



IRA Beneficiary Transfer/Distribution Form

Use this form to request a transfer or distribution from a deceased account owner's IRA or a distribution from an existing beneficiary IRA. We recommend that you speak with a tax advisor or financial professional regarding the options available to you as beneficiary.

- Each beneficiary must complete a separate IRA Beneficiary Transfer/Distribution Form.
- See section 11 for signature guarantee requirements for distributions from existing beneficiary IRAs.
- For more information, including payout options, please see the Additional Information section at the end of the form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | IRA Information

IRA Type (Select one.)

- Traditional
 Roth
 SEP
 SARSEP
 SIMPLE
 Beneficiary IRA

Invesco Account Number or Plan ID

2 | Account Owner Information

Note: If this is a Beneficiary IRA, please provide the beneficial owner's information then proceed to section 7 or 8, as applicable.

Social Security Number

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

Date of Birth (mm/dd/yyyy)

Date of Death (If applicable) (mm/dd/yyyy)

Primary Phone Number

Email Address

3 | Beneficiary Information (Complete A or B, and C.)

Important: A medallion signature guarantee is generally required in section 11. If you are unable to obtain a medallion signature guarantee, please see the Additional Information section at the end of this form for alternative requirements.

A. Individual Beneficiary

Relationship to account owner at time of death: * (Select one.)

- Spouse
 Adult Child of Account Owner
 Minor Child of Account Owner
 Former Spouse

- Disabled or Chronically Ill
 Small Estate Beneficiary/Declarant/Heir/Affiant
 Other

Beneficiary's Full Name*

Beneficiary's Social Security Number*

Date of Birth* (mm/dd/yyyy)

Parent/Guardian Name if Beneficiary is a Minor Child



Beneficiary Information section continues on the next page.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

B. Entity Beneficiary

Name of Entity*

Entity's Tax Identification Number*

 -

Date of Trust* (If applicable) (mm/dd/yyyy)

 / /

Executor/Trustee/Personal Representative/Controlling Owner or Individual with responsibility to control, manage, or direct the entity/organization Name*

Social Security Number*

 - -

Date of Birth* (mm/dd/yyyy)

 / /

Important: For an entity beneficiary that is a privately held corporation, partnership, LLC, charity, foundation, organization, or statutory trust with a beneficial owner(s) that owns 25% or more of the entity, the Beneficial Ownership Information Form located at the end of this form must be completed. Please indicate below.

(Select one.)*

- Yes, there is a beneficial owner(s) that owns 25% or more of the entity and a completed Beneficial Ownership Information Form is attached.
- No, there is not a beneficial owner that owns 25% or more of the entity.

C. Beneficiary's Address and Contact Information

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

City

State

ZIP

Primary Phone Number

 - -

Email Address

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

City

State

ZIP

4 | Deceased Beneficiary Information *(Please complete if any of the primary beneficiaries of the deceased account owner are deceased; date of death must be included.)*

The following designated beneficiary(ies) is deceased. *(A copy of the beneficiary's death certificate must be attached, unless a medallion signature guarantee is provided in section 11 of this form.)*

Deceased Beneficiary's Full Name	Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Deceased Beneficiary's Full Name	Date of Death (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

5 | Former Spouse Beneficiary Information *(Please complete if the beneficiary is a former spouse of the deceased account owner; the date of divorce must be provided. A copy of the divorce decree must be attached unless a medallion signature guarantee is provided in section 11 of this form.)*

Note: In order to be eligible to receive a death distribution, a former spouse must have been designated as a beneficiary by the account owner after the date of divorce.

Former Spouse's Full Name	Date of Divorce (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

6 | Year of Death Required Minimum Distribution *(Complete if applicable.)*

Required minimum distribution (RMD) is ineligible to rollover or transfer. If the account owner reached their Required Beginning Date (RBD) for taking RMDs and death occurred in the current calendar year, Invesco Investment Services, Inc. (IIS) will distribute the year of death RMD under the beneficiary's Social Security number and the withholding election in section 9 will apply to this distribution. If the year of death RMD has already been satisfied, please check the box below.

Note: IIS will not automatically distribute deceased account owner's RMDs for past years.

Please do not distribute the deceased account owner's year of death RMD as it has already been satisfied.

7 | Transfer Instructions *(Select one.)*

I understand that the option selected below will apply to the beneficiary's entire designated portion of the account referenced in section 2. Transfers will retain the same fund selection.

