Please remember to sign application after printing.

Print | Clear Form

Retirement Plan Systematic Contribution Form

Use this form to submit retirement plan contributions via the Automated Clearing House (ACH) Network. This form is for employer use only. To add a new participant to the plan please attach the appropriate application or enrollment form.

If a current participant wants to change his/her investment allocations, the participant, trustee, or financial advisor may do one of the following:

- Submit an Invesco Investment Allocation Change Form or a signed letter of instruction
- Update information online at invesco.com/us, or
- Contact an Invesco Client Services representative at 800 959 4246

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

1 | Plan Information

Start here >. Use "Tab" key to move to next field.

Plan Type: *(Please select one.)*

☐ SIMPLE ☐ SARSEP ☐ SOLO 401(k) ☐ 401(k) ☐ Profit Sharing ☐ Money Purchase Pension ☐ 403(b)

Plan Name

Plan's Tax Identification Number *(Required)*

Invesco Plan ID

Name of Plan Sponsor(s) or Trustee(s)

Primary Phone Number

Alternate Phone Number

2 | Systematic Purchase Plan

Invesco Investment Services, Inc. (IIS) must receive this form at least five business days prior to the first selected draft date.

Note:

- If you have selected a date that has already passed, IIS will establish your plan for the next scheduled draft date.
- IIS will default to the 10th for monthly drafts and the 10th and 25th for twice-monthly drafts, unless specified below.

1. Transactions 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.)

3 | Bank Account Information

To fund your plan contributions through the ACH Network, please complete the information below. By entering information in this section and signing this form, you on behalf of the plan, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5.

- Only one bank account may be on file.
- The bank of record must be a participating member of the ACH Network.
- IIS must receive this form at least five business days prior to the submission of your initial ACH contribution.
- The draft will be posted on your bank account within three to five days after the contribution occurs.

Account Type: ☐ Checking ☐ Savings

Important: A voided check taped below is required to establish bank account information. If a voided company or corporate check is provided and the name on the bank account is different than the plan name, then a letter from that financial institution verifying the authorized signers must be included. A temporary or starter check is not acceptable.

Name

_____

_____

Pay to the order of _____ $ ☐

_____

Please tape your voided check here.

Routing Number ☐ Account Number ☐

4 | Contribution Instructions

- Specific fund information is not necessary to complete this form, only the information requested below is needed for existing participants. IIS has current fund allocations for existing participants on file. Provide the appropriate application or enrollment form for any new participants to the plan.
- This transmittal contains five columns reflecting different contribution types. Please only fill in the applicable columns that pertain to your specific type of retirement plan as indicated in the table below.

	(1) Salary Reduction	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Contribution	(5) Roth Deferral Contribution*
SIMPLE IRA Plan	Yes	Yes	–	–	–
SARSEP IRA Plan	Yes	–	Yes	–	–
403(b) Plan	Yes	Yes	–	–	Yes
401(k) Plan	Yes	Yes	Yes	–	Yes
Solo 401(k) Plan	Yes	–	Yes	–	Yes
Money Purchase Pension Plan	–	–	–	Yes	–
Profit Sharing Plan	–	–	Yes	–	–

Name of Participant	Social Security Number	Contributions (1) Salary Reduction Contribution (Pre Tax)	(2) Employer Matching Contribution	(3) Employer Discretionary (Profit Sharing)	(4) Money Purchase Contribution	(5) Roth Deferral Contribution* (After Tax)
1.		$				
2.		$				
3.		$				
4.		$				
5.		$				
6.		$				
7.		$				
8.		$				
9.		$				
10.		$				
	Subtotals	$ 0.00	0.00	0.00	0.00	0.00
	Total of all Contributions (columns 1–5)	$ **0.00**				

Please copy for additional participants.

*Any salary reduction contribution that is not specifically designated by the employer as a Salary Reduction Contribution (Pre Tax) (1) or Roth Deferral Contribution (5) shall be considered a Salary Reduction Contribution (Pre Tax) (1). Roth Deferral Contributions, once elected, are irrevocable.

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

On behalf of the Plan, I authorize IIS to initiate drafts via the Automated Clearing House (ACH) Network from the bank account identified in this application, pursuant to instructions received from the Plan's administrator, sponsor, trustee, or an appropriate officer and certify that the individual(s) in this capacity have the authority to provide such instructions. I understand that all purchases of Invesco Fund shares (the "Fund") pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable Funds. I understand that the amount drafted for the Plan's contribution funding will be set forth in the instructions so provided and the timing of any such draft will be dependent upon when the instructions are received by IIS. I agree that the rights of IIS with respect to each draft shall be the same as if it were drawn directly by the account owner or company, as applicable. I agree that, should any draft be dishonored, with or without cause, intentionally or inadvertently, IIS shall have no liability whatsoever with respect to any order for the purchase of Fund shares which was to have been settled via such draft. I further agree that IIS may delay the payment of redemption proceeds with respect to Fund shares purchased via such a draft for period of up to ten (10) days in order to enable IIS to confirm that the draft has cleared. This authorization shall remain in full force and effect and IIS may continue to honor instructions to draft the referenced account until notification revoking this authority is provided at least seven business days prior to a scheduled draft. Notice should be provided to Invesco's Client Services at 866 690 0193 or in writing to: IIS, PO Box 219078, Kansas City, MO 64121.

In consideration of IIS acting on instructions and processing transactions as described above, I agree to indemnify and hold harmless Invesco Investment Services, Inc., 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.

Plan Trustee or Plan Sponsor Signature(s): *(Required)*
All trustees or the plan sponsor must sign this authorization. Please attach an additional page if there are additional signers.

Signature *(Please sign exactly as name appears on bank records.)* Title Date (mm/dd/yyyy)

X

Name *(Please print)*

Signature *(Please sign exactly as name appears on bank records.)* Title Date (mm/dd/yyyy)

X

Name *(Please print)*

Additional Authorized Bank Account Signature(s):
This includes all persons authorized to sign on the bank account provided in section 3, other than the Plan Trustee or Plan Sponsor signing above. Please attach an additional page if there are additional signers.

Signature *(Please sign exactly as name appears on bank records.)* Title Date (mm/dd/yyyy)

X

Name *(Please print)*

Signature *(Please sign exactly as name appears on bank records.)* Title Date (mm/dd/yyyy)

X

Name *(Please print)*

6 | Mailing Instructions

Please send completed and signed form to one of the addresses below **OR** fax to 713 986 9755.

(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.