



Coverdell Education Savings Account Distribution Form

Use this form to request a distribution from an Invesco Coverdell Education Savings Account (Coverdell ESA). We recommend that you speak with a tax advisor or financial professional regarding the consequences of this transaction.

- Do not use this form to change the designated beneficiary. Please use the Coverdell ESA Administration Form.
- The designated beneficiary may sign as the responsible individual upon reaching the age of majority in his or her state of residence.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Account Information

A. Designated Beneficiary

Social Security Number*

Date of Birth (mm/dd/yyyy)

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

Invesco Account Number

B. Responsible Individual

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

Primary Phone Number

Email Address

2 | Reason for Distribution (Required.)

Refer to the Additional Information section for important details regarding your distribution.

If I do not select a reason for distribution, I direct Invesco Investment Services, Inc. (IIS) to report the distribution as Education Expenses.

(Select one.)

- ☐ **Education Expense** - This includes qualifying and nonqualifying distributions. (Complete sections 3 and 6-8.)
- ☐ **Removal of Excess** - (Complete sections 4 and 6-8.)
- ☐ **Distribution to a 529 plan** - (Signature guarantee required. Complete sections 3 and 6-8.)
- ☐ **Death** - Designated beneficiary has died. (Complete sections 5, 7, 8 or 9 as applicable.)

3 | Distribution Instructions (Complete A and B.)

A. Amount of Distribution: (Select one.)

Note: IIS may delay the payment of redemption proceeds with respect to fund shares purchased via check or Automated Clearing House (ACH) for a period of up to ten (10) days in order to enable IIS to confirm that the check or draft has cleared.

☐ All - I would like to distribute the entire account.

☐ 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. (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.)

Distribution Instructions section continues on the next page.



PLEASE USE BLUE OR BLACK INK

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B. Frequency:

The account from which the periodic distribution is taken must have a minimum balance of \$5,000.00. The amount requested for distribution must be at least \$50 per fund.

If I do not select a distribution frequency below, I direct IIS to process a one-time distribution from the account referenced in section 1. Furthermore, I understand and agree to the terms listed below.

- If the selected payment date has already passed, I direct IIS to establish the plan for the next scheduled payment date.
- If I do not provide a payment date below, I direct IIS to distribute on the 10th of the selected payment schedule.

(Select one.)

- ☐ I wish to take an immediate, one-time distribution.
- ☐ I wish to establish or modify a series of periodic distribution. (Select one option below.)

☐ Monthly - One draft per month on the following day

☐ Quarterly - One draft per quarter on the following day

☐ Annually - One draft per year on the following day

Beginning in (month) (year).

4 | Removal of Excess (Select one.)

The designated beneficiary may be subject to a 6% excise tax penalty, imposed by the IRS, on the amount of the excess each year, until the excess is corrected. The deadline for removing the excess to avoid the penalty is **May 31st** of the year following the year for which the excess contribution was made (no extension).

A. Method for removal of excess (Select one.)

- ☐ Timely Removal - Excess is being removed **before** May 31st deadline.
- ☐ Untimely Removal - Excess is being removed **after** May 31st deadline. I understand that only the amount of excess contribution will be removed. The excess amount will be treated as an educational distribution following qualified/non-qualified guidelines. Non-qualified educational distributions may be treated and subject to a 10% additional tax.

B. Amount of excess contribution \$, . .

C. Tax year **for which** the contribution was made .

D. Earnings must be distributed with the excess contribution (*applicable only if removing before May 31st deadline.*)
IIS will calculate the amount of earnings unless you provide an amount below.

☐ Earnings on the excess contribution \$, . .

5 | Death Distribution Information (Complete A or B, C, and D.)

Important: A medallion signature guarantee is required in section 8. If you are unable to obtain a medallion signature guarantee, please see the Additional Information section at the end of the form for alternative requirements.

Designated Beneficiary's Date of Death (mm/dd/yyyy)

/ /

Death Beneficiary Information: The Death Beneficiary is the person or entity named on the account to receive the assets upon the death of the Designated Beneficiary.

A. Individual Beneficiary

Relationship to the Designated Beneficiary at time of death:*

(Select one.)