- Transfer and immediately distribute all. *(Proceed to section 9.)*
- Transfer to an Invesco beneficiary IRA. *(Available to surviving spouse or non-spouse beneficiary. Please complete and attach the appropriate Invesco IRA application. If not requesting a distribution, proceed to section 11.)*
- Transfer to an Invesco IRA. *(Available to the surviving spouse of the original account owner only. Please complete and attach the appropriate Invesco IRA application or provide the account number below. If not requesting a distribution, proceed to section 11.)*

Invesco IRA account Number

Transfer or rollover to a new custodian.

8 | Beneficiary IRA Distribution Instructions

I authorize IIS to distribute from my IRA as indicated below. Furthermore, I understand and agree to the terms listed below.

- If I do not select a distribution frequency below, I am directing IIS to process an immediate, one-time distribution.
- If the selected periodic payment day has already passed, I am directing IIS to establish the plan for the next scheduled payment.
- If I do not provide a periodic payment day below, I am directing IIS to distribute on the 10th of the selected payment schedule.

A. Frequency: (Select one.)

- I wish to take an immediate, one-time distribution.
 - Monthly - One draft per month on the following day:
 - Quarterly - One draft per quarter on the following day:
 - Annually - One draft per year on the following day:
- Beginning on (month) (year).

B. Amount: (Select one.)

- All** - I would like to distribute the entire account. *(Proceed to section 9.)*
- Invesco to Calculate** - *(Refer to the Additional Information section before making a selection.)*
I would like Invesco to calculate my RMD as indicated below and distribute the shares of each fund proportionate to the total value of my account.

Note: If the deceased account owner's year of death RMD has been paid or will be paid upon transfer to your account, and you are requesting Invesco to calculate a systematic distribution to run in the same year, we will establish the systematic to run in the next calendar year.

(Select one then proceed to section 9.)

- Single Life Expectancy.** *(Available to an Eligible Designated Beneficiary (EDB) only.)*
If selecting this option based on the oldest beneficiary of the qualifying trust, please provide the beneficiary's date of birth below.
Date (mm/dd/yyyy)
 / /

- 10-Year declining balance.** *(Available to all Designated Beneficiaries.)*
- 5-Year declining balance.** *(Available to Non-Designated Beneficiaries.)*
- Specific Dollar Amount** - I would like to distribute a specific dollar amount.

Note: The amount of your RMD will change each year based on your December 31 account value of the prior year. You are responsible for recalculating the amount of your RMD and providing IIS with new distribution instructions as applicable.

- Distribute the following dollar amount from the account: \$, . . I understand the amount of the distribution I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. *(If you select the one-time distribution frequency, this will be the amount of your one-time distribution. If you select periodic distribution frequency, this will be the amount of each installment.)*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

C. Allocation of Distribution (Complete only if requesting a specific dollar amount in section 8B.)

If I do not select an allocation of distribution method, I am directing IIS to distribute using the proportionate method.

Note: If redeeming from multiple funds, then multiple checks, wires or Automated Clearing House (ACHs) will be sent.

- Proportionate** - Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account on the day IIS receives your request in good order.
- Distribution From Specific Fund(s)** - Please indicate the fund(s) and redemption amount(s) below.

Fund Number	Fund Name	Percentage	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> % or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

9 | Federal Income Tax Withholding Election

The distributions you receive from your IRA are subject to a default federal income tax withholding rate of 10%. For Roth IRAs only, a default federal income tax withholding rate is not applied.

You can choose to have a different rate by entering a rate between 0% and 100% in the box below. Generally, you can't choose less than 10% for payments to be delivered outside of the United States and its possessions, or if your only address of record is a P.O. Box.

By providing a withholding percentage below and signing this distribution form, you acknowledge that you have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, the Marginal Rate Tables, and you would like a rate of withholding different from the default withholding rate.

Important: The instructions and Marginal Rate Tables on the attached sample IRS Form W-4R are valid for the tax year shown in the upper right corner of the Form W-4R. If you are submitting this distribution form in a subsequent calendar year, please see irs.gov for the most current version of Form W-4R.

I want federal income tax withheld at the rate of % . *

Important: If you do not provide a rate in the box above, the default withholding rate of 10% will be applied to your distribution (does not apply to Roth IRAs).

Please note that the withholding rate designation made above supersedes any previous designations. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

10 | Delivery Options (Refer to section 11 to determine if a signature guarantee is required.)

Note: Your distribution will be mailed to the beneficiary's address referenced in section 3 (or the address of record for an existing beneficiary IRA), unless specified below. U.S. Postal Service will not forward checks to a forwarding address. *Select only one payment option (A or B).*

A. Deliver Distribution Proceeds by Check:

- Mail check to the beneficiary's address referenced in section 3.
- Mail check to the beneficiary IRA's address of record.
- Mail check to the new IRA custodian or plan trustee as a transfer of assets per the attached letter of acceptance. *(This option must be selected if transferring to a beneficiary IRA.)*
- Mail check to the new IRA custodian or plan trustee as a direct rollover to the surviving spouse beneficiary's own IRA. *(This option is not available for non-spouse beneficiaries.)*
- Mail check to a third party address.

