



Invesco Beneficiary Designation Form

Use this form to designate or modify the beneficiary(ies) on your Invesco IRA (including Traditional, Roth, SEP, SARSEP and SIMPLE), 403(b)(7) or Optional Retirement Program (ORP)

account or an account with transfer on death (TOD) registration. We recommend you speak with a tax or financial advisor prior to designating beneficiaries on your account.

- If these designations apply to more than one account, please list all applicable account numbers in section 1.
- If you are married, spousal consent may be required in section 4 or 5.

*Required

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Registration Information and Invesco Account Number

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

Social Security Number*

Invesco Account Number or Plan ID

Invesco Account Number or Plan ID

Invesco Account Number or Plan ID

New Address (Complete if applicable.)

By providing the address below, I am directing Invesco Investment Services, Inc. (IIS) to update the address of record on the above referenced account(s).

Mailing Address (Account statements and confirmations will be mailed to this address.)

City

State

ZIP

Residential Address (Required if different than your mailing address or if a P.O. Box address was given above.)

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 | Beneficiary Information (Complete A, B, and C, if applicable.)

Provide a complete list of your primary beneficiary(ies) and your contingent beneficiary(ies) below. IIS will not maintain a beneficiary designation that is conditional upon the occurrence of a specific event other than what is detailed below and in the applicable custodial agreement and disclosure statement. (Custodial agreement and disclosure statement not applicable for TOD accounts.) If you have additional beneficiaries, please attach a separate page including all of the information requested in this section.

Please see the Additional Information section at the end of this form for acceptable beneficiary designation options.

Important: The designation you provide will replace any current designation in entirety.

A. Primary Beneficiary(ies)

1. Full Name Check here if this is your spouse. Percentage
 %

SSN* or TIN* Date of Birth (mm/dd/yyyy)
 / /

2. Full Name Check here if this is your spouse. Percentage
 %

SSN* or TIN* Date of Birth (mm/dd/yyyy)
 / /

Total %

B. Contingent Beneficiary(ies)

1. Full Name Check here if this is your spouse. Percentage
 %

SSN* or TIN* Date of Birth (mm/dd/yyyy)
 / /

2. Full Name Check here if this is your spouse. Percentage
 %

SSN* or TIN* Date of Birth (mm/dd/yyyy)
 / /

Total %

C. Important information for retirement account participants: Pursuant to the custodial agreement, if the participant has designated his or her spouse as a beneficiary, upon the divorce, annulment or other lawful dissolution of their marriage, the designation of the spouse as beneficiary shall be null and void, and the beneficiary shall be determined as if the spouse had predeceased the participant. If the participant wishes to retain the ex-spouse as a beneficiary, the participant must submit a new designation of beneficiary dated after the date of divorce, annulment or other dissolution of the marriage.

If any beneficiary listed above is a former spouse who is being re-designated as a non-spouse beneficiary after the date of divorce, please re-identify the non-spouse beneficiary here.

Full Name of Former Spouse

4 | Spousal Consent – Community Property States Only (Please sign and date, if applicable.)

Important information for married account owner: If you are married and live in a community or marital property state (including but not limited to AZ, CA, ID, LA, NM, NV, TX, WA and WI) and are not naming your spouse as primary beneficiary, spousal consent may be required. It is the account owner’s responsibility to determine if spousal consent is required. Please consult a tax or financial advisor. IIS and its affiliates are not responsible for determining whether an account owner is married and/or is a resident of a state in which community property rules apply and are not liable for any consequences resulting from failure to provide spousal consent.

Signature of Account Owner’s Spouse (If applicable)

By signing this form, I affirm that (i) I am the spouse of the account owner named in section 1 and (ii) I expressly consent to the designated beneficiary(ies) in section 3 and/or attached.

Name of Spouse (Please print)

Signature of Spouse

Date (mm/dd/yyyy)

 / /

5 | Spousal Consent - ERISA Plans Only (Please sign and date, if applicable.)

