

Qualified Retirement Plan Transfer/Rollover Form

Use this form to transfer or rollover eligible retirement assets to an existing qualified retirement plan at Invesco. We recommend that you speak with a tax or financial advisor regarding the consequences of this transaction.

To expedite your request, please attach your most recent account statement.

- Do not use this form to transfer or rollover assets to an Invesco Trust Company (ITC) custodial retirement plan or Invesco Solo 401(k) Plan.
- For more information, please see the Additional Information section at the end of this form.

*Required

PLEASE USE BLUE OR BLACK INK	PLEAS	SE PRINT CLEA	RLY IN BLOCK CAPITAL LETTERS
1 Participant Information			
Full Name			
Social Security Number	Date of Birth*	(mm/dd/yyyy)	
Mailing Address			
City	State		ZIP
2 Contact Preference			
In some cases, Invesco will attempt to contact you for more ent with your request. The preferred method you provide your account for future contact.			
Please provide your preferred method of contact (Select	One.)		
Please contact my financial professional on record.			
□ Please contact me at □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
3 Assets are Moving from this Account (Required)			
Important Note: Some custodians/financial institutions retion of their own forms prior to transferring assets to Investigan to verify their requirements and include your most re-	sco. To expedite your re	quest, please	
☐ Yes, I have contacted the current custodian/financial in over assets, and have filed the necessary paperwork.	nstitution. I have met the	eir requireme	nts for transferring or rolling
$\hfill \Box$ Yes, I have confirmed the current custodian/financial in provided.	nstitution will accept this	request by f	ax at the number I've
$\hfill\square$ No, I have not contacted the current custodian/financial	al institution.		
Name of Current Custodian/Financial Institution			
Mailing Address of Custodian/Financial Institution			
City	State		ZIP

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PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
Custodian/Financial Institution Phone Number	Custodian/Financial Institution Fax Number
Account Number at Current Custodian/Financial Institution	Attention
Transfer/Rollover assets from my: (Select one.)	
\Box Traditional IRA \Box Rollover IRA \Box Roth IRA \Box SEP IRA	□ SARSEP IRA □ SIMPLE IRA □ 401(k) □ Roth 401(k)
□ 403(b) □ Roth 403(b) □ Other employer retirement plan	
If the account type selected above is a beneficiary account, ple	ease check the box below:
☐ Beneficiary IRA - Decedent's Name	
Distribution Reason for Rollover from Qualified Plan: (Sele	ect one, if applicable.)
\square Termination of employment \square Death \square Attainment of retir	rement age (typically 59½) □ Plan termination
4 Instructions to Delivering Custodian (Complete A, B, a	and/or C. Required)
A. Liquidate — Please liquidate the account(s) listed in section	n 3 and issue a check payable to ITC.
Select one.	
☐ Liquidate ALL immediately	
☐ Liquidate \$ ☐ ☐ , ☐ ☐ ☐ immediately	y
☐ Liquidate ALL at maturity (mm/dd/yyyy) ☐ ☐ / ☐ ☐ /	
□ Liquidate \$ □ □ □ , □ □ □ . □ □ at maturity	(mm/dd/yyyy)
B. Transfer of Retirement Assets Service: Many custodians currently held at the delivering custodian will be electronical most recent account statement is required.	
Assets to be moved:	
CUSIP Fund Name	Class Amount Percentage
	\$ or %
	\$ or \%
	\$ or %
C. Transfer "in kind": A transfer "in kind" is the movement of converse Investo Investment Services, Inc. (IIS) without liquidating. If available to you. Please see Additional Information section a most recent account statement is required. Select one. ALL existing Invesco Fund(s) held in the account(s) listed	you do not currently own Invesco Fund(s), this option is not it the end of this form. If this option is selected a copy of the
☐ PARTIAL shares in the amount of	555.6.7 5.
	Eund
shares of Invesco	Fund.
shares of Invesco	Fund.
shares of Invesco	Fund.

