



Invesco Solo 401(k) Salary Reduction Agreement

Use this form to indicate participation and salary reduction agreement amounts.

- All employees, including the owner, must complete this agreement.
- Return completed form to employer/plan administrator/trustee.
- The employer/plan administrator/trustee should keep this form for the plan's records.
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)

Plan Name

Employee Participation Election (Please select one.)

- I do not want to participate in the plan at this time. I understand that I may change this election by completing a new salary reduction agreement prior to the next change date; or
- I want to participate in the employer's 401(k) plan, and enter into the following salary reduction agreement.

2 | Salary Reduction Agreement (Complete A and/or B, as applicable.)

A. Traditional (Pretax) Elective Deferrals

Subject to the requirements of the Solo 401(k) plan, I authorize the following to be withheld from my earned income/compensation:

\$ or % of my Compensation

Per: monthly semi-monthly bi-weekly weekly

B. Roth (After-Tax) Elective Deferrals

Subject to the requirements of the Solo 401(k) plan, I authorize the following to be withheld from my earned income/compensation:

\$ or % of my Compensation

Per: monthly semi-monthly bi-weekly weekly

3 | Timing/Changing of Elective Deferrals (Select one.)

I understand that I may change or stop the amount or percentage of my elective deferrals by entering into a new agreement:

- Once a month; Once in a calendar quarter; or Other (Describe)

4 | Cash Bonus Deferral

I elect to defer from my cash bonus the following amount to the employer's 401(k) plan as elective deferrals:

- (a) \$ or (b) % of my bonus amount.

DO NOT SEND TO INVESCO – FOR EMPLOYER USE ONLY

5 | Signature

I, the undersigned employee, agree that the salary reduction agreement 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 by signing below that I have the option to elect either the regular elective deferral "pre-tax" option or to defer under the Roth elective deferral option. 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 of Employee

Date (mm/dd/yyyy)

/ /