

## 403(b)(7) Employer Application

Use this form to provide Invesco Investment Services, Inc. (IIS) employer information which will allow us to appropriately service your non-ERISA 403(b)(7) plan. We recommend that you speak to a tax advisor or financial professional prior to adopting a retirement plan.

- 403(b) plans are generally required to adopt a written 403(b) plan document. This form is not a plan document.
- To establish a participant account in the plan, please attach a completed Invesco 403(b)(7) Participant Account Application signed by the participant.
- An authorized representative of the employer is required to sign this application in section 5.
- 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   Employer and Plan Information	
Organization Type:  □ Public Education Institution □ Church □ Church-relat □ Non-ERISA 501(c)(3) Charitable Organization	ed entity
Employer Name	
Plan Name	
Plan's Tax Identification Number*	Primary Phone Number
Mailing Address	
City	State ZIP
Plan Contact (for general plan information): Contact Full Name	Contact Title
Primary Phone Number	Email Address

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2   Plan Administrator		
Please indicate whether plan administration will be primarily h (TPA). If TPA is selected, please indicate company name, con TPA (The TPA Service Provider Agreement or Authorization Employer (If not utilizing a TPA, then Invesco 403(b) Plan S	tact name, and contact inform of Agency Letter must be sub ervice Provider Agreement or	eation for TPA below.  mitted with this application.)  501(c)(3) Non-Erisa 403(b)
Plan Service Provider Agreement must be completed and s		)
Company Name	Contact Full Name	
Mailing Address		
City	State	ZIP
City	State	Z11
Primary Phone Number	Email Address	
		,
3   Retirement Plan Manager (RPM) User Access		
RPM User Access The following individuals are to be granted RPM access. RPM information, submit and modify census data, submit contribution	ns via the internet and modify f	uture investment elections.
RPM is intended for employer or TPA use. Participants can appear to the second se		
<ul> <li>RPM access may be granted to financial professional only if the plan.</li> </ul>	•	·
<ul> <li>Once access is established, each user will receive a user ID in three to five business days after the form has been received.</li> </ul>	and default password at the red by IIS.	email address provided below
<b>Note:</b> All fields are required unless otherwise noted.		
1. Full Name		
Email Address	Relationship to Plan	
Primary Phone Number	Existing RPM User ID (If ap	plicable)
2. Full Name		
Email Address	Relationship to Plan	
	·	
Primary Phone Number	Existing RPM User ID (If ap	nlicable)
	Existing IXI IVI OSEI ID (II ap	piloubioj

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### 4 | Bank Account Information for Contribution Funding

IIS offers you the ability to fund your plan contributions through a bank account and the Automated Clearing House (ACH) Network. If you would like to utilize this feature, please provide bank information below. By entering information in this section and signing this application, you, on behalf of the plan, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5. Additionally, company bank information used for making contributions cannot be used to wire or ACH proceeds from a participant's account.

#### Note:

- If a voided company or corporate check is provided and the name on the bank account is different from the plan name, then a letter from that financial institution verifying the authorized signers must be included.
- Temporary or starter checks are not acceptable.
- Only one bank account may be on file and it must be a participating member of the ACH network.
- IIS must receive this form at least five business days prior to the submission of your initial ACH contribution.
- Signature of bank account owner(s) is required below if different from employer plan authorized signer(s).

### **Authorized Bank Account Signature(s)**

All authorized signers of the bank account, if different than Plan's authorized signer(s) listed in section 2, must sign this authorization. Please attach an additional page if there are additional bank account owner signers.

Date (mm/dd/yyyy)
Date (mm/dd/yyyy)
\$
ded check here.
nber

### 5 | Employer or TPA Agreement and Signature (Please sign and date below.)

I hereby acknowledge and represent that I am an officer of the Employer indicated in section 1 and am authorized by the Employer to enter into this agreement on its behalf; that the Employer is eligible to offer the 403(b)(7) plan indicated in section 1 to its eligible employees; that such plan is not subject to ERISA; and that the Employer has established a written plan document to the extent required in accordance with applicable Treasury regulations under Section 403(b)(7) of the Internal Revenue Code.

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#### **Annual Retirement Account Maintenance Fee**

A \$30 maintenance fee will be deducted annually from each Plan participant if the total assets held in the participant's retirement and non-retirement accounts held directly at Invesco, excluding 529 plans, is less than \$50,000 on the day the fee is assessed.

### **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.

#### RPM Authorization

I authorize and direct IIS to grant the individuals identified in section 4 access to the Plan's accounts via RPM. I understand that if granting access to RPM, each individual granted access will have the ability to view Plan and participant information, and will be able to effect transactions for participant accounts maintained by IIS for the Plan.

#### **ACH Authorization**

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

By signing this form, (i) I authorize and direct IIS to take actions as specified above, and (ii) I agree to indemnify and hold harmless IIS, its affiliates, each of their respective employees, officers, trustees, or directors, and each of the Invesco funds from and against any and all claims, losses, liabilities, damages and expressess that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

Employer Signature*		Date (mm/dd/yyyy)
X		
Employer Authorized Signer Name	(Please print.)	
6   Checklist and Mailing Instru	ctions	
Please review checklist prior to subr	nitting your application:	
☐ A Plan name was indicated in sec	tion 1.	
☐ Section 2 was completed with Pla	n Administrator information.	
☐ Section 3 was completed with RP	M user information if internet-b	pased plan management is desired.
☐ Section 4 is completed with bank	account information if contribu	tion funding via RPM is desired.
☐ Employer authorized signer has s	igned in section 5.	•
☐ For employer not utilizing a TPA: 403(b) Plan Service Provider Agre		ervice Provider Agreement or 501(c)(3) Non-Erisa
☐ For employer utilizing a TPA: The	TPA Service Provider Agreem	ent or Authorization of Agency Letter is attached.
Please send completed and signed	form to:	
(Direct Mail) Invesco Investment Services, Inc. P.O. Box 219078	(Overnight Mail) Invesco Investment Services c/o DST Systems, Inc.	Inc.

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

430 W. 7th Street

Kansas City, MO 64105-1407

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Kansas City, MO 64121-9078



# **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).

<sup>\*</sup> 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?	<ul> <li>We collect your personal information, for example, when you</li> <li>Open an account or give us your contact information</li> <li>Make deposits or withdrawals from your account or give us your income information</li> <li>Make a wire transfer</li> <li>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</li> </ul>
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.