Please remember to sign form after printing.

Print | Clear Form

Self-Certification for Late Rollover Contribution Form

Use this form to certify the reason(s) you were unable to complete a rollover within 60 days of receipt of the distribution. We recommend that you speak with a tax or financial advisor regarding the consequences of this transaction.

Important: You should retain a copy of this signed certification for your records.

Start > Here Use "Tab" key to move to next field.

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

1 | IRA Information

IRA Type *(Select one.)*

☐ Traditional ☐ Roth ☐ SEP ☐ SARSEP ☐ SIMPLE

Invesco Account Number or Plan ID

2 | Depositor Information

Social Security Number *(Required)*

Date of Birth (mm/dd/yyyy)

Account Registration *(Please print name as it appears on account.)*

Primary Phone Number

Email Address

3 | Reason(s) for Late Rollover Contribution

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s).

Select all that apply.

☐ An error was committed by the financial institution making the distribution or receiving the contribution.
☐ The distribution was in the form of a check and the check was misplaced and never cashed.
☐ The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
☐ My principal residence was severely damaged.
☐ One of my family members died.
☐ I or one of my family members was seriously ill.
☐ I was incarcerated.
☐ Restrictions were imposed by a foreign country.
☐ A postal error occurred.
☐ The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
☐ The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

4 | Investment Instructions

Note: If no fund(s) is selected below, I am directing Invesco Investment Services, Inc. (IIS) to purchase Cash Reserve Shares of Invesco Government Money Market Fund. If an Invesco Fund name(s) is indicated but no class of shares is specified, I am directing IIS to purchase Class A shares of the specified fund(s).

Important:
Referencing an ineligible fund name or fund number could result in a processing delay. Please visit invesco.com/us for a complete list of available funds.

Fund Number	Fund Name	Class of Shares	Amount
			$ ___,___.__
			$ ___,___.__
			$ ___,___.__
		Total	$ 0,0.0

If you have additional funds, please attach a separate page including all the information requested in this section.

☐ Check this box if you are utilizing the 180 day reinstatement privilege as defined by the prospectus.

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

Pursuant to Internal Revenue Service (IRS) Revenue Procedure 2016-47, I certify that my contribution above missed the 60-day rollover deadline for the reason(s) listed in section 3. I am making this contribution as soon as practicable after the reason or reasons listed above no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with your rollover procedures.

Pursuant to Revenue Procedure 2016-47, unless you have actual knowledge to the contrary, you may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. You may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand you will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

I understand that IIS and its affiliates shall not give tax advice or investment advice. By signing this form, (i) I authorize and direct IIS to take actions 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 *(Required)*	Title	Date (mm/dd/yyyy)
X		

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 additional assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.