



# Financial Professional Change Form

Use this form to change the financial professional information on your Invesco account.

Do not use this form to request changes to 529 accounts.

\*Required

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Invesco Account Number and Registration Information

SSN\* or  TIN\*

Invesco Account Number or Plan ID

Account Registration (Please print name(s) as it appears on account.)

Primary Phone Number

Email Address

## 2 | Financial Professional/Dealer Information

Select one.

- Please remove the current financial professional on the account referenced in section 1. I understand no broker/dealer will be assigned to the account.
- Please update the account referenced in section 1 with a new financial professional listed below.

**Important:** Incomplete information in this section may result in no broker/dealer being assigned to the account.

Name of Broker/Dealer\*

Check here if you are a Registered Investment Advisor (RIA)

Financial Professional's Name

Financial Professional's Rep ID

Financial Professional's Branch Address

Branch ID#

City

State

ZIP

Financial Professional's Phone Number

We authorize Invesco Investment Services, Inc. (IIS) (as designated by Invesco Trust Company (ITC), if applicable) to act as our agent in connection with transactions authorized by the account application and agree to notify IIS of any purchase made under a letter of intent or rights of accumulation.

Authorized Signature of Broker Dealer/Home Office

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

I understand that if section 2 is incomplete, this account may be maintained without a financial professional/dealer assigned to the account and IIS and its affiliates shall not give tax advice or investment advice, nor determine whether the account is appropriate for me. By signing this form, (i) I authorize and direct IIS to maintain the account referenced herein, 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.

Account Owner's Signature\*

Date (mm/dd/yyyy)

X

/  /

Title

Account Owner's Signature\*

Date (mm/dd/yyyy)

X

/  /

Title

**4 | Mailing Instructions**

Please send completed and signed form to one of the addresses detailed below OR fax to 713 986 9766.

**(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 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](http://invesco.com/us)**

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

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

- Obtain fund prices
- Check transaction history
- Order account statement(s)
- Check your account balance
- Process transactions

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