

Invesco Trusted Contact Form

Use this form to add or remove a trusted contact to your new or existing Invesco account.

Important information regarding trusted contact: Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the account owner's account, but it does authorize Invesco Investment Services, Inc. (IIS) to communicate with the trusted contact regarding the account. There can only be one trusted contact per account.

*Required

| PLEASE USE BLUE OR BLACK INK | PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS | |
|---|---|--|
| 1 Invesco Account Number and Registration Information | 1 | |
| SSN* or TIN* | Invesco Account Number or Plan ID | |
| Account Registration (Please print name(s) as it appears on account.) | | |
| | | |
| | | |
| | | |
| Email Address | | |
| | | |
| 2 Contact Preference | | |
| In some cases, Invesco will attempt to contact you for more inforpresent with your request. The preferred method you provide be to your account for future contact. Please provide your preferred method of contact (Select one.) Please contact my financial professional on record. Please contact me at | | |
| 3 Trusted Contact Information | | |
| By providing the information in this section, I authorize IIS to cor about me in the following circumstances: to prevent the presump exploitation, to confirm the specifics of my current contact inform executor, trustee, or holder of a power of attorney or as otherwise provided on this form will replace the information currently on file | otion of abandonment, to address possible financial nation, health status, or the identity of any legal guardian, se permitted by federal or state law. Any information | |
| Note: Your trusted contact should not be a joint account owner of | or the financial professional on record. | |
| Please select one. ☐ Add the following individual as trusted contact to my account ☐ Remove the following individual as trusted contact from my account | ccount | |
| Full Name of Trustee Contact* | | |
| | | |
| Social Security Number* | Date of Birth* (mm/dd/yyyy) | |
| Mailing Address* (Including apartment or P.O. Box number.) | | |
| | | |
| | | |
| City* | State* ZIP* | |
| | | |

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| PLEASE USE BLUE OR BLACK INK | PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS | |
|--|--|--|
| Foreign Routing or Postal Code | Country of Residence if outside the U.S. | |
| | | |
| Primary Phone Number | Email Address | |
| | | |
| Relationship to Account Owner | | |
| | | |
| 4 Authorization and Signature(s) | | |
| By signing this form, I authorize and direct IIS to maintain the ac instructions set forth above. | count(s) referenced above in accordance with the | |
| Signature* | Date (mm/dd/yyyy) | |
| X | | |
| Title | | |
| Signature | Date (mm/dd/yyyy) | |
| X | | |
| Title | | |
| | | |
| 5 Mailing Instructions | | |
| Please send completed and signed form to: | | |
| (Direct Mail) (Overnight Mail) Invesco Investment Services, Inc. Invesco Investment Se | rvices, Inc. | |
| P.O. Box 219078 801 Pennsylvania Ave | , | |
| Kansas City, MO 64121-9078 Suite 219078 Kansas City, MO 64109 | 5-1307 | |
| For 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 inv | resco.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 balanceProcess transactions

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