



# Invesco Payroll Deduction Election for IRA

Use this form to authorize your employer to establish, change or terminate a payroll deduction arrangement for your Invesco Traditional or Roth IRA.

- Employer must establish a payroll deduction arrangement with Invesco and the employee must establish an Invesco Traditional or Roth IRA account prior to the employer deducting from employees' pay.
- Return completed form to your employer. **Do not return to Invesco.**

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Employee Information

Full Name

Mailing Address

City

State

ZIP

Social Security Number

Date of Birth (mm/dd/yyyy)

Employer Name

## 2 | Account Information

Select the IRA account type that this payroll deduction election applies. You must complete a separate Payroll Deduction Election for IRA Form for each account you wish to contribute.

Select one:

Traditional IRA Account Number

Roth IRA Account Number

## 3 | Payroll Deduction Election (Complete A, if applicable.)

### A. Election Type and Amount (Select one.)

I understand that the total amount of my IRA contributions in any calendar year cannot exceed the IRA contribution limits as prescribed by the Internal Revenue Service (IRS). (The IRS announces cost-of-living adjustments applicable to dollar limitations for pension plans annually.)

Establish new election

I wish to begin having \$  withheld from my pay effective  /  /  (mm/dd/yyyy).

Change election

I wish to change the amount being withheld from my pay to \$   
effective  /  /  (mm/dd/yyyy).

Terminate election

I wish to stop withholding from my pay effective  /  /  (mm/dd/yyyy).

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**4 | Authorization and Signature of Employee**

I, the undersigned employee, authorize my employer to withhold the specified amount each pay period as of the effective date provided. I agree that the payroll deduction election contained herein is legally binding and irrevocable with respect to all amounts earned by me while this agreement is in effect. I understand that I may terminate the entire agreement with respect to amounts not earned at any time. I understand that this election is an irrevocable election with respect to each payroll. Therefore, I may only change my election on a prospective basis not retroactively.

Signature

**X**

Date (mm/dd/yyyy)

/  /

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