



Invesco Retirement Plan Manager

Use this form to establish or terminate a user's access to Invesco Retirement Plan Manager (RPM) or to add or update bank account information for RPM.

- The Employer, Plan Administrator, Plan Sponsor or third party administrator (TPA) must sign in section 5.
- Use a separate form for each plan.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Plan Information

Plan Type: (Select one.)

- SEP SIMPLE SARSEP Solo 401(k) 401(k) Profit Sharing Money Purchase Plan 403(b)

Plan Name

Invesco Plan ID

Plan's Tax Identification Number

Name of Plan Administrator, Plan Sponsor or TPA

Mailing Address

City

State

ZIP

Primary Phone Number

- Check this box if this is a new address for the employer. Please update the plan address of record.



2 | Establish RPM User Access

The following individuals are to be granted RPM access. RPM permits the viewing of financial information at the plan level. Access also allows submission of contributions via the internet.

- RPM is intended for use by the employer, plan administrator, plan sponsor or TPA. Participants can access their account(s) online at invesco.com/us.
- For 401(k), Money Purchase, Profit Sharing, Solo 401(k), and 403(b) plans, an RPM user name will permit an individual to access plan and participant information, submit and modify census data, submit contributions via the internet, and modify future investment elections. For these plans, access may be granted to financial advisors only if they are the TPA as well as the financial advisor for the plan.
- For SEP, SIMPLE and SARSEP IRA plans, an RPM user name will permit an individual to access financial information at the plan level and the ability to submit contributions via the internet. RPM access is not available to financial advisors of these plans.
- Once access is established, each user will receive a user ID and default password at the email address provided below in three to five business days after the form has been received by Invesco Investment Services, Inc. (IIS).

Note: All fields are required unless otherwise noted.

1. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing RPM User ID *(If applicable)*

2. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing RPM User ID *(If applicable)*

3. Full Name

Email Address

Relationship to Plan

Primary Phone Number

Existing RPM User ID *(If applicable)*

3 | Terminate RPM User Access

The following individual(s) are to be removed from RPM access for the plan referenced in section 1. The employer, plan administrator, plan sponsor or TPA may also call an Invesco Client Services representative at the phone number referenced in section 6 to request their user name be removed.

1. Full Name *(Please print)*

RPM User ID

2. Full Name *(Please print)*

RPM User ID

4 | Bank Account Information For Contribution Funding

RPM contributions will be funded via the Automated Clearing House (ACH) Network or by mailing a check. To fund your plan contributions through the ACH Network, please provide bank account information below. By completing this section and signing this form, you, on behalf of the plan, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5. IIS must receive this form at least five business days prior to the submission of your initial ACH contribution.

Note:

- Only one bank account may be on file and it must be a participating member of the ACH network.
- Temporary or starter checks are not acceptable.
- 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.
- Signature of all authorized signers of the bank account is required in section 5 if different from the employer's authorized signers named in section 1.
- Bank account information used for making plan contributions cannot be used to receive redemption proceeds from a participant's account.

Account Type: Checking Savings

Name(s) on Bank Account

Pay to the order of _____ \$

Please tape your voided check here.

Routing Number

Account Number

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

RPM User Authorization:

I authorize and direct IIS to grant or terminate the individuals identified in section 2 or 3 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 effectuate 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 section 4, pursuant to instructions received from the Plan's administrator, sponsor, TPA, or 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.

In consideration of IIS acting on instructions and processing transactions as described above, 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 expenses that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

Employer Authorization Signature(s):

All authorized signers of the employer must sign this authorization. Please attach an additional page if there are additional signers.

<i>Signature (Required)</i>	<i>Title</i>	<i>Date (mm/dd/yyyy)</i>
<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>

<i>Signature</i>	<i>Title</i>	<i>Date (mm/dd/yyyy)</i>
<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>

Additional Authorized Bank Account Signature(s):

Signature of authorized signer(s) of the bank account is required, if different from the employer's authorized signer(s) named in section 1. Please attach an additional page if there are additional bank account authorized signers.

<i>Signature</i>	<i>Date (mm/dd/yyyy)</i>
<input type="text" value="X"/>	<input type="text"/>

<i>Name (Please print)</i>	<i>Title</i>
<input type="text" value="X"/>	<input type="text"/>

6 | Mailing Instructions

Please send completed and signed form to one of the addresses detailed below.

(Direct Mail)
Invesco Investment Services, Inc.
P.O. Box 219078
Kansas City, MO 64121-9078

(Overnight Mail)
Invesco Investment Services, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105-1407

For additional assistance please contact an Invesco Client Services representative at 866 690 0193, weekdays, 7:30 a.m. to 5 p.m. Central Time.