



403(b)(7) Non-ERISA Plan Data Collection Form

Use this form to provide Invesco Investment Services, Inc. (IIS) the information necessary to determine if the participant indicated below is eligible for a distribution due to severance from employment or hardship, or take a loan from his or her 403(b)(7) account.

- This form is only to be used for 501(c)(3) employers operating a non-ERISA 403(b) plan.
- Please provide only account information pertaining to accounts held outside of Invesco.
- This form should be submitted along with the appropriate Invesco 403(b)(7) Distribution Form, Invesco 403(b)(7) Loan Application and Agreement, or Invesco 403(b)(7) Non-ERISA Financial Hardship Distribution Form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant and Employer Information

Social Security Number*

Invesco Account Number or Plan ID

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

Employer Name

2 | Reason for Distribution *(Required. Select one.)*

- Severance from Employment** - Date Separated from Service* (mm/dd/yyyy): / /
- Hardship Distribution** - Employer acknowledges that hardship withdrawals are available under the plan document.
- Loan** -
- The participant does not have an outstanding loan balance with another 403(b) provider.
 - The participant has an outstanding loan balance under this plan with another 403(b) provider.

The highest outstanding loan balance in the last 12 months is: \$, .

Important: The available loan amount is reduced by the highest outstanding loan balance of all loans in the preceding 12-month period.

3 | Authorization and Signature of Employer/Plan Administrator *(Please sign and date below.)*

By signing below, the preparer acknowledges that the non-ERISA 403(b) plan document includes a hardship distribution and loan policy, permits the requested transaction, and that the information provided for the participant named in section 1 is complete and accurate to the best of the preparer's knowledge. This is a verification of plan data and does not constitute an authorization from the employer to execute the requested transaction.

Authorized Signature of Employer*

X

Date (mm/dd/yyyy)

Name *(Please print.)*

Title

4 | 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.
 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.