Make check payable to:

Account Number at New Custodian

Mailing Address (Including apartment or P.O. Box number.)

City

State

ZIP

B. Deliver Distribution Proceeds To My Bank Account: (If a single delivery option is not selected, proceeds will be sent via ACH. Signature guarantee required if the bank instructions are not already on file.)

- Wire proceeds to my bank account. *(Not available for periodic payments. An incoming wire fee may be assessed by your financial institution.)*
- ACH Transfer to my bank account. *(Allow 2-3 business days to receive your proceeds.)*

Account Type: Checking Savings

Name(s) on Bank Account	
<hr/>	
<hr/>	
Pay to the order of	\$ <input style="width: 100px;" type="text"/>
<hr/>	
Please tape your voided check here.	
Routing Number	Account Number
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

11 | Authorization and Signature (Beneficiary must sign and date below.)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number, **and**
 2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
 3. I am a U.S. person (including a U.S. resident alien), **and**
 4. The requirement to provide FATCA exemption codes does not apply.
Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

I acknowledge that I have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, including the Marginal Rate Tables. I certify that the information given is true and accurate, and I authorize and direct the custodian to distribute/transfer my portion of the assets according to the instructions provided on this form. If a distribution option only available to an Eligible Designated Beneficiary (EDB) has been selected, I'm certifying that I meet the IRS guidelines to be considered an EDB. If signing on behalf of a minor child include your title of parent or guardian.

Signature*

Date (mm/dd/yyyy)

/ /

Current Name

Title

If you have legally changed your name since being designated as the beneficiary please provide your former name and signature below.

Former Signature (Please sign name as originally designated)

Former Name (As originally designated)

Important: For a distribution or transfer from a deceased account owner's IRA, a medallion signature guarantee is generally required. If you are unable to obtain a medallion signature guarantee, please see the Additional Information section at the end of this form for alternative requirements.

For existing beneficiary IRA, a signature guarantee is required under the following circumstances:

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the account owner.
- Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.
- Proceeds of an unscheduled redemption will be sent to an address or bank account that has been on your Invesco account for less than 15 days.

<p>Signature Guarantee: (Please place signature guarantee stamp below.)</p>	<p>Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A signature guarantee may NOT be obtained through a notary public.</p>
---	--

Note: Endorsement guarantee is not acceptable.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

12 | Notarized Signature (If applicable.)

Important: This notarized signature section may be used instead of a medallion or signature guarantee, if certain requirements are met. Please call an Invesco Client Services representative for eligibility requirements.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, **and**
- 2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. person (including a U.S. resident alien), **and**
- 4. The requirement to provide FATCA exemption codes does not apply.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I acknowledge that I have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, including the Marginal Rate Tables. I certify that the information given is true and correct, and I authorize and direct the custodian to distribute/transfer my portion of the assets according to the instructions provided on this form. If a distribution option only available to an Eligible Designated Beneficiary (EDB) has been selected, I'm certifying that I meet the IRS guidelines to be considered an EDB.

Signature*

Date (mm/dd/yyyy)

/ /

Current Name

Title

If you have legally changed your name since being designated as the beneficiary please provide your former name and signature below.

Former Signature (Please sign name as originally designated)

Former Name (As originally designated)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the named account owner 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

13 | Mailing Instructions

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.
801 Pennsylvania Ave
Suite 219078
Kansas City, MO 64105-1307

For additional assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.

Visit our website at invesco.com/us to:

- Check your account balance
- Confirm transaction history
- View account statements and tax forms
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports
- Check the current fund price, yield and total return on any fund
- Process transactions
- Retrieve account forms and investor education materials

Call the 24-Hour Automated Investor Line 800 246 5463 to:

- Obtain fund prices
- Confirm your last three transactions
- Order a recent account statement(s)
- Check your account balance
- Process transactions

To use the system, please have your account numbers and Social Security number available.

Additional Information

Important: If any beneficiary electing to take periodic distributions fails to take the required minimum distribution (RMD) in any tax year, or electing the 10-year rule or 5-year rule fails to fully distribute the account within the 10-year or 5-year period may be subject to a 50% excess accumulations tax imposed by the IRS.

