Please remember to sign form after printing.

Print Clear Form

Invesco

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 12 for signature guarantee requirements for distributions from existing beneficiary IRAs.
- A copy of the account owner's death certificate must be included unless a medallion signature guarantee is obtained in section 12.

*Required

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

How to Complete the Invesco IRA Beneficiary Transfer/Distribution Form

- Review the Beneficiary Types below to determine your beneficiary type.
- Review the attached Distribution Options Chart for the applicable date of death of the account owner to determine the available options for your beneficiary type.
- If you are an **Eligible Designated Beneficiary (EDB)**, complete sections 1, 2A, 3 and 4, if applicable, 5, 9 - 11, 12 or 13, as applicable.
- If you are a **Designated Beneficiary (DB)**, complete sections 1, 2A, 3 and 4, if applicable, 6, 9 - 11, 12 or 13, as applicable.
- If you are an individual(s) responsible for the **Non-Designated Beneficiary (NDB),** complete sections 1, 2B, 3 and 4, as applicable, 7, 9 - 11 and 12.
- If you are a **Subsequent or 2nd Generation Beneficiary**, complete sections 1, 2, 3 and 4, if applicable, 8 - 11, 12 or 13, as applicable.

Beneficiary Types:

Eligible Designated Beneficiary (EDB) *(Applicable for deaths occurring on or after 01/01/2020)*

- Surviving spouse.
- Participant's child who has not reached age of majority (age 21 per Required Minimum Distribution regulations) at the time of the account owner's death.
- Individual who is disabled under section 72(m)(7) of the Internal Revenue Code.
- Individual who is chronically ill as defined under section 7702B(c)(2) of the Internal Revenue Code.
- Individual who is not more than 10 years younger than the account owner.

Designated Beneficiary (DB)

An individual who is not considered an EDB. For deaths occurring before 01/01/2020, includes all non-spouse individuals.

Non-Designated Beneficiary (Non-DB)

Non-person beneficiary such as estate, charity, corporation or non-see-through trust.

Subsequent or 2nd Generation Beneficiary

The beneficiary of assets held in a beneficiary IRA.

1 | Account Owner and IRA Information

IRA Type *(Select one.)*

☐ Traditional ☐ Roth ☐ SEP ☐ SARSEP ☐ SIMPLE ☐ Beneficiary IRA

Note: If this is a Beneficiary IRA, please provide the beneficial owner's information then proceed to section 5, 6, 7, or 8, as applicable.

Start > Here Use "Tab" key to move to next field.

Social Security Number*

☐☐☐-☐☐-☐☐☐☐

Invesco Account Number or Plan ID

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

Date of Birth (mm/dd/yyyy)

☐☐/☐☐/☐☐☐☐

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

☐☐/☐☐/☐☐☐☐

2 | Beneficiary Information *(Complete A or B.)*

Important: A medallion signature guarantee is generally required in section 12. 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 - Please select your beneficiary type and complete your information below. Once complete, proceed to section 3.

☐ Eligible Designated Beneficiary (EDB)

☐ Designated Beneficiary (DB)

☐ Subsequent or 2nd Generation Beneficiary

Beneficiary's Full Name*

Beneficiary's Social Security Number* ___ - ___ - ____

Date of Birth* (mm/dd/yyyy) __ / __ / ____

Your relationship to the participant at time of death

Parent/Guardian Name if Beneficiary is a Minor Child

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

B. Non-Designated Beneficiary (Non-DB): A non-person, estate, charity, corporation or non-see-through trust. Once complete, proceed to section 3.

(Select one.)

☐ Estate ☐ Trust ☐ Charity ☐ Corporation

Name of Entity*

Entity's Tax Identification Number* __ - _____

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

Name of Executor/Trustee/Personal Representative/Controlling Owner or Individual with responsibility to control, manage, or direct the entity/organization. If there are multiple individuals acting in any capacity listed, please attach a separate page including all of the information requested in this section.*

Beneficiary Information section continues on the next page.

