



Account Options Form

Use this form to add or update any or all of the following:

- Bank Account information
- Telephone privileges
- Systematic options

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

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

Primary Phone Number

Email Address

2 | Bank Account Information

Note:

- Unless instructed otherwise, Invesco Investment Services, Inc. (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 8 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 form 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, 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 plans and may receive redemption proceeds as applicable.

Keep existing bank information on file in addition to adding new bank information.

Account Type: Checking Savings

Name	
<hr/>	
<hr/>	
Pay to the order of	\$ <input style="width: 50px;" type="text"/>
<hr/>	
Please tape your voided check here.	
Routing Number	Account Number
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

3 | Telephone Transactions

- To add telephone redemption to an existing account, a signature guarantee is required in section 8.
- Telephone purchase option is not allowed on Corporation accounts.
- Redemption proceeds will be mailed to the address or record unless bank information is provided in section 2.

Telephone Exchange Add telephone exchange Remove telephone exchange
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 this form at least 10 business days prior to the first selected draft date.

I authorize IIS to withdraw the amount indicated below (\$25 minimum for Traditional IRA, Roth IRA, and Coverdell ESA accounts and \$50 minimum for all other account types) 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 I have a current systematic purchase plan and do not provide additional instructions, I am directing IIS to continue my current plan using the new bank information provided in section 2.
- 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., 10th, 25th, 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="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="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="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="text"/>

5 | Systematic Redemption Plan

Important: This section should not be used to add a systematic redemption plan to a retirement account.

The account from which the periodic redemption is taken must have a minimum balance of \$5,000.00. The amount requested for redemption must be at least \$50 per fund.

I authorize IIS to redeem shares from my fund(s) and submit the proceeds as indicated below. Furthermore, I understand and agree to the terms listed below.

- If I have a current systematic redemption plan and do not provide additional instructions, I am directing IIS to continue my current plan using the new bank information provided in section 2.
- If the selected payment date has already passed, I am directing IIS to establish the plan for the next scheduled payment date.
- If I do not provide a payment date below, I am directing IIS to redeem on the 10th for monthly redemptions or the 10th and 25th for twice-monthly redemptions.

Note: Shares will be depleted utilizing the current cost basis method on your account. If your current method is Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares. If you would like to change your cost basis method, complete the Cost Basis Election form or log into your account at invesco.com/us.

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

2. Redemption Frequency (Select one.)

- One redemption per month on the following day _____ (e.g., 10th, 25th, etc.)
- Two redemptions 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., January 15th, etc.)

3. Delivery instructions (Your redemption proceeds will be mailed to the address of record unless specified below. Checks will not be forwarded.)

- Mail checks to the address of record.
- ACH transfer into my bank account. (Attach voided check in section 2.)
- Mail checks to a third party. (Specify name and address of third party below. A signature guarantee is required in section 8.)

Make checks payable to:

Mailing Address (Including apartment or box number.)

4. 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	Redemption Amount
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 340px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

6 | Dividend and Capital Gains Options

Important: This section should not be used to pay dividends and capital gains in cash for retirement accounts. Please complete the IRA Periodic Distribution Form.

- Please pay dividends and capital gains in cash and send proceeds to one of the following (If no option is selected below, IIS will default to mailing a check to the address of record. Checks will not be forwarded.):
 - Mail checks to the address of record.
 - ACH transfer into my bank account. (Attach voided check in section 2.)
 - Mail checks to a third party. (Specify name and address of third party below. A signature guarantee is required in section 8.)

Name and address of Payee:

Note: Dividend and capital gain distributions of \$25 or less will be automatically reinvested into your account unless you elect to have your distributions deposited via ACH into your bank account.

7 | 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 \$5,000.00. 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 schedule 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.

Note: Shares will be depleted utilizing the current cost basis method on your account. If your current method is Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares. If you would like to change your cost basis method, complete the Cost Basis Election form or log into your account at invesco.com/us.

From	Amount	To
Fund Name or Number <input style="width: 120px; height: 25px;" type="text"/>	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Fund Name or Number <input style="width: 120px; height: 25px;" type="text"/>
Account Number <input style="width: 160px; height: 25px;" type="text"/>		Account Number <input style="width: 160px; height: 25px;" type="text"/>
Fund Name or Number <input style="width: 120px; height: 25px;" type="text"/>	\$ <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> , <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Fund Name or Number <input style="width: 120px; height: 25px;" type="text"/>
Account Number <input style="width: 160px; height: 25px;" type="text"/>		Account Number <input style="width: 160px; height: 25px;" type="text"/>

1. Transaction 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., January 15th, etc.)

8 | Authorization and Signature(s) (Please sign and date below.)

By signing this form, (i) I authorize and direct IIS to maintain the account(s) referenced above in accordance with the instructions set forth above, 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" value="X"/>	<input type="text"/>	<input type="text"/>
Signature	Title	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<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 at least one of the Invesco account owner(s) is not listed in the bank account registration.
 - Redemption proceeds to be paid to someone other than the account owner.
 - Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.

Signature Guarantee: (Please place signature guarantee stamp below.)

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.**

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)
<input type="text" value="X"/>	<input type="text"/>
Signature of Bank Account Owner	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<input type="text"/>

9 | Mailing Instructions

Please send completed and signed form to:

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

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