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5 Assets are Moving t	to the Following Invesco-Sponsored Qualit	fied Plan Account (Comple	ete A and B. Requ
A. Transfer/Rollover asse	ets to my: (Select one.)		
☐ New Invesco Account	t OR Existing Invesco Account or Plan	ID	
 If transfer "in kind" was For IRAs: If I do not proposed to prove the directing IIS to purchation accordance with the directing IIS to purchation. 	for Account Liquidation (Complete this section selected above, your fund selection will remain a provide fund(s) selection below, I am directing larket Fund. If an Invesco Fund name(s) is included as Class A shares of the specified fund(s). SEP IRAS: If I do not provide fund(s) selection also purchase allocations on file with the cust see shares of the default Invesco Fund as design ut no class of shares is specified, I am direction	the same. You may request a IIS to purchase Cash Reser dicated but no class of share below, I am directing IIS to odian. If there was no previous gnated by my employer. If a	n exchange separ rve Shares of Inve es is specified, I a purchase shares ous purchase, I an n Invesco Fund
Please indicate fund and ir	nvestment percentages rounded to whole percentages	centages. Total percentages	must equal 100°
Fund Number	Fund Name	Class of Shares	Whole Percenta
Please attach a separate p	age for additional allocations, if necessary.	TOTAL	1 0 0
In accordance with my cust account prior to the transfe	todial agreement and/or plan document, I auth r.	norize you to deduct any out	standing fees fror
the rollover or transfer is quaccount identified in section This transfer of assets/direct actual receipt of any portion rollover. I agree to indemnifidirectors, and each of the li	ator Acceptance trator of the receiving plan, I acknowledge that trator of the receiving plan, I acknowledge that tratified and eligible for acceptance into the plan 3 are accepted into this plan in accordance with rollover is to be executed on a trustee to trust of the plan assets. No federal income tax is the five and hold harmless IIS, its affiliates, each of the plan accordance with asson of your actions taken in accordance with	n identified in section 5. The with the investment elections stee basis and will not place to be withheld from this transtheir respective employees, aims, losses, liabilities, dama	e proceeds from the provided in sect to the participant in sfer of assets or conflicers, trustees ages and expense
Employer/Plan Administrato	or Signature* (Required) Date (r	mm/dd/yyyy)	
X			
Name (Please print)			
Participant Signature* <i>(Red</i>	<i>quired)</i> Date (r	mm/dd/yyyy)	
X			
Name (Please print)			
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Note: The current custodian/financial institution may require signature to be guaranteed. Call that institution for their requirements.

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 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.

7 | Checklist and Mailing Instructions

Please review checklist before submitting your request:

- ☐ Participant information was provided in section 1.
- ☐ Name and address of the current trustee or custodian was provided in section 3.
- ☐ A copy of your most recent account statement is enclosed.
- ☐ Transfer/rollover instructions were provided in section 4.
- ☐ The signatures of the employer/plan administrator and participant are provided in section 6.

IIS does not accept the following types of payment: Cash, Credit Card Checks, Temporary/Starter Checks, and Third Party Checks.

Please send completed and signed form to:

(Direct Mail) (Overnight Mail)

Invesco Investment Services, Inc. Invesco Investment Services, Inc.

P.O. Box 219078 801 Pennsylvania Ave

Kansas City, MO 64121-9078 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.

Additional Information

- For assistance in determining the eligibility of your rollover, consult with the employer/plan administrator of the accepting qualified plan.
- A transfer "in kind" is the transfer of currently owned Invesco funds from one custodian to IIS without liquidating. This option is available if you currently own Invesco funds at the resigning trustee/custodian.
- When transferring CD's a maturity date is required. The request must be received by IIS 30 days prior to maturity date. Transfer "in kind" is not available for CD's.
- RMD, hardship distributions, an unforeseeable emergency distribution, corrective distributions, or deemed distributions of a defaulted loan are not eligible for rollover.
- Payments or a series of payments over life expectancy(ies) or over a period of 10 years or more are not eligible for rollover.
- SIMPLE IRAs aged less than two years are not eligible to transfer or rollover to another plan type. The only option for a SIMPLE IRA less than two years is to transfer to another SIMPLE IRA.

Note for Indirect Rollover (60 day rollovers):

• Rollover contribution must be made into the retirement plan within 60 days of receipt of the distribution from the resigning trustee/custodian.

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