Social Security Number* ☐☐☐-☐☐-☐☐☐☐

Date of Birth* (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

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

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.

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

Required minimum distribution (RMD) is ineligible for 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 10 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 the 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.

4 | Former Spouse and Deceased Beneficiary Information *(Complete A and B, as applicable.)*

Please complete if any of the primary beneficiaries of the deceased account owner are a former spouse or are deceased.

A. The following designated beneficiary is a former spouse of the deceased account owner.

Note: To be eligible to receive death distribution(s), a former spouse must have been designated as a beneficiary by the account owner after the date of divorce, annulment or other lawful dissolution of marriage. **A copy of the divorce decree must be attached unless a medallion signature guarantee is provided in section 12 of the form.**

Former Spouse's Full Name Date of Divorce (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

B. The following designated beneficiary(ies) is deceased.

Note: A copy of the deceased designated beneficiary's death certificate must be attached, unless a medallion signature guarantee is provided in section 12 of the form.

Deceased Beneficiary's Full Name Date of Death (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

Deceased Beneficiary's Full Name Date of Death (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

5 | Eligible Designated Beneficiary (EDB) Transfer/Distribution Instructions *(Complete A and B, as applicable.)*

Complete this section only if you are an Eligible Designated Beneficiary (EDB) as defined by the IRS. If you are a Designated Beneficiary (DB), proceed to section 6; a Non-Designated Beneficiary, proceed to section 7; or a Subsequent (2nd Generation) Beneficiary, proceed to section 8.

The option selected below will apply to the beneficiary's entire designated portion of the account referenced in section 1. Transfers will retain the same fund selection.

A. One-time Transfer/Distribution Instructions

Select one and proceed to 5B if requesting systematic withdrawals, otherwise proceed to section 9 for Allocation of Distribution.

- ☐ Transfer and immediately distribute all.
- ☐ Transfer to a beneficiary IRA at a new custodian.
- ☐ Transfer or rollover to spouse's own IRA at a new custodian.
- ☐ Transfer to spouse's own Invesco IRA. *(Complete and attach the appropriate Invesco IRA application or provide the existing account number below.)*

  Existing Invesco IRA account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
- ☐ Transfer to an Invesco beneficiary IRA. *(Complete and attach the appropriate Invesco IRA application.)*

  Note: No Distribution will be made unless you provide a distribution amount below or complete section 5B.

  Distribution amount: $ ☐☐☐,☐☐☐.☐☐.
- ☐ Distribute specific dollar amount provided below from an existing Invesco beneficiary IRA.

  Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

Note: If specific dollar amount distribution is selected, the amount you receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. This will be the amount of your one-time distribution.

B. Systematic Withdrawal Instructions

Note: If you are a spouse beneficiary transferring to your own Invesco IRA and requesting a systematic distribution for your RMD, IIS will default to the Uniform Life Expectancy (LE) calculation method.

(Select one.)

- ☐ Uniform LE of EDB *(Available only to spouse beneficiary requesting distribution from own Invesco IRA.)*
- ☐ Single LE of EDB *(Available when death occurred before the Required Beginning Date (RBD).)*
- ☐ Single LE of EDB or account owner, whichever is longer *(Available when death occurred after RBD.)*
- ☐ Declining balance over ☐☐ year(s) (may not exceed 10 years) – Assets will be fully distributed over the specified number of years. *(Assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death.)*

Frequency

I authorize IIS to distribute from the account referenced in section 1 as indicated below. If I do not provide the requested information, I direct IIS to distribute according to the terms below.

- If a date is not provided below, distributions will be processed on the 10th day of the month after paperwork is received in good order by IIS, in accordance with the frequency indicated below.
- If a periodic distribution frequency is not provided below distributions will be processed annually.
- If an annual distribution date has passed, the current year's distribution payment will be processed the date the request is received in good order by IIS.

Establish a series of periodic distributions beginning on ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy) for the following frequency:

(Select one.)