If you work for a non-profit, hospital or other 501(c)(3) organization, your plan may be subject to ERISA. If you are married, and your plan is subject to ERISA, and you have not designated your spouse as your sole primary beneficiary, your spouse must complete this section. Check with your employer about the plan’s ERISA status.

Not presently married. Proceed to section 6.

I certify I have read this designation of beneficiary and voluntarily and irrevocably consent to the designation of beneficiary. I understand I am not designated as the participant’s sole primary beneficiary. I understand that if I were to decline to sign this consent, as the participant’s surviving spouse, I would be entitled to 100% of any beneficial account at the time of the participant’s death.

Signature*

Signature of Joint Account Owner* (for joint TOD accounts only.)

Date (mm/dd/yyyy)

 / /

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

I designate the beneficiary(ies) listed in section 3 to receive any assets remaining in my account upon my death, based on the percentage allocations provided.

- If no percentage allocation is provided for the primary beneficiary(ies) listed in section 3, any remaining assets in my account shall be distributed to the primary beneficiary(ies) in equal amounts.
- If no percentage allocation is provided for the contingent beneficiary(ies) listed in section 3 and no primary beneficiary(ies) survives me, any remaining assets in my account shall be distributed to the contingent beneficiary(ies) in equal amounts.
- **As a participant of a retirement account**, if no primary or contingent beneficiary designation is in effect at the time of my death, or if all primary or contingent beneficiary(ies) have pre-deceased me, then my beneficiary shall be my surviving spouse; however, if I am unmarried at the time of my death, my beneficiary shall be my estate.
- **As a shareholder of a TOD account**, if no primary or contingent beneficiary designation is in effect at the time of my death, or if all primary or contingent beneficiary(ies) have pre-deceased me, then the balance in my account will be distributed to the legal representative of my estate.
- This designation of beneficiary(ies) and any subsequent change in designation must be received by IIS prior to my death in order to be effective.

I have read, understand and agree to the information listed above. I also certify that, if I am married and have not named my spouse as primary beneficiary, I have consulted a tax advisor about the need for spousal consent. This document, upon receipt by IIS, supersedes and revokes in entirety any existing beneficiary designation on file with IIS.

Signature*

X _____

Date (mm/dd/yyyy)

□□ / □□ / □□□□

Signature of Joint Account Owner* *(for joint TOD accounts only.)*

X _____

Date (mm/dd/yyyy)

□□ / □□ / □□□□

7 | Checklist and Mailing Instructions

Please review the checklist before submitting your beneficiary designations:

- A primary beneficiary designation has been provided in section 3A.
- The primary beneficiaries percentages add up to 100% in section 3A.
- The contingent beneficiaries percentages add up to 100% in section 3B.
- Spousal consent signature is included in section 4 or 5, if applicable.
- The beneficiaries provided are allowable designations. *(see Additional Information)*
- If a separate page is included with additional beneficiaries, all information requested in section 3 has been provided.
- All required signatures are included in section 6.

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.

Additional Information

IIS is unable to keep beneficiary instructions on file that would require certain conditional determinations to be made at the time of your death or that would require legal interpretation or research. We are only able to keep the name and relationship of the beneficiaries on file and are unable to maintain any additional instructions.

Beneficiary Designation Options

You may designate specific individuals, classes of people, trusts, schools, charitable organizations, churches, corporations or your estate as the beneficiary(ies) of your account. See below for specific examples of acceptable designations.

Note: Certain designations may require additional documentation at the time of transfer/distribution request.

- Individual: "John Smith"
- Class of people: "All my children equally" or "All my grandchildren equally"
- Trust: "John Smith Trust, dated 01/01/2000"
- School: "Stanford University"
- Charitable organization: "American Red Cross Association"
- Church or Religious Institution: "Memorial Methodist Church"
- Corporation: "ABC Corp."
- Estate: "Estate of John Smith"