



SARSEP IRA Enrollment and Salary Savings Agreement

Use this form to add, change, or withdraw participant salary deferral elections for SARSEP IRA plans established before 1997.

Establishment of new SARSEP plans is not allowed effective January 1, 1997.

- Completed form should be returned to the employer and retained for employers records.
- Do not return to Invesco Investment Services, Inc. (IIS).

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Participant Information

Full Name

Address

City

State

ZIP

Date of Birth (mm/dd/yyyy)

Date of Hire (mm/dd/yyyy)

Social Security Number

I elect to become a participant in the SARSEP Plan.

As a participant, I authorize the company to deduct _____ % of my compensation or a flat dollar amount of \$_____ per pay period which I understand will be contributed by the employer to my IRA. I understand that my total annual SARSEP contribution cannot exceed an amount as limited by Internal Revenue Service (IRS) regulations. (The IRS announces cost-of-living adjustments applicable to dollar limitations for pension plans annually.)

I am presently a participant in the SARSEP Plan.

As a participant, I authorize the company to change the amount it deducts from my compensation to _____ % or if a dollar amount has been specified, to \$_____ per pay period. I understand that my total annual SARSEP contribution cannot exceed an amount as limited by Internal Revenue Service (IRS) regulations. (The IRS announces cost-of-living adjustments applicable to dollar limitations for pension plans annually.)

I withdraw my authorization to continue payroll deductions under the SARSEP Plan.

I understand this directive will be effective 30 days from delivery of this notice to the employer. I further understand that I may not again authorize payroll deductions for a period of 90 days from the date of this notice.

Cash Bonus Election (if applicable)

I authorize the company to deduct _____ % from my cash bonus as an additional contribution to my IRA. I understand that my total annual SARSEP contribution cannot exceed an amount as limited by Internal Revenue Service (IRS) regulations. (The IRS announces cost-of-living adjustments applicable to dollar limitations for pension plans annually.)

Participant Signature (Required)

Date (mm/dd/yyyy)

DO NOT SEND TO INVESCO—FOR COMPANY USE ONLY