



# 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 or loan from his or her 403(b) 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

Date Separated from Service (if applicable) (mm/dd/yyyy)

## 2 | Current Account Balances

Please provide the total account balances for accounts held outside of Invesco. Do not include Invesco account totals.

Check this box below if no other accounts exist at other providers for this participant.

A. Total account balance with all other 403(b) providers \$

B. Total balance of rollover contributions \$

**Note:** Any rollover contributions must be distributed prior to taking any financial hardship distribution available under the plan.

## 3 | Loans and Hardship Information (Complete A or B, as applicable)

Select one:

### A. Loans

1. Has the participant ever defaulted on a loan from any other providers under this 403(b) plan?  Yes  No

**Note:** If the participant has ever defaulted on a loan under this plan, a loan will not be permitted, in accordance with the Invesco 403(b)(7) Loan Policy and Procedures.

2. Are there any outstanding loans with another provider?  Yes  No

If Yes, please provide the highest outstanding loan balance in the last 12 months with all other 403(b) providers

under this plan: \$

### B. Hardship (Available from salary deferral contribution amounts including earnings.)

Please complete the following:

1. Sum of rollover contributions \$

2. Sum of salary deferral contributions made after 12/31/88 \$

3. Sum of salary deferral contributions made before 1/1/89 \$

4. Sum of reportable distributions from inception to the present \$

Check here if breakdown of contribution data cannot be provided.

**Note:** If a breakdown of contribution data is not available for assets held outside of Invesco, the participant may be limited by the amount available for a hardship distribution.

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**4 | 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 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.

Signature\*

X

Name (Please print.)

Date (mm/dd/yyyy)

Title

**5 | 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.**