



403(b)(7) Non-ERISA Financial Hardship Distribution Form

Use this form to request a financial hardship distribution from your Invesco non-ERISA 403(b)(7) account. We recommend that you speak with a tax advisor or financial professional regarding the consequences of this transaction.

- Use this form for 403(b) non-ERISA 501(c)(3) plans only.
- An Invesco 403(b)(7) Non-ERISA Plan Data Collection Form signed by the employer must be submitted along with this form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant and Plan Information

Social Security Number*

Invesco Account Number or Plan ID

Participant's Full Name *(Please print name as it appears on account.)*

Date of Birth (mm/dd/yyyy)

Email Address

Plan Name

2 | Contact Preference

In some cases, Invesco will attempt to contact you for more information or to resolve any discrepancies that may be present with your request. The preferred method you provide below will be used for this request only and will not be added 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 | Reason for Distribution *(Required. Select one.)*

A financial hardship distribution cannot be made from a non-ERISA 403(b) except for the following reasons. Refer to the Additional Information section for important details regarding your distribution.

Note: Documentation/Evidence must be submitted and dated within 60 days of our receipt.

☐ Eviction from or Foreclosure on a Principal Residence

☐ Unreimbursed Medical Expenses for Yourself, Spouse or Dependent *(Please attach copies of current medical bills. Your documentation must reflect that the expenses have been submitted and denied by your healthcare plan.)*

☐ Tuition, Related Educational Fees, and Room and Board Expenses for the Next 12 Months of Post-Secondary Education for Yourself, Spouse or Dependent *(Please attach copies of applicable bills.)*

☐ Purchase of a Principal Residence - excluding mortgage payments - *(Please attach a copy of your purchase agreement or construction contract signed by both the buyer and the seller.)*

☐ Payment of Funeral Expenses for the Participant or the Participant's Spouse *(Please attach copies of applicable bills.)*

☐ Damage to Primary Residence Property *(Must qualify as a loss on your tax statement. Please attach copies of applicable bills.)*

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4 | Income Tax Withholding (Complete A and B, if applicable)**A. Federal Income Tax Withholding**

Please read the attached IRS "Form W-4R" documents for additional information regarding withholding requirements for your distribution. Your withholding rate is determined by whether your payment is an "eligible rollover distribution".

- **For an "eligible rollover distribution", the default withholding rate is 20%, and Invesco Investment Services, Inc. (IIS) will automatically withhold this amount.** You can choose a rate greater than 20% by entering the rate in the box below. You may not choose a rate less than 20%. **Note:** The following are generally exempt from the 20% mandatory withholding: distributions for direct rollovers, transfers of assets, RMD, return of excess contributions, financial hardship and Substantially Equal Periodic Payments. Note: Indirect rollovers are subject to 20% withholding.
- For distributions other than eligible rollover distributions, the default withholding rate is 10%. 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 the United States and its possessions, or if your only address of record is a P.O. Box.
- Withholding may apply to gains distributed from your designated Roth contribution account.

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 & 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 IRA 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 withholding at a rate of % . *

Important: If you do not provide a rate in the box above, the applicable default withholding rate will be applied to your distribution.

B. State Income Tax Withholding (Applicable to California residents only.)

If federal tax is withheld, state tax withholding is mandatory for California residents at a rate of 10% of the federal taxes withheld, unless you choose to have a different rate by entering a rate between 0% and 100% on the line below.

By providing a withholding percentage below and signing this distribution form, you acknowledge that you have obtained and read the current California Form DE-4P, including the complete instructions and the Marginal Rate Tables, and you would like a rate of withholding that is different from the default withholding rate.

I want California state income tax withheld at the rate of % of the federal income tax withholding amount.

5 | Distribution Instructions (Complete A and B.)

Note: IIS may delay the payment of redemption proceeds with respect to fund shares purchased via check or Automated Clearing House (ACH) for a period of up to ten (10) days in order to enable IIS to confirm that the check or draft has cleared.

Important: Hardship distribution amounts are available only from salary deferral contributions plus earnings.

A. Amount of Distribution: (Select one.)

- ☐ Distribute the entire account.
- ☐ I have an outstanding loan, distribute the entire amount available. I understand a sufficient amount must remain in the account to secure the loan and keep the loan active.
- ☐ Distribute the following dollar amount from the account: \$, .
- I understand that the amount of the distribution that I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding.

B. Allocation of Distribution: (Select one.)

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

Note: If redeeming from multiple funds, then multiple checks, wires, and ACHs will be sent.

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

Distribution Instructions section continues on the next page.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

6 | Payment Options (Refer to section 7 to determine if a signature guarantee is required.)