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually *(Not available for Class C shares.)*

Proceed to section 9, Allocation of Distribution.

6 | Designated Beneficiary (DB) Transfer/Distribution Instructions *(Complete A and B, as applicable.)*

Complete this section if you are a Designated Beneficiary as defined by the IRS.

The option selected below will apply to the beneficiary's entire designated portion of the account referenced in section 1. Transfers will retain the same fund selection.

A. One-time Transfer/Distribution Instructions

Select one and proceed to 6B if requesting systematic withdrawals, otherwise proceed to section 9 for Allocation of Distribution.

☐ Transfer and immediately distribute all.

☐ Transfer to a beneficiary IRA at a new custodian.

☐ Transfer to an Invesco beneficiary IRA. *(Complete and attach the appropriate Invesco IRA application.)*

Note: No distribution will be made unless you provide a distribution amount below or complete section 6B.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

☐ Distribute specific dollar amount provided below from an existing Invesco beneficiary IRA.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

Note: If specific dollar amount distribution is selected, the amount you receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. This will be the amount of your one-time distribution.

B. Systematic Withdrawal Instructions

(Select one.)

☐ Single LE of DB *(Available when death occurred after Required Beginning Date (RBD). Selecting this option may or may not deplete the account balance by 12/31 of the year containing the 10th anniversary of the original account owner's death.)*

☐ Declining balance over ☐☐ year(s) (may not exceed 10 years) – Assets will be fully distributed over the specified number of years. *(Assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death.)*

Frequency

I authorize IIS to distribute from the account referenced in section 1 as indicated below. If I do not provide the requested information, I direct IIS to distribute according to the terms below.

- If a date is not provided below, distributions will be processed on the 10th day of the month after paperwork is received in good order by IIS, in accordance with the frequency indicated below.
- If a periodic distribution frequency is not provided below distributions will be processed annually.
- If an annual distribution date has passed, the current year's distribution payment will be processed the date the request is received in good order by IIS.

Establish a series of periodic distributions beginning on ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy) for the following frequency:

(Select one.)

☐ Monthly

☐ Quarterly

☐ Annually *(Not available for Class C shares.)*

Proceed to section 9, Allocation of Distribution.

7 | Non-Designated Beneficiary (NDB) Transfer/Distribution Instructions *(Complete A and B, as applicable.)*

Complete this section if you are a Non-Designated Beneficiary (Non-DB) as defined by the IRS.

The option selected below will apply to the beneficiary's entire designated portion of the account referenced in section 1. Transfers will retain the same fund selection.

A. One-time Transfer/Distribution Instructions

Select one and proceed to 7B if requesting systematic withdrawals, otherwise proceed to section 9 for Allocation of Distribution.

☐ Transfer and immediately distribute all.

☐ Transfer to a beneficiary IRA at a new custodian.

☐ Transfer to an Invesco beneficiary IRA. *(Complete and attach the appropriate Invesco IRA application.)*

Note: No distribution will be made unless you provide a distribution amount below or complete section 7B.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

☐ Distribute specific dollar amount provided below from an existing Invesco beneficiary IRA.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

Note: If specific dollar amount distribution is selected, the amount you receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. This will be the amount of your one-time distribution.

B. Systematic Withdrawal Instructions

(Select one.)

☐ Single LE of the decedent. *(Available when death occurred after Required Beginning Date (RBD). Selecting this option may or may not deplete the account balance by 12/31 of the year containing the 10th anniversary of the original account owner's death.*)

☐ Declining balance over ☐☐ year(s) (may not exceed 5 years) – Assets will be fully distributed over the specified number of years. *(Assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death.)*

Frequency

I authorize IIS to distribute from the account referenced in section 1 as indicated below. If I do not provide the requested information, I direct IIS to distribute according to the terms below.

