Please remember to sign form after printing.

Print | Clear Form

Invesco Solo 401(k) Loan Repayment Change Form

Use this form to change the bank account information and/or loan payment allocation on an existing loan. Invesco Investment Services, Inc. (IIS) must receive this form at least 12 business days prior to your next loan payment due date to allow for verification on the routing instructions.

The trustee/participant must sign in section 5. Any omissions will delay the processing of this request.

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

1 | Participant and Plan Information

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

Social Security Number *(Required)*

Invesco Account Number or Plan ID

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

Primary Phone Number

Alternate Phone Number

Plan Name

Trustee's Full Name

2 | Loan Information *(Select one.)*

IIS will update all existing loans, unless specified below.
Please update loan payments on my existing loan.

☐ Update Loan Number

☐ Update all existing loans.

3 | Payment Allocation Instructions *(Select one.)*

IIS will default to current investment allocation instructions, unless specified below.

☐ Please invest my loan payments in accordance with my current investment allocation instructions.
☐ My loan payments are to be invested in accordance with the following investment allocation instructions:

Fund Number	Fund Name	Class of Shares	Percentage
		Total	1 0 0

4 | Bank Account Information for Loan Payments

Your monthly loan repayment will be made via bank drafts from your bank account. The bank drafts are electronic transfers of funds from your bank to Invesco's bank through the Automated Clearing House (ACH) Network. As soon as your bank has accepted your authorization, the amount of each payment will be electronically deducted from your bank account on, or about, the twenty-fifth (25th) of each month. The bank will process the electronic fund transfer and a debit entry will appear on your bank account statement. IIS must receive this form at least 12 business days prior to your next loan payment due date to allow for verification of the routing instructions.

By signing this form, both the Trustee and participant agree that if this draft is discontinued and not replaced with another draft or a payment is missed prior to the draft being replaced the loan may be considered in default. The participant will have until the end of the calendar quarter following the quarter in which the loan payment was due to make the missed payment(s) (cure period) before IIS will treat the outstanding loan balance (principle plus interest) as a deemed distribution, which will be reported on Form 1099R.

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

I understand and acknowledge that 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.

X

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, then a letter from that financial institution verifying the authorized signers must be included. A temporary or starter check is not acceptable.

Please tape your voided check here.

5 | Signature of Plan Trustee(s) and Participant *(Required)*

Plan Trustee Authorization:

By signing below, I acknowledge that it is solely my responsibility, as trustee of the plan, to:

- ensure that the loan terms above comply with the plan's loan policy and applicable law, and
- administer any loan program in accordance with the terms of the applicable plan documents.

I further acknowledge that IIS undertakes no responsibility to advise the plan with regard to the administration of any such loan program.

I hereby submit this request to Invesco to update loan payment on an existing loan.

In consideration of IIS acting on instructions and processing transactions as described above, the Plan agrees 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.

Participant's Authorization:
I authorize IIS to initiate drafts via the Automated Clearing House (ACH) Network from the bank account(s) identified in section 4, pursuant to instructions received from the plan's trustee. I understand that all purchases of fund shares pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable Funds. 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, 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. 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.

Important Note:

☐ Check this box if the Plan Trustee and Participant is one and the same. *(Signature only required for Plan Trustee.)*

Plan Trustee's Signature *(Required)* Date (mm/dd/yyyy)

X

Name *(Please print)*

Plan Trustee's Signature Date (mm/dd/yyyy)

X

Name *(Please print)*

Participant's Signature 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 9772.

(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.