



# Invesco Invesco Solo 401(k) Trust Beneficiary Certification Form

Use this form to certify a trust beneficiary on an Invesco Solo 401(k).

- Return completed form to plan employer/plan administrator/trustee.
- The employer/plan administrator/trustee should keep this form for the plan's records.  
**Do not return to Invesco.**

*\*Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Participant Information

Full Name

Mailing Address

City

State

ZIP

Social Security Number

 -  - 

Date of Birth (mm/dd/yyyy)

 /  / 

Plan Name

## 2 | Trust Beneficiary(ies)

I certify that I am either the Participant or the Trustee of the Trust and I have either:

- Provided the Plan Administrator with a copy of the Trust OR
- Listed below the beneficiary(ies) of the Trust.

### A. Primary Beneficiary(ies)

1. Full Name

Percentage

   %

SSN or  TIN\*

Date of Birth (mm/dd/yyyy)

 /  / 

Conditions on entitlement

2. Full Name

Percentage

   %

SSN or  TIN\*

Date of Birth (mm/dd/yyyy)

 /  / 

Conditions on entitlement

Total    %

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**B. Contingent Beneficiary(ies)**

1. Full Name

Percentage

 %

SSN or  TIN\*

Date of Birth (mm/dd/yyyy)

 /  / 

Conditions on entitlement

2. Full Name

Percentage

 %

SSN or  TIN\*

Date of Birth (mm/dd/yyyy)

 /  / 

Conditions on entitlement

Total  %

**3 | Authorization and Signature**

I certify to the best of my knowledge that all of the trust requirements described in Treasury Regs. 1.401(a)(9)-4 Q&A 5 and 6 are satisfied. I understand if the Trust instrument is amended at any time in the future I must, within a reasonable time period, provide a copy of such amendment or a corrected certification form to the Plan Administrator. I also agree to provide a copy of the trust instrument to the Plan Administrator upon demand; and upon the death of the Participant, provide a final list of all beneficiary(ies) or an actual copy of the Trust no later than October 31st of the year following the year of the participant's death.

Signature

Date (mm/dd/yyyy)

 /  / 

**4 | Acceptance**

The Plan Administrator acknowledges receipt of this Trust Beneficiary Certification Form.

Signature

Date (mm/dd/yyyy)

 /  / 

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