- If a date is not provided below, distributions will be processed on the 10th day of the month after paperwork is received in good order by IIS, in accordance with the frequency indicated below.
- If a periodic distribution frequency is not provided below distributions will be processed annually.
- If an annual distribution date has passed, the current year's distribution payment will be processed the date the request is received in good order by IIS.

Establish a series of periodic distributions beginning on ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy) for the following frequency:

(Select one.)

☐ Monthly

☐ Quarterly

☐ Annually *(Not available for Class C shares.)*

Proceed to section 9, Allocation of Distribution.

8 | Subsequent or 2nd Generation Beneficiary Transfer/Distribution Instructions *(Complete A and B, as applicable.)*

Complete this section if you are a subsequent or 2nd generation beneficiary of an account with assets currently held in a beneficiary IRA.

The option selected below will apply to the beneficiary's entire designated portion of the account referenced in section 1. Transfers will retain the same fund selection.

A. One-time Transfer/Distribution Instructions

Select one and proceed to 8B if requesting systematic withdrawals, otherwise proceed to section 9 for Allocation of Distribution.

☐ Transfer and immediately distribute all.

☐ Transfer to a beneficiary IRA at a new custodian.

☐ Transfer to an Invesco beneficiary IRA. *(Complete and attach the appropriate Invesco IRA application.)*

Note: No distribution will be made unless you provide a distribution amount below or complete section 8B.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

☐ Distribute specific dollar amount provided below from an existing Invesco beneficiary IRA.

Distribution amount: $ ☐☐☐,☐☐☐.☐☐.

Note: If specific dollar amount distribution is selected, the amount you receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. This will be the amount of your one-time distribution.

B. Systematic Withdrawal Instructions

(Select one.)

☐ Single LE of original beneficiary. *(Available when death occurred after Required Beginning Date (RBD). Selecting this option may or may not deplete the account balance by 12/31 of the year containing the 10th anniversary of the original account owner's (or original beneficiary's, if applicable) death.)*

☐ Declining balance over ☐☐ year(s) (may not exceed 10 years) – Assets will be fully distributed over the specified number of years. *(Assets must be depleted by 12/31 of the year containing the 10th anniversary of the original account owner's death.)*

Frequency

I authorize IIS to distribute from the account referenced in section 1 as indicated below. If I do not provide the requested information, I direct IIS to distribute according to the terms below.

- If a date is not provided below, distributions will be processed on the 10th day of the month after paperwork is received in good order by IIS, in accordance with the frequency indicated below.
- If a periodic distribution frequency is not provided below distributions will be processed annually.
- If an annual distribution date has passed, the current years distribution payment will be processed the date the request is received in good order by IIS.

Establish a series of periodic distributions beginning on ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy) for the following frequency:

(Select one.)

☐ Monthly

☐ Quarterly

☐ Annually *(Not available for Class C shares.)*

Proceed to section 9, Allocation of Distribution.

9 | Allocation of Distribution *(Complete only if requesting a specific dollar amount distribution)*

If I do not select an allocation of distribution method, I direct 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. For Life Expectancy (LE) or declining balance method, "proportionate" is the only distribution allocation option available.

☐ **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
		☐☐☐% or $	☐☐☐,☐☐☐.☐☐
		☐☐☐% or $	☐☐☐,☐☐☐.☐☐
		☐☐☐% or $	☐☐☐,☐☐☐.☐☐

10 | 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.

11 | Delivery Options *(Complete this section for distributions, asset transfers, rollovers to a new custodian, and systematic withdrawals.)*

Note: Your distribution will be mailed to the beneficiary's address referenced in section 2 (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:

☐ Make check payable to the beneficiary and mail check to the address in section 2.

☐ Make check payable to the account owner of a beneficiary IRA and mail to address of record.

