



# Invesco Invesco Contribution Manager Access Form

Use this form to gain user access to Invesco Contribution Manager (ICM), terminate user access, and add or modify the bank account used for submitting contributions. ICM allows users to securely access employer and employee information, remit contributions, and modify investment elections online.

- The Employer, Plan Administrator, Plan Trustee, or Third Party Administrator (TPA) must sign in section 5.
- Use a separate form for each employer and plan type.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Employer Information

Plan Type: (Select one.)

- Traditional IRA  
  Roth IRA  
  SIMPLE IRA  
  SEP IRA  
  SARSEP IRA  
 401(k) Plan  
  457 Plan  
  Money Purchase Plan  
  Profit Sharing Plan  
  Other

Employer Name

Group ID (Insert "New" if creating a new employer group)

Mailing Address

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Contact Name

Primary Contact Phone Number --

- Check this box if this is a new address for the employer. Please update the plan address of record.  
 Check this box if this is a new Plan Contact.

## 2 | Establish ICM User Access

The following individuals are to be granted access to ICM.

- ICM is intended for use by the employer, plan administrator, plan trustee or Third Party Administrator (TPA). Employees can access their account(s) online at [invesco.com/us](http://invesco.com/us).
- User access should only be granted to financial professionals if they function as the TPA for the plan.
- Once access is established, each new user will receive an email with the user ID, group name and group ID. A separate email will be sent with the default password. Access is generally established within five business after receipt of this form.

Establish ICM User Access section continues on the next page.



**Note:** All fields are required unless otherwise noted.

1. Full Name

Email Address

Relationship to Employer

Primary Phone Number

Existing ICM User ID *(If applicable)*

2. Full Name

Email Address

Relationship to Employer

Primary Phone Number

Existing ICM User ID *(If applicable)*

3. Full Name

Email Address

Relationship to Employer

Primary Phone Number

Existing ICM User ID *(If applicable)*

Company Name *(if different from Employer named in section 1)*

**3 | Terminate ICM User Access**

The following individual(s) are to be removed from ICM access for the employer referenced in section 1. The employer, plan administrator, plan trustee or TPA may also call an Invesco Client Services representative at the phone number referenced in section 6 to request a user be removed.

1. Full Name *(Please print)*

ICM User ID

2. Full Name *(Please print)*

ICM User ID

**4 | Bank Account Information For Submitting Contributions**

ICM contributions will be funded via the Automated Clearing House (ACH) Network or by mailing a check. To fund your employees' accounts through the ACH Network, please provide bank account information below. By completing this section and signing this form, you, on behalf of the employer, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5. Invesco Investment Services, Inc. (IIS) must receive this form at least five business days prior to the submission of your initial ACH contribution.

**Note:**

- Only one bank account may be on file and it must be a participating member of the ACH network.
- Bank account must be a checking/demand deposit account. Savings accounts may not be used with ICM.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is provided and the name on the bank account is different from the plan name, then a letter from that financial institution verifying the authorized signers must be included.
- Signature of all authorized signers of the bank account is required in section 5 if different from the employer's authorized signers named in section 1.
- Bank account information used for completing contributions to employee accounts cannot be used to receive redemption proceeds from an employee's account.

Name(s) on Bank Account	
_____	
_____	
Pay to the order of _____	\$ <input type="text"/>
_____	
<b>Please tape your voided check here.</b>	
Routing Number	Account Number
<input type="text"/>	<input type="text"/>

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

**ICM User Authorization:**

I authorize and direct IIS to grant or terminate the individuals identified in section 2 or 3, respectively, access to the employee's accounts via ICM. I understand that granting each individual access to ICM gives them the ability to view employer and employee information, submit contributions online and change investment allocations for contributions for employee accounts maintained by IIS for the employer.

**ACH Authorization:**

On behalf of the employer, I authorize IIS to initiate drafts via the ACH Network from the bank account identified in section 4, pursuant to instructions received from the employer, plan sponsor, plan trustee, TPA, or appropriate officer and certify that the individual(s) in this capacity have the authority to provide such instructions. I understand that all purchases of fund shares pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable funds. I understand that the amount drafted for contribution funding will be set forth in the instructions so provided and the timing of any such draft will be dependent upon when the instructions are received by IIS. I agree that the rights of IIS with respect to each draft shall be the same as if it were drawn directly by the account owner or company, as applicable. I agree that, should any draft be dishonored, with or without cause, intentionally or inadvertently, IIS shall have no liability whatsoever with respect to any order for the purchase of fund shares which was to have been settled via such draft. I further agree that IIS may delay the payment of redemption proceeds with respect to fund shares purchased via such a draft for a period of up to ten (10) days in order to enable IIS to confirm that the draft has cleared. This authorization shall remain in full force and effect and IIS may continue to honor instructions to draft the referenced account until notification revoking this authority is provided at least seven business days prior to a scheduled draft. Notice should be provided to Invesco's Client Services at 866 690 0193 or in writing to: IIS, PO Box 219078, Kansas City, MO 64121.

In consideration of IIS acting on instructions and processing transactions as described above, 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/Plan Trustee Authorization Signature(s):**

All authorized signers of the employer, plan sponsor, and plan trustee(s) must sign this authorization. Please attach an additional page if there are additional signers.

Signature\*

Date (mm/dd/yyyy)

/  /

Name (Please print)

Title

Signature

Date (mm/dd/yyyy)

/  /

Name (Please print)

Title

**Additional Authorized Bank Account Signature(s):**

Signature of authorized signer(s) of the bank account is required, if different from the employer's authorized signer(s) named in section 1. Please attach an additional page if there are additional bank account authorized signers.

Signature

Date (mm/dd/yyyy)

/  /

Name (Please print)

Title

**6 | Mailing Instructions**

Please send completed and signed form to one of the addresses detailed below.

**(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 866 690 0193, weekdays, 7:30 a.m. to 5 p.m. Central Time.**