Note: Your distribution will be mailed to the address of record unless specified below or if a signature guarantee is required and not provided in section 7. U.S. Postal Service will not forward checks to a forwarding address.

Select only one payment option (A or B).

A. By Check:

- ☐ Make check payable to the participant and mail to the participant's address of record.
☐ Mail check to third party address.

Make check payable to:

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

City

State

ZIP

B. To Bank: (If banking information is provided and a single delivery option is not selected, proceeds will be sent via ACH.)

- ☐ Wire proceeds to my bank account. (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.)

Note: Unless indicated below, IIS will replace your current bank information with the new bank information provided.

- ☐ Keep existing bank information on file in addition to adding new bank information.

Account Type: ☐ Checking ☐ Savings

Name(s) on Bank Account	
<input type="text"/>	
<input type="text"/>	
Pay to the order of	\$ <input type="text"/>
<input type="text"/>	
Please tape your voided check here.	
Routing Number	Account Number
<input type="text"/>	<input type="text"/>

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7 | Authorization and Signature of Participant (Please sign and date below.)

I acknowledge that I have read the attached IRS Form W-4R, including the complete instructions on pages 1 and 2, including the Marginal Rate Tables. I understand and agree that this hardship withdrawal is a distribution and will be reported as ordinary income to the Internal Revenue Service (IRS) and me on IRS Form 1099-R for the year in which it is made. The amount of the distribution will be reported on my individual tax return for the year in which it is received and may be subject to a premature distribution penalty tax. I certify that I have not taken a hardship withdrawal from another account held with my employer if that withdrawal combined with this requested withdrawal would exceed my immediate hardship need. I certify the requested amount does not exceed the value of salary deferral contributions including earnings, and I understand and acknowledge the tax consequences of this distribution. I hereby certify that I have a severe and immediate financial hardship due to one or more of the following conditions: medical expenses previously incurred for myself, my spouse, my dependents or my named primary beneficiary for this account; the necessary expenses to obtain medical care for those persons; purchase of my principal residence (not including mortgage payments); payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my dependents or my primary beneficiary; prevention of eviction from or foreclosure on a mortgage on my principal residence; funeral expenses or damage to primary residence property. I have exhausted: savings; insurance coverage; distribution of rollover dollars if available under my plan.

Signature*

Date (mm/dd/yyyy)

X

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A signature guarantee is required under the following circumstances:

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the participant.
- 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 of record that has been on your Invesco account 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.

8 | Checklist and Mailing Instructions

Please review checklist before submitting the form.

- ☐ A distribution reason and required documentation was provided in section 3.
- ☐ Federal income tax withholding was reviewed in section 4.
- ☐ A completed Invesco 403(b)(7) Non-ERISA Plan Data Collection Form was submitted along with this form.
- ☐ Signature guarantee requirements have been reviewed in section 7.

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

Income allocable to salary deferrals made prior to December 31, 1988, may be included if the plan document permits.

Distribution Reasons

A financial hardship distribution may only be taken due to one or more of the following conditions:

- Eviction from or Foreclosure on a Principal Residence
- Unreimbursed Medical Expenses for Yourself, Spouse or Dependent
- Tuition, Related Educational Fees, and Room and Board Expenses for the next 12 months of Post-Secondary Education for Yourself, Spouse or Dependent
- Purchase of a Principal Residence (excluding mortgage payments)
- Payment of Funeral Expenses for the Participant or the Participant's Spouse
- Damage to Primary Residence Property (must qualify as loss on your tax statement)
- The IRS may issue other relief from time to time, as warranted

You may not receive a financial hardship withdrawal in excess of the amount of your immediate and heavy financial need (which may include amounts necessary to pay any income tax withholding or penalties that may result from the distribution).

Additional Requirements

According to IRS regulations, you may be required to exhaust all other avenues before you take a financial hardship distribution including:

- Savings
- Insurance coverage
- Distribution of Rollover Dollars from your 403(b) Plan if available.

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 <div style="font-size: 2em; font-weight: bold;">2025</div>
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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 <div style="font-size: 1.5em;">SAMPLE %</div>
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Sign Here	<div style="font-size: 3em; opacity: 0.3; transform: rotate(-1deg);">SAMPLE ONLY</div>	<div style="font-size: 3em; opacity: 0.3; transform: rotate(-1deg);">SAMPLE</div>
	Your signature (This form is not valid unless you sign it.)	Date

General Instructions

Section references are to the Internal Revenue Code.

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

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

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

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

2025 Marginal Rate Tables

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

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
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%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

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

General Instructions (*continued*)

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

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

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

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

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

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

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

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

Specific Instructions

Line 1b

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

Line 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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