

**Invesco**

Investment Allocation Change Form

Use this form to change future investment allocation percentages to an existing Invesco retirement plan account.

- For 403(b)(7), 401(k), Solo 401(k), Profit Sharing and Money Purchase Plans, this form must be signed by the trustee(s)/plan administrator(s) in section 4.
- For SEP, SARSEP, and SIMPLE IRAs, this form must be signed by the participant in section 4.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant Information

Social Security Number*

Invesco Account Number or Plan ID

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

Primary Phone Number

Email Address

New Address

By providing the address below, I am directing Invesco Investment Services, Inc. (IIS) to update the address of record on file for the above referenced account.

Mailing Address *(Account statements and confirmations will be mailed to this address.)*

City

State

ZIP

Residential Address *(Required if different than your mailing address or if a P.O. Box address was given above.)*

City

State

ZIP

2 | Plan Information

Plan Type:

☐ SIMPLE IRA ☐ SEP ☐ SARSEP ☐ 403(b)(7) ☐ 401(k) ☐ Solo 401(k) ☐ Money Purchase Pension ☐ Profit Sharing

Plan Name

Trustee's Full Name *(Not applicable for IRAs)*

Authorized Plan Contact's Full Name
(Not applicable for IRAs)

Contact's Primary Phone Number
(Not applicable for IRAs)

3 | Future Investment Elections

Plan Type:	(1) Salary Reduction (Pre-Tax)	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Contribution	(5) Roth Deferral Contribution* (After Tax)
SIMPE IRA Plan	Yes	Yes	—	—	—
SEP IRA Plan	—	—	Yes	—	—
SARSEP IRA Plan	Yes	—	Yes	—	—
403(b)(7) Plan	Yes	Yes	—	—	Yes
401(k) Plan	Yes	Yes	Yes	—	Yes
Solo 401(k) Plan	Yes	—	Yes	—	Yes
Money Purchase Pension Plan	—	—	—	Yes	—
Profit Sharing Plan	—	—	Yes	—	—

This allocation form contains five columns reflecting different contribution types. Please only fill in the applicable columns that pertain to your specific type of retirement plan as indicated in the chart above. Please indicate fund(s), investment percentages (rounded to whole percentages), and the contribution type(s) that should receive future contributions. If you have additional fund selections, please attach a separate page that includes all of the information requested in this section.

- Note:**
- If Invesco fund information is provided but no class of shares is specified, I am directing IIS to purchase Class A shares of the specified fund(s).
 - If Invesco fund information is provided but no percentage allocation or contribution type(s) is specified, I am directing IIS to update all applicable contribution types in my account and with equal percentage allocations between the specified funds.

Fund Number	Fund Name	Share Class		(1) Salary Reduction (Pre-Tax)	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Pension	(5) Roth Deferral Contribution (After-Tax)*
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Percentage per Contribution Type Requested Must Equal 100%				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Roth Deferral Contributions, once elected, are irrevocable.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

4 | Authorization and Signature(s) (Please sign and date below.)

By signing this form, (i) I authorize and direct IIS to maintain the account referenced in section 1 in accordance with the instructions set forth in section 3, 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.

For 401(k), Solo 401(k), Profit Sharing and Money Purchase Plans, the trustee(s) must sign below.

Plan Trustee's Signature *

X

Date (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

Name (Please print)

--

Plan Trustee's Signature

X

Date (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

Name (Please print)

--

For 403(b)(7)s, SEP, SARSEP, and SIMPLE IRAs, the participant must sign below.

Participant's Signature *

X

Date (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

Name (Please print)

--

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.
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.

Visit our website at invesco.com/us to:

- | | |
|---|--|
| • Check your account balance | • Check the current fund price, yield and total return on any fund |
| • Confirm transaction history | • Process transactions |
| • View account statements and tax forms | • Retrieve account forms and investor education materials |
| • Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports | |

Call the 24-Hour Automated Investor Line 800 246 5463 to:

- | | |
|--|------------------------------|
| • Obtain fund prices | • Check your account balance |
| • Confirm your last three transactions | • Process transactions |
| • Order a recent account statement(s) | |

To use the system, please have your account numbers and Social Security number available.