- ☐ Family member under age 30 (as defined by the Internal Revenue Code. This age requirement does not apply to special needs individuals.)
- ☐ Non-Family member or a family member over age 30

Death Distribution Information section continues on the next page.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

Beneficiary's Full Name

Beneficiary Social Security Number*

 - -

Date of Birth* (mm/dd/yyyy)

 / /

B. Entity Beneficiary

Name of Entity*

Entity's Tax Identification Number*

 -

Date of Trust (If applicable) (mm/dd/yyyy)

 / /

Executor/Trustee/Personal Representative/Controlling Owner or Individual with responsibility to control, manage, or direct the entity/organization Name*

Social Security Number*

 - -

Date of Birth* (mm/dd/yyyy)

 / /

Important: For an entity beneficiary that is a privately held corporation, partnership, LLC, charity, foundation, organization, or statutory trust with a beneficial owner(s) that owns 25% or more of the entity, the Beneficial Ownership Information Form located at the end of this form must be completed. Please indicate below.

(Select one.)*

- ☐ Yes, there is a beneficial owner(s) that owns 25% or more of the entity and a completed Beneficial Ownership Information Form is attached.
- ☐ No, there is not a beneficial owner that owns 25% or more of the entity.

C. Beneficiary's Address and Contact Information

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

City

State

ZIP

Primary Phone Number

 - -

Email Address

Residential Address (If different from mailing address or if a P.O. Box was given above.)

City

State

ZIP

D. Transfer/Distribution Instructions:

I understand that the option selected below will apply to the Death Beneficiary's entire designated portion of the account referenced in section 1. Transfers will retain the same fund selection.

(Select one.)

- ☐ Transfer and immediately distribute all (Proceed to section 7.)
- ☐ Transfer the proceeds in kind into an Invesco Coverdell for the death beneficiary. (Please include an account number below or attach a completed Invesco Coverdell Education Savings Account Application. Your fund selection will remain the same.)

Note: This option is only available for a family member under age 30. This age requirement does not apply to special needs individuals.

Invesco Coverdell ESA Account Number

6 | Allocation of Distribution (Select one.)

If I do not select an allocation of distribution method, I direct IIS to distribute using the proportionate method.

Note: If redeeming from multiple funds, then multiple checks, wires or Automated Clearing House (ACHs) will be sent.

☐ **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"/>	
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7 | Delivery Options (Refer to section 8 to determine if a signature guarantee is required.)

Note: Your distribution will be mailed to the address of record unless specified below. U.S. Postal Services will not forward checks to a forwarding address.

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

A. Deliver Distribution Proceeds by Check:

- ☐ Mail check to the designated beneficiary's address of record.
- ☐ Mail check to third party address (this includes checks payable to a 529 plan or to a death beneficiary; signature guarantee required in section 8.)

Make check payable to:

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

City

State

ZIP

B. Deliver Distribution Proceeds To My Bank Account: (If banking information is provided below and a delivery option is not selected, proceeds will be sent via ACH.)

- ☐ Wire proceeds to my bank account. (Not available for periodic payments. An incoming wire fee may be assessed by your financial institution.)
- ☐ ACH Transfer to my bank account. (Allow 2-3 business days to receive your proceeds.)

Please provide bank instructions in this section. In doing so, shareholders with eligible accounts are allowed to make investments into their fund by calling an Invesco Client Services representative. Upon request, IIS can arrange for a specified dollar amount you select to be deducted from your bank account via ACH and used to purchase shares of a specified fund. These bank instructions will also be used for systematic purchase and may receive redemption proceeds as requested.

Delivery Options section continues on the next page.

Note:

- Unless instructed otherwise, IIS will replace your current systematic bank information with the new bank information provided below.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is provided, then a letter from that financial institution verifying the authorized signers must be included.

Signature of Bank Account Owner(s) is required if the Invesco Account Owner is not listed in the Bank Registration

By signing this form and providing banking instructions, I understand and acknowledge that:

- IIS may debit my bank account for ACH drafts paid to the Invesco account.
- IIS may accept telephone or written instructions to remit proceeds to this bank account.
- This authorization will remain in full force and effect, and IIS may continue to honor instructions to draft this bank account until written notice is provided revoking this authority.

Signature of Bank Account Owner

Date (mm/dd/yyyy)

X

 / /

Signature of Bank Account Owner

Date (mm/dd/yyyy)

X

 / /
Account Type: ☐ Checking ☐ Savings

Name(s) on Bank Account	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></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; height: 15px; width: 100%;"></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>

C. Deposit into an Invesco Account:

- ☐ Deposit the proceeds of a removal of excess distribution as a contribution into an Invesco Coverdell ESA account of another designated beneficiary in kind. *(Available only for Removal of Excess Distributions. Please include account number below or attach a completed Invesco Coverdell Education Savings Account Application. Your fund selection will remain the same.)*

Invesco Coverdell ESA Account Number

Contribution is for year:

If a year of contribution is not indicated, I direct IIS to deposit the contribution as current year contribution.

