Please remember to sign application after printing.

Print | Clear Form

IRA Required Minimum Distribution (RMD) Form

Use this form to request an RMD from your Invesco IRA. Additionally, use this form to change an existing periodic RMD. We recommend that you speak with a tax or financial advisor regarding the consequences of this transaction.

Do not use this form to request an RMD from an Invesco IRA that has already been transferred to a beneficiary account. Please submit the IRA Death Distribution Form.

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

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

1 | IRA Information

IRA Type *(Select one.)*

☐ Traditional ☐ SEP ☐ SARSEP ☐ SIMPLE

Invesco Account Number or Plan ID

2 | Depositor Information

Social Security Number *(Required)*

Date of Birth (mm/dd/yyyy)

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

Primary Phone Number

Email Address

3 | Federal Income Tax Withholding Election *(Select one.)*

The distributions you receive from your IRA are subject to 10% federal income tax withholding, unless you provide an alternative election below. If no election is made, or your only address of record is a P.O. Box or non-U.S. address, Invesco Investment Services, Inc. (IIS) is required to withhold at the rate of 10%.

☐ I do not want any federal income tax withheld from my distribution.

☐ I want federal income tax withheld at the rate of ☐☐☐ %. *(Must be 10% or greater.)*

Please note that the withholding rate designation made above supersedes any previous designations. If you elect to receive periodic distributions, your withholding election for this series of payments will remain on file with IIS. You may wish to change or revoke your withholding election at any time by contacting an Invesco Client Services representative. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

4 | Required Minimum Distribution Instructions *(Required)*

A. Frequency: *(Select one. IIS will default to a one-time distribution unless specified below.)*

☐ One-time distribution. *(If you would like IIS to calculate your one-time RMD amount, please complete section 4B. If you have calculated your RMD amount, please complete section 4C.)*

☐ I wish to establish a series of periodic distributions. *(Please complete payment schedule below and either section 4B or 4C, as applicable.)*

☐ I wish to modify a series of periodic distributions. *(Please complete payment schedule below and/or section 4B or 4C, as applicable.)*

Note:

- If the **selected date has already passed, IIS will establish your plan for the next scheduled payment date.**
- **IIS w**ill default to the 10th, unless specified below.

☐ Monthly - One draft per month on the following day of the month _____ (e.g., 10th, 25th, etc.) beginning in _____ (month) _____ (year).

☐ Quarterly - One draft per quarter on the following day of the month _____ (e.g., 10th, 25th, etc.) beginning in _____ (month) _____ (year).

☐ Annually - One draft per year on the following day of the month _____ (e.g., 10th, 25th, etc.) beginning in _____ (month) _____ (year).

B. Invesco to recalculate:

If IIS did not service your IRA at the close of last year, please provide the prior year-end value (including any transfers or rollovers received into the account in the current year that were disbursed from the resigning plan in the prior year):

$ ☐☐☐, ☐☐☐. ☐☐.

Note: If this method is selected *proportionate* is the only distribution allocation option.

I would like IIS to calculate the RMD and pay it out based on the following information and the frequency selected in section 4A:

Select one.

☐ Determine my RMD amount using the IRS Uniform Lifetime Table.

☐ Determine my RMD amount using the IRS Joint Life Expectancy Table. *(This option is only available if your spouse is and has been your sole primary beneficiary during the entire calendar year for which you are taking the distribution and he or she is more than ten years younger than you. IIS will default to the IRS Uniform Lifetime Table if both of these requirements are not met.)*

My spouse's date of birth is: (mm/dd/yyyy)

C. Depositor to recalculate:

Note: The amount of your RMD will change each year based on your December 31 account value of the prior year. You are responsible for recalculating the amount of your RMD and providing IIS with new distribution instructions as applicable.

I have calculated the amount of my RMD and would like it paid out as follows:

☐ I would like to receive the following dollar amount from the account (net): $ ☐☐☐, ☐☐☐. ☐☐.
I authorize and direct IIS to redeem additional fund shares in amounts necessary to pay any applicable contingent deferred sales charges and federal income tax withholding. *(If you select the one-time distribution frequency, this will be the amount of your one-time distribution. If you select the periodic distribution frequency, this will be the amount of each installment.)*

☐ Distribute the following dollar amount from the account (gross): $ ☐☐☐, ☐☐☐. ☐☐. I understand the amount of the distribution I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. *(If you select the one-time distribution frequency, this will be the amount of your one-time distribution. If you select periodic distribution frequency, this will be the amount of each installment.)*

Allocation of distribution

☐ **Proportionate** - Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account.

☐ **Distribution From Specific Fund(s)** - Please indicate the fund(s) and redemption amounts below.

Fund Number	Fund Name	Percentage	Amount
		☐☐☐	or $ ☐☐☐, ☐☐☐. ☐☐
		☐☐☐	or $ ☐☐☐, ☐☐☐. ☐☐
		☐☐☐	or $ ☐☐☐, ☐☐☐. ☐☐

5 | Payment Options *(Refer to section 6 to determine if a signature guarantee is required.)*

Note: Your distribution will be mailed to the address of record unless specified below. Checks will not be forwarded.

Select only one payment option *(option A, B, or C)*

A. By Check:

☐ Mail check to the depositor's address of record.

☐ Mail check to third party address *(Signature guarantee required.)*

Make check payable to:

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

City State ZIP

B. To Bank: *(If banking information is provided below and a single delivery option is not selected, proceeds will be sent via ACH.)*

☐ Wire proceeds to my bank account. *(Not available for periodic distributions.)*

☐ ACH transfer to my bank account. *(Allow 2–3 business days to receive your proceeds.)*

Note: Unless instructed otherwise, IIS will replace your current systematic bank information with the new bank information provided below.

Account Type: ☐ Checking ☐ Savings

Name

Pay to the order of $

Please tape your voided check here.

Routing Number Account Number

C. Deposit into an Invesco Account:

☐ Deposit the proceeds into a new Invesco account in kind. *(Please complete and attach the appropriate Invesco application. Your fund selections will remain the same.)*

☐ Deposit the proceeds into my existing Invesco account in kind. *(Fund selections will remain the same.)*

Account Number:

☐ Deposit the proceeds into my existing Invesco account in the following funds. *(Exchanges must be for shares of the same share class.)*

Fund Number	Account Number	Percentage	Amount
			or $, .
			or $, .
			or $, .
			or $, .

6 | Authorization and Signature *(Please sign and date below.)*

By signing this form, (i) I authorize and direct IIS to take actions as specified 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)*	Date (mm/dd/yyyy)
X	

A signature guarantee is required under the following circumstances:

- Redemption proceeds will exceed $250,000 per fund.
- 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.
- Proceeds of an unscheduled redemption will be sent to an address or bank account that has been on your Invesco account for less than 15 days.

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.

7 | Mailing Instructions

Please send completed and signed form to:

(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.

Visit our website at invesco.com/us to:

- Check your account balance
- Confirm transaction history
- View account statements and tax forms
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports
- Check the current fund price, yield and total return on any fund
- Process transactions
- Retrieve account forms and investor education materials

Call the 24-Hour Automated Investor Line 800 246 5463 to:

- Obtain fund prices
- Confirm your last three transactions
- Order a recent account statement(s)
- Check your account balance
- Process transactions

To use the system, please have your account numbers and Social Security number available.

Additional Information

You must begin taking RMDs by April 1 of the calendar year following the year in which you attain age 70½. All subsequent RMDs must be taken by December 31 each year. If you do not take your RMD for a given tax year, the IRS may assess a penalty of 50% on the difference between the amount required to be distributed and the amount actually distributed.