



Invesco Invesco Solo 401(k) Beneficiary Designation Form

Use this form to designate a beneficiary(ies) on an Invesco Solo 401(k) participant account.

- Return completed form to employer/plan administrator/trustee.
- The employer/plan administrator/trustee should keep this form for the plan's records.
Do not return to Invesco.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant Information

Full Name

Mailing Address

City

State

ZIP

Social Security Number

 - -

Date of Birth (mm/dd/yyyy)

 / /

Plan Name

2 | Beneficiary Designation(s)

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis.

If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

Important:

- This Beneficiary Designation is subject to the terms and provisions of the above named Plan. This Beneficiary Designation shall be effective only if in a form acceptable to the Employer/Plan Administrator and only if received by the Employer/Plan Administrator prior to my death.
- This Beneficiary Designation is subject to any applicable requirements of the qualified joint and survivor annuity or qualified preretirement survivor annuity provisions of ERISA. I understand that this Beneficiary Designation will not be effective if I have designated a beneficiary other than my spouse unless my spouse has consented to the designation. Consent of my spouse is not required if my spouse is the sole beneficiary, or if I am not married.

I designate the individual(s) below as my primary and contingent beneficiary(ies) of the plan and hereby revoke all prior beneficiary(ies) designations. I understand I may change my beneficiary designation by completing another Beneficiary Designation Form, subject to spousal consent, if required.

A. Primary Beneficiary(ies)

1. Full Name

Percentage

 %

SSN or TIN*

Date of Birth (mm/dd/yyyy)

 / /

2. Full Name

Percentage

 %

SSN or TIN*

Date of Birth (mm/dd/yyyy)

 / /

Total

 %

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B. Contingent Beneficiary(ies)

1. Full Name

Percentage

 %

SSN or TIN*

Date of Birth (mm/dd/yyyy)

 / /

2. Full Name

Percentage

 %

SSN or TIN*

Date of Birth (mm/dd/yyyy)

 / /

Total %

3 | Participant Signature

If I named a Trust as a Beneficiary, I understand I must complete the Trust Beneficiary Certification Form or provide a copy of the Trust to the Plan Administrator.

Signature of Participant

Date (mm/dd/yyyy)

 / /

4 | Spousal Consent

I, the undersigned spouse of the above-named Participant, have read this Beneficiary Designation Form and hereby consent to such Beneficiary Designation, including all Primary and Contingent Beneficiaries. I understand that by consenting to this Designation, I may be waiving my right to receive a benefit under the Plan in the event of my spouse's death. I have signed this consent freely and voluntarily. I understand that I may not revoke this consent, except by consenting to another Beneficiary Designation signed by the Participant.

Signature of Spouse

Date (mm/dd/yyyy)

 / /

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

(Date – mm/dd/yyyy) _____.

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) _____

Notary Seal

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