institution to serve as the trustee, custodian, or issuer of my SIMPLE IRA.

Name of Financial Institution:

Address:

SIMPLE IRA Account Name/Number:

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE IRA Plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my salary reduction agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE IRA Plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

Signature of Participant:

Date:

/ /

7 | Termination of Elective Deferrals

I understand that my employer may restrict me from resuming elective deferrals until the January 1st of the next Plan Year, if so, indicated on the Adoption Agreement.

I wish to stop my elective deferrals as of / / . (Fill in the date you want your salary reduction contributions to end. The date must be after you sign this agreement).

Employee Initials: (Proceed to Section 8 below.)

8 | Participant Authorization

I hereby authorize the implementation of the above elections. This salary reduction agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the SIMPLE IRA Plan or until I provide my Employer with a new salary reduction agreement as permitted under this SIMPLE IRA Plan.

Signature of Employee:

Date:

/ /

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