



# Invesco Contribution Manager

Use this form to establish or terminate a user's access to Invesco Contribution Manager (ICM) or to add or update bank account information for ICM.

- Employer, Plan Sponsor or Plan Trustee sign in section 5.
- Use a separate form for each plan.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Plan Information

Plan Type: (Select one.)

- Payroll Deduct IRAs:  Traditional  Roth  SIMPLE  SEP  SARSEP  
 401(K)  457 Plan  Money Purchase Plan  Profit Sharing Plan  Other \_\_\_\_\_

Plan Name (If applicable)

Group ID

Name of Employer, Plan Sponsor or Plan Trustee

Mailing Address

City

State

ZIP

Primary Phone Number

## 2 | Establish ICM User Access

The following individuals are to be granted ICM access. ICM permits the viewing of financial information at the plan level. Access also allows submission of contributions via the internet.

- ICM is intended for use by the employer, plan administrator, plan sponsor or Third Party Administrator (TPA). Participants can access their account(s) online at [invesco.com/us](http://invesco.com/us).
- An ICM user name will permit an individual to access plan and participant information, submit contributions via the internet, and modify future investment elections. Therefore, ICM access should only be granted to financial advisors if they are functioning as the TPA as well as the financial advisor for accounts within the plan.
- Once access is established, each user will receive a user ID and default password at the email address provided below in three to five business days after the form has been received by Invesco Investment Services, Inc. (IIS).



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

1. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing ICM User ID *(If applicable)*

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

Mailing Address

City

State

ZIP

2. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing ICM User ID *(If applicable)*

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

Mailing Address

City

State

ZIP

3. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing ICM User ID *(If applicable)*

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

Mailing Address

City

State

ZIP

**3 | Terminate ICM User Access**

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

1. Full Name *(Please print)*

ICM User ID

2. Full Name *(Please print)*

ICM User ID

**4 | Bank Account Information For Contribution Funding**

ICM contributions will be funded via the Automated Clearing House (ACH) Network or by mailing a check. To fund your plan contributions through the ACH Network, please provide bank account information below. By completing this section and signing this form, you, on behalf of the plan, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5. 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 making plan contributions cannot be used to receive redemption proceeds from a participant's account.

Name(s) on Bank Account

\_\_\_\_\_

\_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$

\_\_\_\_\_

**Please tape your voided check here.**

Routing Number  Account Number

**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 Plan's accounts via ICM. I understand that if granting access to ICM, each individual granted access will have the ability to view Plan and participant information, and will be able to effect contribution transactions and adjust investment allocations for contribution purchases for participant accounts maintained by IIS for the Plan.

**ACH Authorization:**

On behalf of the Plan, 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 the Plan's 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 Sponsor/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 *(Required)*

Date (mm/dd/yyyy)

**X**

Name *(Please print)*

Title

Signature

Date (mm/dd/yyyy)

**X**

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)

**X**

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