☐ Make check payable to new custodian and mail to the address provided below.
This is a: ☐ Transfer of assets to the surviving spouse's own IRA. *(Letter of acceptance is required.)*

☐ Rollover to surviving spouse's own IRA. *(Signature guarantee required if letter of acceptance is not attached.)*

☐ Transfer of assets to a beneficiary IRA. *(Letter of acceptance is required.)*

☐ Qualified Rollover Contribution (QRC) conversion of non-Roth contributions to a Roth IRA. Only available for spouse beneficiary. A QRC is a taxable event. Review section 10 to make a withholding election. *(Signature guarantee required if letter of acceptance is not attached.)*

Delivery Options section continues on the next page.

☐ 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 systematic withdrawals. 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

Non-bank accounts (e.g., Cash App, Venmo), pre-paid debit cards, investment accounts, etc. are not accepted.

Name(s) on Bank Account

Complete all fields or attach your voided check here

Bank Name

Routing Number | Account Number

12 | Authorization and Signature of Beneficiary with Signature Guarantee *(Beneficiary must sign and date below.)*

Note: If eligible, a notarized signature in section 13 may be accepted instead of a medallion or signature guarantee. Contact an Invesco Client Services representative for eligibility requirements.

A Non-Resident Alien, must cross out the Substitute W-9 certification below and attach a completed IRS Form W-8.

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.

Authorization and Signature of Beneficiary with Signature Guarantee section continues on the next page.

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. By signing this form, I certify that:

- The information provided in connection with this request is true and accurate and I meet the IRS guidelines for the selected beneficiary type.
- I am responsible for distributing the required amount according to the IRS guidelines for my beneficiary type.
- IIS is authorized and directed to process the distribution/transfer as described in this completed form, and
- I agree to indemnify and hold harmless IIS, its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco funds (collectively, "Invesco") 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 the actions taken by Invesco in accordance with the instructions and other provisions set forth herein.

Signature*

X

Date (mm/dd/yyyy)

/ /

Current Name *(Please print)*

Title* *(Required if Beneficiary is an Entity or Parent/ Legal Guardian of a minor beneficiary.)*

If your legal name has changed since your beneficiary designation, provide your former name and signature.

Former Signature

Former Name

Additional Signature, *if applicable*

X

Date (mm/dd/yyyy)

/ /

Name *(Please print)*

Title

Guarantee requirements: A medallion signature guarantee is generally required for a distribution or transfer from a deceased account owner's IRA. See Additional Information for accepted alternatives. For an existing beneficiary IRA, a signature guarantee is required if:

- 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.

Signature Guarantee: (Please place signature guarantee stamp below.)	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.**

Note: Endorsement guarantee is not acceptable.

13 | Authorization and Signature of Beneficiary with Notary *(If applicable.)*

Important: If eligible, a notarized signature may be accepted instead of a medallion or signature guarantee. Contact an Invesco Client Services representative for eligibility requirements.

A Non-Resident Alien, must cross out the Substitute W-9 certification below and attach a completed IRS Form W-8.

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. By signing this form, I certify that:

- The information provided in connection with this request is true and accurate and I meet the IRS guidelines for the selected beneficiary type.
- I am responsible for distributing the required amount according to the IRS guidelines for my beneficiary type.
- IIS is authorized and directed to process the distribution/transfer as described in this completed form, and
- I agree to indemnify and hold harmless IIS, its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco funds (collectively, “Invesco”) 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 the actions taken by Invesco in accordance with the instructions and other provisions set forth herein.

Signature*

X _____

Date (mm/dd/yyyy)

☐☐ / ☐☐ / ☐☐☐☐

Current Name *(Please print)*

Title* *(Required if Parent/ Legal Guardian of a minor beneficiary.)*

If your legal name has changed since your beneficiary designation, provide your former name and signature.

Former Signature

Former Name

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the named beneficiary 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: _____

Notary Seal

14 | Checklist and Mailing Instructions

Please review checklist before submitting the form.

Important: Please submit all pages (1 through 11) regardless if all sections were applicable or not.

