



Qualified Retirement Plan Distribution Form

Use this form to request a distribution from a non-Invesco-sponsored qualified retirement plan (401(k), profit sharing, or money purchase pension plan).

- Do not use this form for Invesco-sponsored Solo 401(k), Money Purchase Pension Plan or Profit Sharing Plan.
- All required plan trustee(s) must sign in section 5. Any omissions will delay the processing of this request.
- **Invesco Investment Services, Inc. (IIS) is not responsible for determining the reason for the distribution, or for withholding or reporting of state or federal income taxes.**

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant and Plan Information

Social Security Number*

Invesco Account Number or Plan ID

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

Plan Name

Trustee's Email Address

Plan Tax Identification Number

Trustee's Primary Phone Number

2 | Contact Preference

In some cases, Invesco will attempt to contact you for more information or to resolve any discrepancies that may be present with your request. The preferred method you provide below will be used for this request only and will not be added to your account for future contact.

Please provide your preferred method of contact (Select one.)

- Please contact my financial professional on record.
- Please contact me at - -

3 | Distribution Instructions (Complete A and B.)

I direct IIS to distribute from each money type proportionate to that money type's value with respect to the total value of the account, unless I instruct IIS otherwise under a separate cover. Additionally, I have verified with the plan administrator/ third party administrator (TPA) the balance of each money type to be distributed.

A. Amount of Distribution: (Select one.)

- Distribute the entire account.
- Distribute exact percentage %.
- Distribute the following dollar amount from the account: \$, .

I understand that the amount of the distribution that I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding. (If you select the one-time distribution frequency below, this will be the amount of your one-time distribution. If you select the periodic distribution frequency below, this will be the amount of each installment.)



B. Allocation of Distribution: *(Select one.)*

If I do not select an allocation distribution method below, I am directing IIS to distribute using the proportionate method.

- Proportionate** - Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account on the day IIS receives your request in good order.
- Distribution from Specific Fund(s)** - Please indicate the fund(s) and redemption amount(s) below.

Fund Number	Fund Name	Percentage	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <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"/> or \$ <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"/> or \$ <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"/> or \$ <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"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

C. Forfeiture Instructions *(Please check any applicable instructions.)*

- Transfer the remaining balance of the participant's account.
- Transfer the following amounts into the plan's forfeiture account.

Exact dollar amount \$, .

4 | Payment Options *(Refer to section 5 to determine if a signature guarantee is required.)*

If there are multiple payees, with both percentages and dollar amounts being requested, I am directing IIS to process the exact dollar amount first and then the percentages based on the remaining balance.

Note: IIS will send a check payable to the plan for the benefit of the participant and mail to the plan sponsor's address, unless specified below. Checks will not be forwarded.

Select only one payment option (A, B, or C).

Enter the amount for each applicable payee.

A. By Check:

Mail to the plan sponsor's address on file with IIS:

% or \$, . in check payable to the plan for the benefit of the participant.

% or \$, . in check payable to the participant.

Mail to the participant's address on file with IIS:

% or \$, . in check payable to the participant.

Mail to TPA address on file with IIS:

% or \$, . in check payable to the plan.

% or \$, . in check payable to the participant.

% or \$, . in check payable to the TPA.

Mail to address designated below *(Signature guarantee is required in section 5.)*

% or \$, . in check payable to party designated below.

Make check payable to:

[Empty text box for payee name]

[Empty text box for payee name]

Mailing Address (Including apartment or P.O. Box number.)

[Empty text box for mailing address]

[Empty text box for mailing address]

City

[Empty text box for city]

State

[Empty text box for state]

ZIP

[Empty text box for ZIP]

B. To Bank: (If banking information is provided and a single delivery option is not selected, proceeds will be sent via Automated Clearing House (ACH).)

Wire proceeds to bank account.

ACH transfer to bank account. (Allow 2-3 business days to receive your proceeds.)

Name(s) on Bank Account	

Pay to the order of _____	\$ []

Please tape your voided check here.	
Routing Number	Account Number
[]	[]

C. Deposit into a New or Existing Account:

Deposit the proceeds into a new account (Please complete and attach the appropriate Invesco account application.)

Deposit the proceeds into an existing account in kind. (Fund selections will remain the same.)

Account Number []

Deposit the proceeds into an existing account in the following funds. (Exchanges must be for shares of the same share class.)

Fund Number	Account Number	Percentage	Amount
[]	[]	[] [] [] % or \$ [] [] [] , [] [] [] . [] []	
[]	[]	[] [] [] % or \$ [] [] [] , [] [] [] . [] []	
[]	[]	[] [] [] % or \$ [] [] [] , [] [] [] . [] []	
[]	[]	[] [] [] % or \$ [] [] [] , [] [] [] . [] []	
[]	[]	[] [] [] % or \$ [] [] [] , [] [] [] . [] []	

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

I authorize and instruct IIS to distribute assets from the Plan's account(s), in accordance with the instructions set forth above. Additionally, as trustee, I will be responsible for any tax reporting and administration responsibilities associated with the instructions given.

The Plan agrees 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.

Plan Trustee's Signature*

Date (mm/dd/yyyy)

X

/ /

Name *(Please print.)*

Plan Trustee's Signature*

Date (mm/dd/yyyy)

X

/ /

Name *(Please print.)*

A signature guarantee for the Plan Trustee(s) is required under the following circumstances:

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the participant, plan sponsor or TPA on file with IIS.
- Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.
- Redemption proceeds will be sent to an address or bank of record that has been on the Invesco account for less than 15 days.

<p>Signature Guarantee: (Please place signature guarantee stamp below.)</p>	<p>Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A signature guarantee may NOT be obtained through a notary public.</p>
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Note: Endorsement guarantee is not acceptable.

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.
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.