Please remember to sign form after printing.

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Invesco

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 **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

1 | Participant Information

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

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 information or to resolve any discrepancies that may be present with your request. The preferred method you provide below will be used for this request only and will not be added to 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 require pre-liquidation of assets, payment of fees, and/or completion of their own forms prior to transferring assets to Invesco. To expedite your request, please contact your current custodian to verify their requirements and include your most recent account statement.

☐ Yes, I have contacted the current custodian/financial institution. I have met their requirements for transferring or rolling over assets, and have filed the necessary paperwork.

☐ Yes, I have confirmed the current custodian/financial institution will accept this request by fax at the number I've provided.

☐ No, I have not contacted the current custodian/financial institution.

Name of Current Custodian/Financial Institution

Mailing Address of Custodian/Financial Institution

City State ZIP

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.)*

☐ Traditional IRA ☐ Rollover IRA ☐ Roth IRA ☐ 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, please check the box below:

☐ Beneficiary IRA - Decedent's Name

Distribution Reason for Rollover from Qualified Plan: *(Select one, if applicable.)*

☐ Termination of employment ☐ Death ☐ Attainment of retirement age (typically 59½) ☐ Plan termination

4 | Instructions to Delivering Custodian *(Complete A, B, and/or C. Required)*

A. Liquidate — Please liquidate the account(s) listed in section 3 and issue a check payable to ITC.

Select one.

☐ Liquidate ALL immediately

☐ Liquidate $ ☐☐☐,☐☐☐.☐☐ immediately

☐ Liquidate ALL at maturity (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

☐ Liquidate $ ☐☐☐,☐☐☐.☐☐ at maturity (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

B. Transfer of Retirement Assets Service: Many custodians offer an electronic transfer to expedite funds. Funds currently held at the delivering custodian will be electronically sent to Invesco. If this option is selected a copy of the 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 currently owned Invesco Fund(s) from one custodian to Invesco Investment Services, Inc. (IIS) without liquidating. If you do not currently own Invesco Fund(s), this option is not available to you. Please see Additional Information section at the end of this form. If this option is selected a copy of the most recent account statement is required.

Select one.

☐ ALL existing Invesco Fund(s) held in the account(s) listed in section 3.

☐ PARTIAL shares in the amount of

______ shares of Invesco ____________ Fund.

______ shares of Invesco ____________ Fund.

______ shares of Invesco ____________ Fund.

5 | Assets are Moving to the Following Invesco-Sponsored Qualified Plan Account *(Complete A and B. Required)*

A. Transfer/Rollover assets to my: *(Select one.)*

☐ New Invesco Account OR ☐ Existing Invesco Account or Plan ID

B. Investment Allocation for Account Liquidation *(Complete this section if Liquidate was chosen above)*

- If transfer "in kind" was selected above, your fund selection will remain the same. You may request an exchange separately.
- For IRAs: If I do not provide fund(s) selection below, I am directing IIS to purchase Cash Reserve Shares of Invesco Government Money Market Fund. If an Invesco Fund name(s) is indicated but no class of shares is specified, I am directing IIS to purchase Class A shares of the specified fund(s).
- For SIMPLE and SARSEP IRAs: If I do not provide fund(s) selection below, I am directing IIS to purchase shares in accordance with the last purchase allocations on file with the custodian. If there was no previous purchase, I am directing IIS to purchase shares of the default Invesco Fund as designated by my employer. If an Invesco Fund name(s) is indicated but no class of shares is specified, I am directing IIS to purchase Class A shares of the specified fund(s).

Please indicate fund and investment percentages rounded to whole percentages. Total percentages must equal 100%.

Fund Number	Fund Name	Class of Shares	Whole Percentage
			%
			%
		TOTAL	100 %

Please attach a separate page for additional allocations, if necessary.

6 | Authorization and Signature *(Both the Employer/Plan Administrator and Participant must authorize the rollover. Please sign and date below.)*

Participant Authorization to the current trustee/custodian

I have enrolled as a participant in a qualified plan account with Invesco Distributors, Inc. Please accept this as your authorization and instruction to liquidate and/or transfer "in kind" the assets noted above, which your company holds for me. In accordance with my custodial agreement and/or plan document, I authorize you to deduct any outstanding fees from the account prior to the transfer.

Employer/Plan Administrator Acceptance

As Employer/Plan Administrator of the receiving plan, I acknowledge that I am solely responsible for determining whether the rollover or transfer is qualified and eligible for acceptance into the plan identified in section 5. The proceeds from the account identified in section 3 are accepted into this plan in accordance with the investment elections provided in section 5. This transfer of assets/direct rollover is to be executed on a trustee to trustee basis and will not place the participant in actual receipt of any portion of the plan assets. No federal income tax is to be withheld from this transfer of assets or direct rollover. 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.

Employer/Plan Administrator Signature* *(Required)*

X

Date (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

Name *(Please print)*

Participant Signature* *(Required)*

X

Date (mm/dd/yyyy)

__ __ / __ __ / __ __ __ __

Name *(Please print)*

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. P.O. Box 219078 Kansas City, MO 64121-9078	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.

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.