- ☐ Complete beneficiary information is provided in section 2.
- ☐ Reviewed and provided a federal income tax withholding percentage in section 10.
- ☐ The beneficiary signed in section 12 or 13, as applicable.
- ☐ If applicable, a state inheritance tax waiver is attached.
- ☐ If you are transferring assets into a new Invesco account, the appropriate account application is completed and attached.
- ☐ If there is a beneficial owner(s) that owns 25% or more of the entity as indicated in section 2B, complete the attached Beneficial Ownership Information form.
- ☐ Death certificate(s) or divorce decree is attached, as applicable.
- ☐ If you are transferring assets to a beneficiary IRA with a new custodian, a signed letter of acceptance from the receiving custodian is attached.

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

Additional Documentation Requirements
If you are not able to obtain a medallion signature guarantee, a signature guarantee is required in section 12 of this form along with some of the following additional documentation *(as applicable)*:

- **A photocopy** 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 photocopy 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.

Definitions

- **Required Minimum Distribution (RMD):** The minimum amount an account owner must withdraw annually upon attainment of age 73 for account owners born on or after 1951.
- **Required Beginning Date:** The date by which the account owner must begin taking Required Minimum Distributions. For IRAs, it's April 1st of the calendar year following the calendar year in which the account owner attains RMD age.
- **Before Required Beginning Date (Pre-RBD):** Original account owner passes away before April 1st of the year they were required to begin taking their RMDs.
- **After Required Beginning Date (Post-RBD):** Original account owner passes away after April 1st of the year they were required to begin taking their RMDs.

Distribution Options Defined

Note: Distribution options are based upon beneficiary type and whether the account owner died prior or post Required Beginning Date (RBD). See the attached Distribution Options Charts for more information.

- **Single Life Expectancy (Single LE):** Distributions must begin by 12/31 of the year following the account owner's death using the Single LE factor of either the beneficiary or deceased account owner, as applicable.
- **5-Year Rule:** Assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death. No amount is required to be distributed any year until then.
- **10-Year Rule:** Assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death. Annual distributions may be required.
- **10-Year Rule Using Single Life Expectancy (Single LE):** Distributions are based on the beneficiary's own Single LE (reduced by one annually) for up to 9 years and assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death.

Invesco

Distribution Options for Deaths Occurring On or After 01/01/2020

The distribution options below are applicable to beneficiary(ies) of an account owner who died on or after 01/01/2020.

For See-through Trust beneficiary, please consult with a tax advisor as there are numerous factors to consider.

Death of Account Owner Occurred *Before* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	10-Year Rule	5-Year Rule
Eligible Designated Beneficiary (EDB) – Surviving Spouse Note: Surviving spouse may take as own IRA[1]	Surviving spouse's Single LE recalculated annually. May delay distributions until 12/31 of the year account owner would have attained applicable RMD age.[2]	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death. No distribution is required until then.	N/A
Eligible Designated Beneficiary (EDB) – Non-spouse	Beneficiary's Single LE reduced by one annually.	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death. No distribution is required until then.	N/A
Eligible Designated Beneficiary (EDB) – Minor child of the account owner	Minor child's Single LE reduced by one annually until attainment of age 21. In the calendar year the minor child attains age 21, the 10-year rule begins. Assets must be depleted by 12/31 of the calendar year in which the beneficiary attains age 31. No distribution is required until then.	See Single LE option.	N/A
Designated Beneficiary (DB)	N/A	Assets must be depleted by 12/31 of the calendar year containing the 10th anniversary of account owner's death. No distribution is required until then.	N/A
Non-Designated Beneficiary (NDB)	N/A	N/A	Assets must be depleted by 12/31 of the calendar year containing the 5th anniversary of account owner's death. No distribution is required until then.

[1] For SIMPLE IRA, the account must meet the 2-year rule to transfer to a non-SIMPLE IRA for the surviving spouse.

[2] Surviving spouse who is the sole primary beneficiary may elect to use Uniform Lifetime Table rather than the Single LE if maintaining the assets in a beneficiary status account.