- ☐ Deposit the proceeds into an Invesco account (other than Coverdell ESA) in kind. *(Please include an account number below or attach the appropriate Invesco application. Your fund selection will remain the same.)*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

8 | Authorization and Signature *(Please sign and date below.)***Responsible Individual Authorization:**

I affirm that the information given is true and correct, and I authorize and direct the custodian to make distributions according to the instructions provided on this form.

Death Beneficiary Authorization:

I affirm that the information given is true and correct, and I authorize and direct the custodian to distribute/transfer my portion of the assets according to the instructions provided on this form.

Note: Death beneficiary's signature is required unless the death beneficiary is a minor, in which case, the responsible individual's signature is required.

Designated Beneficiary Reaching Age of Majority:

- I understand that I will become both the responsible individual and the designated beneficiary.
- Under penalties of perjury, I certify that I am the beneficial owner of the account indicated in section 1 and I have reached the legal age of majority designated under my state of residence.
- I understand and agree that the custodian may amend the Custodial Agreement by providing me written notice of any such amendment and that the mutual funds in which I invest may and will amend their prospectuses from time to time.
- I consent to the custodial fees specified, and I understand that a \$25 maintenance fee will be deducted annually from my account if the total assets held in my retirement and non-retirement accounts held directly at Invesco, excluding 529 plans, is less than \$50,000 on the day the fee is assessed.

Note: If the designated beneficiary has reached the age of majority and is signing as the responsible individual, a medallion guarantee is required in this section. If you are unable to obtain a medallion signature guarantee, please see the Additional Information section at the end of this form for alternative requirements.

Request for Taxpayer Identification Number (Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien), **and**
4. The requirement to provide FATCA exemption codes does not apply.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature*

X

Date (mm/dd/yyyy)

 / /
Title *(If applicable)*

A signature guarantee is required under the following circumstances:

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the designated beneficiary or the responsible individual on the account.
- Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.
- Proceeds of an unscheduled redemption will be sent to a bank account or address of record that has been on the Invesco account for less than 15 days.

Signature Guarantee:

(Please place signature guarantee stamp below.)

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.**

Note: Endorsement guarantee is not acceptable.

PLEASE USE BLUE OR BLACK INK

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9 | Notarized Signature (If applicable.)

Important: This notarized signature section may be used instead of a medallion signature guarantee and signature guarantee requirement for death distribution/transfer. Please call an Invesco Client Services representative for eligibility requirements.

Death Beneficiary Authorization:

I affirm that the information given is true and correct, and I authorize and direct the custodian to distribute/transfer my portion of the assets according to the instructions provided on this form.

Note: Death beneficiary's notarized signature is required unless the death beneficiary is a minor, in which case, the responsible individual's notarized signature is required.

Responsible Individual Authorization:

I affirm that the information given is true and correct, and I authorize and direct the custodian to distribute/transfer according to the instructions provided on this form.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien), **and**
4. The requirement to provide FATCA exemption codes does not apply.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature*

X

Date (mm/dd/yyyy)

/ /

Title (If applicable)

Certification of Acknowledgement of Notary Public:

State of _____, in the County of _____ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on

(Date – mm/dd/yyyy) / /

Notary Public: _____

My Commission Expires: _____

Date (mm/dd/yyyy) / /

Notary Seal

10 | 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.

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

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

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

Additional Information**Additional Documentation Requirements**

If you are not able to obtain a medallion signature guarantee, a signature guarantee is required in section 8 of this form along with some of the following additional documentation (*as applicable*):

- A **copy** of the designated beneficiary's death certificate or a **certified** of letters testamentary indicating the designated beneficiary's date of death.
- An heir or devisee of the designated beneficiary claiming assets pursuant to a small estate administration must provide a **certified** of the affidavit of small estate (*in states where applicable*).
- A **copy** of the birth certificate for designated beneficiary who has reached the legal age of majority under his or her state of residence.

For death distribution/transfer:

A notarized signature may be accepted instead of a medallion signature guarantee and a signature guarantee, if eligible. Please call an Invesco Client Services representative for eligibility requirements.

Distributions

If you selected anything other than Removal of Excess or Death in section 2 as the reason for distribution, this will report as distribution code 1 Distribution on Form 1099-Q. It is the Responsible Individual's responsibility to report the distribution as qualified or non-qualified to the IRS. For more information refer to IRS Publication 970 at irs.gov.

