



Retirement Plan Bank Instruction and Systematic Contribution Form

Use this form to add bank instructions to a retirement plan and/or establish systematic retirement plan contributions via the Automated Clearing House (ACH) Network. This form is for employer use only.

Do not use this form to update participant investment allocations. To update investment allocations, the participant, trustee, employer/plan administrator, or financial advisor may do one of the following:

- Submit an Invesco Investment Allocation Change Form or a signed letter of instruction
- Update information online at invesco.com/us, or
- Contact an Invesco Client Services representative at 800 959 4246

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Plan Information

Plan Type: (Select one.)

☐ SIMPLE ☐ SARSEP ☐ SOLO 401(k)* ☐ 401(k) ☐ Profit Sharing ☐ Money Purchase Pension ☐ 403(b)

Plan Name

Invesco Plan ID

Plan's Tax Identification Number

Name of Employer/Plan Administrator or Trustee(s)

Mailing Address

City

State

ZIP

Primary Phone Number

Email Address

*Includes plans formerly known as OppenheimerFunds Single K plans.

2 | Systematic Purchase Plan (Attach a voided check in section 3.)

The systematic purchase plan is a service available to shareholders making regular systematic purchases of shares to allow dollar-cost averaging. Invesco Investment Services, Inc. (IIS) must receive these instructions at least five business days prior to the first selected draft date.

As authorized representative of the employer, I authorize IIS to withdraw the amount indicated in section 4 (\$25 minimum) from the bank account shown in section 3. Furthermore, I understand and agree to the terms listed below.

- If the selected draft date has already passed, I am directing IIS to establish the plan for the next scheduled draft date.
- If I do not provide a draft date(s) below, I am directing IIS to draft on the 10th for monthly drafts or 10th and 25th for twice-monthly drafts.

Frequency (Select one.)

☐ Monthly - One draft per month on the following day:

☐ Twice-monthly - Two drafts per month on the following days: and

☐ Quarterly - One draft per quarter on the following day:

Beginning on (month) (year)

Note: Beginning date should not be more than 30 days in the future.

3 | Bank Account Information

To fund your plan contributions through the ACH Network, please provide bank account information below. By entering this information in this section and signing this application, you, on behalf of the plan, are agreeing to the terms and conditions applicable to ACH transactions set forth in section 5. Additionally, company bank information used for making contributions cannot be used to wire or ACH proceeds from a participant's account.

Note:

- Only one bank account may be on file and it must be a participating member of the ACH network.
- Signature of bank account owner(s) is required in section 5 if different from trustee(s) or employer/plan administrator.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is being provided and the name on the bank account is different than the plan name, then a letter from that financial institution verifying the authorized signers must be included.

Account Type: ☐ Checking ☐ Savings

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name(s) on Bank Account</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>	
Pay to the order of	\$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Please tape your voided check here.	
Routing Number	Account Number
<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

4 | Contribution Instructions

- Please do not include fund allocations; IIS has current fund allocations for existing participants on file. Provide the appropriate application or enrollment form for any new participants to the plan.
- This transmittal 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 table below.

	(1) Salary Reduction	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Contribution	(5) Roth Deferral Contribution*
SIMPLE IRA Plan	Yes	Yes	—	—	—
SARSEP IRA Plan	Yes	—	Yes	—	—
403(b) 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	—	—

3 of 4

		Contributions				
Name of Participant	Social Security Number	(1) Salary Reduction Contribution (Pre Tax)	(2) Employer Matching Contribution	(3) Employer Discretionary (Profit Sharing)	(4) Money Purchase Contribution	(5) Roth Deferral Contribution* (After Tax)
1.	\$					
2.	\$					
3.	\$					
4.	\$					
5.	\$					
6.	\$					
7.	\$					
8.	\$					
9.	\$					
10.	\$					
Subtotals		\$				
Total of all Contributions (columns 1–		\$				

Please copy for additional participants.

*Any salary reduction contribution that is not specifically designated by the employer as a Salary Reduction Contribution (Pre Tax) (1) or Roth Deferral Contribution (5) shall be considered a Salary Reduction Contribution (Pre Tax) (1). Roth Deferral Contributions, once elected, are irrevocable.

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

On behalf of the Plan, I authorize IIS to initiate ACH drafts from the bank account identified in this application, pursuant to instructions received from the Plan's administrator, sponsor, trustee, or an appropriate officer and certify that the individual(s) in this capacity have the authority to provide such instructions. I understand that all purchases of Invesco Fund shares (the "Fund") pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable Funds. I understand that the amount drafted for the Plan's contribution funding will be set forth in the instructions so provided and the timing of any such draft will be dependent upon when the instructions are received by IIS. I agree that the rights of IIS with respect to each draft shall be the same as if it were drawn directly by the account owner or company, as applicable. I agree that, should any draft be dishonored, with or without cause, intentionally or inadvertently, IIS shall have no liability whatsoever with respect to any order for the purchase of Fund shares which was to have been settled via such draft. I further agree that IIS may delay the payment of redemption proceeds with respect to Fund shares purchased via such a draft for period of up to ten (10) days in order to enable IIS to confirm that the draft has cleared. This authorization shall remain in full force and effect and IIS may continue to honor instructions to draft the referenced account until notification revoking this authority is provided at least seven business days prior to a scheduled draft. Notice should be provided to Invesco's Client Services at 800 959 4246 or in writing to: IIS, PO Box 219078, Kansas City, MO 64121.

In consideration of IIS acting on instructions and processing transactions as described above, 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.

Employer/Plan Sponsor/Plan Trustee Authorization Signature(s):

All authorized signers of the employer, plan sponsor, and plan trustee(s) must sign this authorization. Please attach an additional page if there are additional signers.

Signature *(Required)***X**

Date (mm/dd/yyyy)

Name *(Please print)*

Title

Signature

X

Date (mm/dd/yyyy)

Name *(Please print)*

Title

Additional Authorized Bank Account Signature(s):

Signature of authorized signer(s) of the bank account is required, if different from the employer's authorized signer(s) named above.

Signature

X

Date (mm/dd/yyyy)

Name *(Please print)*

Title

Signature

X

Date (mm/dd/yyyy)

Name *(Please print)*

Title

6 | 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.