Death of Account Owner Occurred *After* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	10-Year Rule Using Single Life Expectancy (LE)	5-Year Rule
Eligible Designated Beneficiary (EDB) – Surviving Spouse Note: Surviving spouse may take as own IRA[1]	The longer of, • Surviving spouse's Single LE recalculated annually,[2] OR • Account owner's life expectancy, reduced by one annually.	N/A	N/A
Eligible Designated Beneficiary (EDB) – Non-spouse	The longer of, • Beneficiary's Single LE reduced by one annually, OR • Account owner's life expectancy in the year of death, reduced by one annually.	N/A	N/A
Eligible Designated Beneficiary (EDB) – Minor child of the account owner	Minor child's Single LE, reduced by one annually. Assets must be depleted by 12/31 of the calendar year in which the beneficiary attains age 31.	N/A	N/A
Designated Beneficiary (DB)	N/A	Beneficiary's Single LE, reduced by one annually for up to 9 years. Assets must be depleted by 12/31 of the calendar year containing the 10th anniversary of the account owner's death.	N/A
Non-Designated Beneficiary (NDB)	Account owner's remaining life expectancy in the year of death, reduced by one annually.	N/A	N/A

[1] For SIMPLE IRA, the account must meet the 2-year rule to transfer to a non-SIMPLE IRA for the surviving spouse.

[2] Surviving spouse who is the sole primary beneficiary may elect to use Uniform Lifetime Table rather than the Single LE if maintaining the assets in a beneficiary status account.

The distribution options below are applicable to subsequent or 2nd generation beneficiary after death of original beneficiary.

Death of Original Account Owner Occurred *Before* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	10-Year Rule	5-Year Rule
Subsequent or 2nd Generation Beneficiary of Eligible Designated Beneficiary (EDB)	N/A	Assets must be depleted by 12/31 of the calendar year containing the 10th anniversary of the original beneficiary's death. For minor child beneficiary, assets must be depleted by 12/31 of the calendar year in which the minor child attains age 31. No distribution is required until then.	N/A
Subsequent or 2nd Generation Beneficiary of Designated Beneficiary (DB)	N/A	Assets must be depleted by 12/31 of the year containing the 10th anniversary of the account owner's death. No distribution is required until then.	
Subsequent or 2nd Generation Beneficiary of Non-Designated Beneficiary (NDB)	N/A	N/A	Assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death.

Death of Original Account Owner Occurred *After* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	10-Year Rule Using Single Life Expectancy (LE)	5-Year Rule
Subsequent or 2nd Generation Beneficiary of Eligible Designated Beneficiary (EDB)	N/A	Original beneficiary's Single LE for up to 9 years. Assets must be depleted by 12/31 of the calendar year containing the 10th anniversary of the original beneficiary's death. If the original beneficiary was a surviving spouse, the Single LE is reduced by one annually.	N/A
Subsequent or 2nd Generation Beneficiary of Designated Beneficiary (DB)	N/A	Original beneficiary's Single LE for up to 9 years. Assets must be depleted by 12/31 of the calendar year containing the 10th anniversary of the original account owner's death.	N/A
Subsequent or 2nd Generation Beneficiary of Non-Designated Beneficiary (NDB)	Assets must be depleted by the end of the final year of the original account owner's life expectancy.	N/A	N/A

Invesco

Distribution Options for Deaths Occurring Before 01/01/2020

The distribution options below are applicable to beneficiary(ies) of an account owner who died prior to 01/01/2020. For See-through Trust beneficiary, please consult with a tax advisor as there are numerous factors to consider.

Death of Account Owner Occurred *Before* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	5-Year Rule
Surviving Spouse	• Surviving spouse's Single LE recalculated annually. • May take as own IRA.	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death. No distribution is required until then.
Designated Beneficiary (All non-spouse individuals)	Beneficiary's Single LE reduced by one annually.	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death. No distribution is required until then.
Non-Designated Beneficiary (Non-person beneficiary such as estate, charity, non-see-through trust)	N/A	Assets must be depleted by 12/31 of the calendar year containing the 5th anniversary of account owner's death. No distribution is required until then.
Subsequent or 2nd Generation Beneficiary of an original account owner	• Single LE of 1st generation beneficiary, reduced by one annually if the deceased beneficiary was a non-spouse. • Single LE of 2nd generation beneficiary, reduced by one annually if the deceased beneficiary was a surviving spouse.	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death. No distribution is required until then.

