



Invesco Change of Trustee Form

Use this form to add, remove or replace a trustee on your existing Invesco trust account.

Important: Do not use this form if a Trustee is being removed due to death, if the Tax ID Number or Social Security Number of the trust is changing, or if you are changing the legal name of a current Trustee.

*Required

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Invesco Account Number and Registration Information

SSN* or TIN*

Invesco Account Number

Name of Trust

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 | Removing Trustee(s)

I authorize Invesco Investment Services, Inc. (IIS) to remove the following trustee(s) from the account referenced in section 1 for the reason indicated below.

Full Name of Trustee(s) to be removed:

1.

2.

3.

Reasons for Removal:

Select one.

Trustee resigned (*Notarized signature of the resigning trustee is required in section 5.*)

Trustee is unable to act. (*Copy of the trust agreement identifying the trustee(s)/successor trustee(s) is required.*)

Note: Please proceed to section 4 to name the remaining and successor trustee(s).

4 | Trustee Information

I authorize IIS to replace the current trustee(s) on the account referenced in section 1 with the trustee(s) listed below.

Important: Please include all trustees that are authorized to transact on the account. Notarized signatures of all trustees are required in section 5.

1. Full Name of Trustee*

Social Security Number*

- -

Date of Birth* (mm/dd/yyyy)

/ /

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

City*

State*

ZIP*

Primary Phone Number

Email Address

Residential Address (Required if different than your mailing address or if a P.O. Box address was given above.)

City

State

ZIP

Please update the account's address of record to the address provided above. (Check if applicable.)

2. Full Name of Trustee*

Social Security Number*

Date of Birth* (mm/dd/yyyy)

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

City*

State*

ZIP*

Primary Phone Number

Email Address

Residential Address (Required if different than your mailing address or if a P.O. Box address was given above.)

City

State

ZIP

3. Full Name of Trustee*

Social Security Number*

Date of Birth* (mm/dd/yyyy)

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

City*

State*

ZIP*

Primary Phone Number

Email Address

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Residential Address (Required if different than your mailing address or if a P.O. Box address was given above.)

[Empty box for Residential Address]

City [] State [] ZIP []

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

As trustee, I certify the information provided is true and accurate. I understand and agree that this document, upon receipt by IIS, supersedes and revokes in entirety any existing trustee designation on file with IIS.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, **and**
- 2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3. I am a U.S. person (including a U.S. resident alien), **and**
- 4. The requirement to provide FATCA exemption codes does not apply.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

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 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.

Signature of Trustee or Successor Trustee* [] Date (mm/dd/yyyy) [][]/[][]/[][][][]

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 [Empty box]

Signature of Trustee or Successor Trustee* [] Date (mm/dd/yyyy) [][]/[][]/[][][][]

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

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

Signature of Resigning Trustee*

X _____

Date (mm/dd/yyyy)

□ □ / □ □ / □ □ □ □

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

6 | 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.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105-1407

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.