- **Qualified** - Distributions used to pay for qualified education expenses, including contributions to a 529 plan, for the designated beneficiary. Distribution must occur prior to age of 30. Special needs designated beneficiaries are not subject to the age requirement.
- **Non-qualified** - Distributions used for non-qualified expenses are subject to 10% additional tax penalty on the taxable portion.



Invesco Beneficial Ownership Information Form

Use this form to provide controlling and beneficial owner(s) information for privately held corporations, partnerships, LLC's, charities, foundations, organizations, and statutory trust with a beneficial owner(s) that owns 25% or more of the entity.

IMPORTANT INFORMATION: To help the government fight financial crime, federal regulation requires Invesco to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes. If you fail to provide the requested information and/or if any of the information cannot be confirmed, Invesco Investment Services, Inc. (IIS) reserves the right to redeem the account. The Invesco Privacy Notice, which conforms with applicable law, is located at the end of the form.

**Required*

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Invesco Account Information

Invesco Account Number (If applicable)

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

2 | Legal Entity Information

Name of Entity*

Entity's Tax Identification Number*

Date of Trust (If applicable) (mm/dd/yyyy)

Mailing Address*

City*

State*

ZIP*

3 | Control/Significant Responsible Individual Information

Please provide information for one individual with significant responsibility for managing the legal entity to be listed as the subscriber/investor, such as an executive officer or senior manager (i.e., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions). If appropriate, an individual listed here may also be a Beneficial Owner.

Full Name*

Social Security Number*

Date of Birth* (mm/dd/yyyy)

Address* (Residential or Business Street Address)

City*

State*

ZIP*

4 | Beneficial Owner(s) Information

Please provide information for every natural person who is directly or indirectly through intermediaries, the beneficial owner of 25% or more of any voting or non-voting class of equity interests of the subscriber/investor.

1. Full Name

Social Security Number

 - -

Date of Birth (mm/dd/yyyy)

 / /

Residential Address

City

State

ZIP

2. Full Name

Social Security Number

 - -

Date of Birth (mm/dd/yyyy)

 / /

Residential Address

City

State

ZIP

3. Full Name

Social Security Number

 - -

Date of Birth (mm/dd/yyyy)

 / /

Residential Address

City

State

ZIP

4. Full Name

Social Security Number

 - -

Date of Birth (mm/dd/yyyy)

 / /

Residential Address

City

State

ZIP

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

By signing this form, (i) I certify the information provided is true and accurate, and (ii) I agree to indemnify and hold harmless Invesco Investment Services, Inc., its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco Funds from and against any and all actions, suits, claims, costs, losses, liabilities, damages and expenses of any kind or character that may be incurred directly or indirectly as a result of your actions taken in accordance with the instructions and other provisions set forth herein.

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.
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.

Additional Information

Important Information Regarding Privacy

By completing and providing this form, you consent to IIS using the confidential information/personal data provided herein for the purpose of servicing your account. IIS shall take all reasonable steps to protect the confidentiality of such information and shall use the same standard of care used to protect its own confidential information in accordance with applicable privacy regulations. IIS may manage or service your account from international locations.

FACTS**WHAT DOES INVESCO DO WITH YOUR PERSONAL INFORMATION? *****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Transaction history and investment experience
- Investment experience and assets

When you are *no longer* our customer, we continue to share information about you according to our policies.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Invesco chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Invesco share?	Can you limit this sharing?
For our everyday business purposes —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	No	We do not share
For joint marketing with other financial companies	No	We do not share
For our affiliates' everyday business purposes — information about your transactions and experiences	No	We do not share
For our affiliates' everyday business purposes — information about your credit worthiness	No	We do not share
For our affiliates to market to you	No	We do not share
For non-affiliates to market to you	No	We do not share

Questions?

Call 1-800-959-4246 (toll free).

* This privacy notice applies to individuals who obtain or have obtained a financial product or service from the Invesco family of companies. For a complete list of Invesco entities, please see the section titled "Who is providing this notice" on page 2.

Who we are

Who is providing this notice?	Invesco Advisers, Inc., Invesco Private Capital, Inc., Invesco Senior Secured Management, Inc., WL Ross & Co. LLC, Invesco Distributors, Inc., Invesco Managed Accounts, LLC, and the Invesco family of mutual funds.
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What we do

How does Invesco protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Invesco collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Open an account or give us your contact information • Make deposits or withdrawals from your account or give us your income information • Make a wire transfer <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <p><i>Invesco does not share with our affiliates so that they can market to you.</i></p>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <p><i>Invesco does not share with non-affiliates so that they can market to you.</i></p>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <p><i>Invesco doesn't jointly market.</i></p>