Please remember to sign form after printing.

Print | Clear Form

Invesco

Invesco Solo 401(k)® and 403(b)(7) Loan Repayment Change Form

Use this form to change the bank account information and/or loan repayment allocation on an existing Invesco Solo 401(k) or 403(b)(7) participant loan. Invesco Investment Services, Inc. (IIS) must receive this form at least 10 business days prior to your next loan repayment due date to allow for verification of the bank instructions.

The Participant must sign in section 6. Any omissions will delay the processing of this request.

**Required*

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

1 | Participant and Plan Information

Start > Here Use "Tab" key to move to next field.

Type of Plan *(Select one.)*: ☐ Solo 401(k) ☐ 403(b)(7)

Social Security Number* ___ - __ - ____

Invesco Account Number or Plan ID

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

Plan Name

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 | Loan Information *(Select one.)*

IIS will update all existing loans for the Participant and type of plan identified in section 1, unless specified below.

☐ Update existing loan number

☐ Update all existing loans.

4 | Change of Bank Account Information

☐ If I do not provide bank instructions, I direct IIS to continue drafting my loan repayment from the bank account on file.

Note:

- Signature(s) of bank account owner(s) is required in this section if different from account registration.
- Temporary or starter checks are not acceptable.
- If a voided company or corporate check is 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.

Signature of Bank Account Owner(s)

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

- IIS may debit my bank account for ACH drafts paid to the Invesco account.
- IIS may accept written instructions to remit redemption 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.

Change of Bank Account Information section continues on the next page.

PLEASE USE BLUE OR BLACK INK **PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS**

Signature of Bank Account Owner

x

Date (mm/dd/yyyy)

☐☐ / ☐☐ / ☐☐☐☐

Signature of Bank Account Owner

x

Date (mm/dd/yyyy)

☐☐ / ☐☐ / ☐☐☐☐

Account Type: ☐ Checking ☐ Savings

Name(s) on Bank Account

____

____

Pay to the order of _______________ $ ☐

____

Please tape your voided check here.

Routing Number ☐

Account Number ☐

5 | Change of Loan Repayment Allocations

If I do not provide a repayment allocation instruction below, I direct IIS to reinvest the repayments in accordance with my current repayment allocation instructions on file. Furthermore, I understand that IIS will reinvest my repayments at net asset value (NAV).

Select one.

☐ My loan repayments are to be invested in accordance with my current investment allocations on file with IIS.
☐ My loan repayments are to be invested in accordance with the following allocation instructions:

Fund Number	Fund Name	Percentage
		%
		%
		%
		%
		%
		%
		%
	Total percentage must equal 100% **TOTAL**	**1 0 0** %

6 | Authorization and Signature of Participant *(Please sign and date below.)*

Participant's Authorization:
I authorize IIS to initiate drafts via the ACH Network from the bank account identified in section 4. I understand that all purchases of fund shares pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable Funds. I agree that the rights of IIS with respect to each draft shall be the same as if it were drawn directly by the bank account owner, 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 were 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.

Additionally, if this draft is discontinued and not replaced with another draft prior to missing a repayment(s), the loan may be considered in default. I understand I will have until the end of the calendar quarter following the quarter in which the loan repayment was due to make up the missed repayment(s) (the cure period). If I fail to make the missed repayment(s) by the end of the cure period, the defaulted loan amount (outstanding principal plus interest) will be reported on Form 1099-R as a deemed distribution for the tax year in which the cure period ends. I will be ineligible to take a new loan as long as the defaulted balance on the loan remains unpaid.

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 by providing replacement bank instructions. 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.

Participant's Signature* Date (mm/dd/yyyy)

X ____________________ __ __ / __ __ / __ __ __ __

7 | 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.