Death of Account Owner Occurred *After* Required Beginning Date (RBD)

	Single Life Expectancy (LE)	5-Year Rule
Surviving Spouse	The longer of, • Surviving spouse's Single LE recalculated annually, OR • Account owner's life expectancy, reduced by one annually. • May take as own IRA.	N/A
Designated Beneficiary (All non-spouse individuals)	The longer of, • Beneficiary's Single LE recalculated annually, OR • Account owner's life expectancy, reduced by one annually.	If elected by the beneficiary, assets must be depleted by 12/31 of the year containing the 5th anniversary of the account owner's death. No distribution is required until then.
Non-Designated Beneficiary (Non-person beneficiary such as estate, charity, or non-see-through trust)	Account owner's LE, reduced by one annually.	N/A
Subsequent or 2nd Generation Beneficiary of an original account owner	Single LE of 1st generation beneficiary reduced by one annually.	N/A

Please remember to sign form after printing.

Print Clear Form

Invesco Beneficial Ownership Information Form

Use this form to provide controlling and beneficial owner(s) information for privately held corporations, partnerships, LLCs, charities, foundations, organizations, and statutory trusts 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

Start > Here Use "Tab" key to move to next field.

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

*Required

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 IIS, its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco funds (collectively, "Invesco") 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 the actions taken by Invesco in accordance with the instructions and other provisions set forth herein.

Signature*

x

Date (mm/dd/yyyy)

/ /

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.

Invesco

Rev. March 5, 2020

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?	We collect your personal information, for example, when you ● 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 We also collect your personal information from others, such as credit bureaus, affiliates or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ● 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	Companies related by common ownership or control. They can be financial and nonfinancial companies. *Invesco does not share with our affiliates so that they can market to you.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. *Invesco does not share with non-affiliates so that they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. *Invesco doesn't jointly market.*

SAMPLE FOR TAX INFORMATIONAL PURPOSES

Form **W-4R**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

OMB No. 1545-0074

2026

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 ONLY %

Sign Here

SAMPLE ONLY

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

2026 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**	
Total income over—	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**	*Total income over—*	**Tax rate for every dollar more**
$0	**0%**	$0	**0%**	$0	**0%**
16,100	**10%**	32,200	**10%**	24,150	**10%**
28,500	**12%**	57,000	**12%**	41,850	**12%**
66,500	**22%**	133,000	**22%**	91,600	**22%**
121,800	**24%**	243,600	**24%**	129,850	**24%**
217,875	**32%**	435,750	**32%**	225,900	**32%**
272,325	**35%**	544,650	**35%**	280,350	**35%**
656,700*	**37%**	800,900	**37%**	664,750	**37%**

*If married filing separately, use $400,450 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 2026, 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;
- Qualified long-term care 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 $70,000 without the payment. Step 1: Because your total income without the payment, $70,000, is greater than $66,500 but less than $121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, $90,000, is greater than $66,500 but less than $121,800, 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 $60,000 without the payment. Step 1: Because your total income without the payment, $60,000, is greater than $28,500 but less than $66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, $80,000, is greater than $66,500 but less than $121,800, the

corresponding rate is 22%. The two rates differ. $6,500 of the $20,000 payment is in the lower bracket ($66,500 less your total income of $60,000 without the payment), and $13,500 is in the higher bracket ($20,000 less the $6,500 that is in the lower bracket). Multiply $6,500 by 12% to get $780. Multiply $13,500 by 22% to get $2,970. The sum of these two amounts is $3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the $20,000 payment ($3,750 divided by $20,000). Enter "19" 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.