Beneficiary Types:

Eligible Designated Beneficiary (EDB) is a:

- surviving spouse
- account owner's child who has not reached age of majority
- an individual that is disabled under section 72(m)(7) of the Internal Revenue Code or chronically ill as defined under section 7702B(c)(2) individual, or
- an individual who is not more than 10 years younger than the shareholder.

Designated Beneficiary is an individual that is not considered an EDB.

Non-Designated Beneficiary is a non-person, estate, charity, corporation or non-qualifying trust.

2nd Generation Beneficiary is the beneficiary of assets held in a decedent IRA

Distribution Options:

Single Life Expectancy: Periodic distribution must begin by December 31 of the year following the account owner's death using the beneficiary's single life expectancy. The factor will be reduced by one each year for a non-spouse beneficiary. A spouse as sole beneficiary may delay taking distribution until December 31 of the year the account owner would have attained the age of 72. A beneficiary that is the minor child of the account owner may use their single life expectancy until reaching the age of majority, normally age 18. Any remaining assets must be fully distributed within the next 10 years, normally by their 28th birthday.

10-year Rule: Assets must be distributed by December 31 of the year containing the 10th anniversary of the account owner's death.

5-year Rule: Assets must be distributed by December 31 of the year containing the 5th anniversary of the account owner's death.

Note: A qualified trust with a "look through" provision will use the option available to the oldest beneficiary of the trust.

Beneficiary Type	Distribution Options for Deaths Occurring Before 12/31/2019		Distribution Options for Deaths Occurring After 12/31/2019
	Before RBD	After RBD	Before and After RBD
Surviving Spouse	<ul style="list-style-type: none"> • Single Life Expectancy of surviving Spouse • 5-Year Rule • May transfer to own IRA 	<ul style="list-style-type: none"> • Single Life Expectancy of surviving spouse or account owner • May transfer to own IRA 	<ul style="list-style-type: none"> • Single Life Expectancy of surviving spouse • 10-Year Rule • May transfer to own IRA
Eligible Designated Beneficiary (EDB)	N/A	N/A	<ul style="list-style-type: none"> • Single Life Expectancy of beneficiary • 10-Year Rule
Designated Beneficiary	<ul style="list-style-type: none"> • 5-Year Rule • Single Life Expectancy of beneficiary 	Single Life Expectancy of beneficiary or account owner	10-Year Rule
Non-Designated Beneficiary	5-Year Rule	Single Life Expectancy of account owner	5-Year Rule
2nd Generation Beneficiary of an original account owner dying prior to 2020	<ul style="list-style-type: none"> • Single Life Expectancy of 1st generation beneficiary or 2nd generation beneficiary • 5-Year Rule 	Single Life Expectancy of 1 st generation beneficiary	Single Life Expectancy of 1 st generation beneficiary
2nd Generation Beneficiary of an original account owner dying after 2019	N/A	N/A	10-Year Rule

The above is provided for informational purposes only and believe to be accurate. Final regulations regarding options available to the beneficiary have not been issued by the IRS. Please consult with your tax advisor regarding your payout options.

Additional Documentation Requirements

If you are not able to obtain a medallion signature guarantee, a signature guarantee is required in section 11 of this form along with some of the following additional documentation (*as applicable*):

- A **certified copy** of the account owner's death certificate or a **certified copy** of letters testamentary indicating the account owner's date of death.
- An heir or devisee of the account owner claiming assets pursuant to a small estate administration must provide a **certified copy** of the affidavit of small estate (in states where applicable.)
- If no beneficiary is named on the account and the account owner was unmarried at the time of death, any assets remaining in the account will be distributed to the account owner's estate. In these instances a copy of the death certificate must be included indicating that the account owner was not married at the time of death. Alternatively, IIS can accept a medallion signature guaranteed letter indicating the account owner's marital status at the time of death, and that there are no other persons or entities with a claim to the deceased account owner's Invesco account.

Note: A notarized signature may be accepted instead of a medallion signature guarantee or a signature guarantee, if eligible. Please call an Invesco Client Services representative for eligibility requirements.

Transferring to a Beneficiary IRA at Another Custodian

IIS requires a letter of acceptance to transfer inherited assets to a beneficiary IRA held with another custodian. The letter of acceptance should indicate that the assets will be transferred into a beneficiary IRA in the name of the same decedent for the benefit of the beneficiary.

Former Spouse Beneficiaries

In order to be a designated beneficiary on the account referenced in section 1, a former spouse must have been designated as a beneficiary of the account after the date of divorce, annulment or other lawful dissolution of marriage.



Invesco Beneficial Ownership Information Form

Use this form to provide controlling and beneficial owner(s) information for privately held corporations, partnerships, LLC's, charities, foundations, organizations, and statutory trust with a beneficial owner(s) that owns 25% or more of the entity.

