



Change of Plan Administrator or Plan Trustee for Qualified Retirement Plans

Use this form to update the individual(s) authorized to sign on behalf of the Plan Administrator(s) and/or Trustee(s) of your existing qualified retirement plan.

- Please attach a copy of the plan's adoption agreement and trust agreement referencing the name of the plan and the updated plan administrator(s) and/or trustee(s).
- All signatures must be notarized in section 3.

DO NOT use this form if the Tax ID Number is changing or if you are changing the legal name of a current plan administrator or trustee. Please contact an Invesco Client Services representative at 800 959 4246 if this scenario applies to you.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Plan Information

Plan Tax Identification Number*

Invesco Account Number or Plan ID

Plan Name

Employer Name*

2 | Updating Plan Administrator(s) or Trustee(s) (Required)

I authorize Invesco Investment Services, Inc. (IIS) to update the current plan administrator(s) and/or trustee(s) on the account/plan referenced in section 1 with the new plan administrator(s) and/or trustee(s) listed below.

The trustee(s) and/or plan administrator(s) named below will replace those currently on file with IIS in their entirety, unless specified otherwise.

A. Updating Plan Trustee Only: If you are only updating the plan trustee and not the plan administrator, please check the box below.

- Updating the plan trustee only; the plan administrator will continue to be the individual(s) on file with IIS.

B. Updating Both Roles: If the individual(s) listed below will serve as both the plan administrator and trustee, please check the following:

- The individual(s) listed below will serve as both the plan administrator and trustee.

C. Multiple Authorized Persons: If you have named multiple persons authorized to act as plan administrator or trustee, IIS will accept transaction authorization from one plan administrator or trustee alone, unless you check the box below.

- All plan administrators' or trustees' signatures are required to authorize transactions for the Plan.

1. Full Name of Plan Administrator Trustee

Social Security Number*

Date of Birth (mm/dd/yyyy)

- Please update the plan's address of record to the address provided below. (Check if applicable.)

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

City

State

ZIP

Updating Plan Administrator(s) or Trustee(s) section continues on the next page.

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2. Full Name of Plan Administrator Trustee

[Empty text box for full name]

Social Security Number*

[Social Security Number input boxes]

Date of Birth (mm/dd/yyyy)

[Date of Birth input boxes]

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

[Empty text box for mailing address]

City

[Empty text box for city]

State

[Empty text box for state]

ZIP

[Empty text box for ZIP]

3 | Authorization and Signature(s) (Please sign and date below.)

As Plan Administrator, I represent and certify all of the following: that the information provided is true and accurate; that I am an officer of the Employer named in section 1; that I am authorized by the Employer to execute the changes described herein, and I am the responsible plan fiduciary and Plan Administrator of the plan named in section 1; that for any change in plan trustee, the Plan Adoption Agreement has been amended and a new Trustee Agreement has been executed. In addition, I understand and agree that this completed form, upon receipt by IIS, supersedes and revokes in full any existing corresponding trustee and/or plan administrator designation(s) on file with IIS.

By signing this form, (i) I authorize and direct IIS to take action as specified above, 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 from and against any and all claims, costs, losses, liabilities, damages and expenses of any kind or character that may be incurred directly or indirectly as a result of such actions.

Signature of Employer/Plan Administrator*

[Signature line with 'X' mark]

Date (mm/dd/yyyy)

[Date input boxes]

Name (Please print.)

[Empty text box for name]

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual 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 box]

Authorization and Signature(s) section continues on the next page.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Signature of Employer/Plan Administrator*

Date (mm/dd/yyyy)

X _____

□□ / □□ / □□□□

Name (Please print.)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual 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

4 | Checklist and 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 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.