



Retirement Plan Transmittal Form

Use this form to submit retirement plan contributions. This form is for employer use only.

Do not use this form to add a new participant to the plan. Please use the appropriate application or enrollment form.

If a current participant wants to update investment allocations, the participant, trustee, employer/plan administrator, 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 | Employer Information

Plan Type: *(Please select one.)*

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

Employer's Name

Mailing Address

City

State

ZIP

Plan Contact Name

Plan Contact Primary Phone Number

Plan Contact Email Address

Check this box if this is a new Plan Contact.

Check this box if this is a new address for the employer. Please update the plan address of record. *(Signature of employer required below.)*

Employer/Plan Administrator or Trustee Signature

X

Date (mm/dd/yyyy)

Name *(Please print)*

Title

*Includes plans formerly known as OppenheimerFunds Single K plans.

2 | Mailing Information

Please make check payable to Invesco Investment Services, Inc. (IIS). IIS does not accept the following types of payment: Cash, Credit Card Checks, Temporary/Starter Checks, and Third Party Checks.

(Direct Mail)

Invesco Investment Services, Inc.
P.O. Box 219078
Kansas City, MO 64121-9078

(Overnight Mail)

Invesco Investment Services, Inc.
801 Pennsylvania Ave
Suite 219078
Kansas City, MO 64105-1307

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

3 | Contribution Instructions

- **Please do not include fund allocations;** IIS has current fund allocations for existing participants on file. Please provide only the requested information listed in the table below.
- This transmittal contains six columns reflecting different contribution types. Please only fill in the applicable columns that pertain to your specific type of retirement plan as indicated below.

	(1) Salary Reduction	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Contribution	(5) Roth Deferral Contribution*	(6) Loan Repayment**
SIMPLE IRA Plan	Yes	Yes	—	—	—	—
SARSEP IRA Plan	Yes	—	Yes	—	—	—
403(b) Plan	Yes	Yes	—	—	Yes	—
401(k) Plan	Yes	Yes	Yes	—	Yes	Yes
Solo 401(k) Plan	Yes	—	Yes	—	Yes	Yes
Money Purchase Pension Plan	—	—	—	Yes	—	—
Profit Sharing Plan	—	—	Yes	—	—	—

Invesco Plan ID: / / / / /

Payroll Date: / /

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

Please copy for additional participants.

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

**Only applicable if a distribution was processed as a loan. Loan repayments will appear as salary reduction contribution on account statements (excluding Invesco Solo 401(k) accounts).