IMPORTANT INFORMATION: To help the government fight financial crime, federal regulation requires Invesco to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes. If you fail to provide the requested information and/or if any of the information cannot be confirmed, Invesco Investment Services, Inc. (IIS) reserves the right to redeem the account. The Invesco Privacy Notice, which conforms with applicable law, is located at the end of the form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Invesco Account Information

Invesco Account Number (If applicable)

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

2 | Legal Entity Information

Name of Entity*

Entity's Tax Identification Number*

Date of Trust (If applicable) (mm/dd/yyyy)

Mailing Address*

City*

State*

ZIP*

3 | Control/Significant Responsible Individual Information

Please provide information for one individual with significant responsibility for managing the legal entity to be listed as the subscriber/investor, such as an executive officer or senior manager (i.e., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions). If appropriate, an individual listed here may also be a Beneficial Owner.

Full Name*

Social Security Number*

Date of Birth* (mm/dd/yyyy)

Address* (Residential or Business Street Address)

City*

State*

ZIP*

4 | Beneficial Owner(s) Information

Please provide information for every natural person who is directly or indirectly through intermediaries, the beneficial owner of 25% or more of any voting or non-voting class of equity interests of the subscriber/investor.

1. Full Name

Social Security Number

--

Date of Birth (mm/dd/yyyy)

//

Residential Address

City

State

ZIP

2. Full Name

Social Security Number

--

Date of Birth (mm/dd/yyyy)

//

Residential Address

City

State

ZIP

3. Full Name

Social Security Number

--

Date of Birth (mm/dd/yyyy)

//

Residential Address

City

State

ZIP

4. Full Name

Social Security Number

--

Date of Birth (mm/dd/yyyy)

//

Residential Address

City

State

ZIP

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

By signing this form, (i) I certify the information provided is true and accurate, and (ii) I agree to indemnify and hold harmless Invesco Investment Services, Inc., its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco Funds from and against any and all actions, suits, claims, costs, losses, liabilities, damages and expenses of any kind or character that may be incurred directly or indirectly as a result of your actions taken in accordance with the instructions and other provisions set forth herein.

Signature*

Date (mm/dd/yyyy)

X

/ /

Name (Please print)

Title

6 | Mailing Instructions

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.
801 Pennsylvania Ave
Suite 219078
Kansas City, MO 64105-1307

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

Important Information Regarding Privacy

By completing and providing this form, you consent to IIS using the confidential information/personal data provided herein for the purpose of servicing your account. IIS shall take all reasonable steps to protect the confidentiality of such information and shall use the same standard of care used to protect its own confidential information in accordance with applicable privacy regulations. IIS may manage or service your account from international locations.

FACTS

WHAT DOES INVESCO DO WITH YOUR PERSONAL INFORMATION? *

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Transaction history and investment experience
- Investment experience and assets

When you are *no longer* our customer, we continue to share information about you according to our policies.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Invesco chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Invesco share?	Can you limit this sharing?
For our everyday business purposes —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	No	We do not share
For joint marketing with other financial companies	No	We do not share
For our affiliates' everyday business purposes — information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes — information about your credit worthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For non-affiliates to market to you	No	We do not share

Questions?

Call 1-800-959-4246 (toll free).

* This privacy notice applies to individuals who obtain or have obtained a financial product or service from the Invesco family of companies. For a complete list of Invesco entities, please see the section titled "Who is providing this notice" on page 2.

Who we are

Who is providing this notice?	Invesco Advisers, Inc., Invesco Private Capital, Inc., Invesco Senior Secured Management, Inc., WL Ross & Co. LLC, Invesco Distributors, Inc., Invesco Managed Accounts, LLC, and the Invesco family of mutual funds.
--------------------------------------	---

What we do

How does Invesco protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Invesco collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Open an account or give us your contact information • Make deposits or withdrawals from your account or give us your income information • Make a wire transfer <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <p><i>Invesco does not share with our affiliates so that they can market to you.</i></p>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <p><i>Invesco does not share with non-affiliates so that they can market to you.</i></p>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <p><i>Invesco doesn't jointly market.</i></p>

SAMPLE FOR TAX INFORMATIONAL PURPOSES

Form **W-4R**

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2025

1a First name and middle initial	Last name	1b Social security number
Address		
City or town, state, and ZIP code		

SAMPLE ONLY

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2 SAMPLE %
---	-------------------

Sign Here	SAMPLE ONLY	SAMPLE
	Your signature (This form is not valid unless you sign it.)	Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2025 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.