



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

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 Update Instruction (Complete A and B)

A. Loan number(s)

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

(Select one)

Update all existing loans

Update existing loan number

B. Update instructions (Select one)

Update bank account information only (Proceed to section 4)

Update loan repayment allocations only (Proceed to section 5)

Update both bank account information and loan repayment allocation (Complete sections 4 and 5)

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:

- Notarized Signature(s) of bank account owner(s) is required in section 7 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.

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



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). My loan repayments are to be invested in accordance with the following allocation instructions:

Fund Number	Fund Name	Percentage
<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"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Total percentage must equal 100%		TOTAL <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="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 (Cure Period) to make up the missed repayment(s). If I fail to make up the missed repayment(s) by the end of the Cure Period or fail to pay off the loan in full by the maturity date, the defaulted loan amount (outstanding principal plus interest) will be reported on IRS 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.

Authorization and Signature of Participant section continues on the next page.

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

Participant's Signature*

Date (mm/dd/yyyy)

X

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Notarized Invesco account owner signature is required if adding bank instructions when the Invesco account owner is not listed in the bank account registration. The notarized signature of the bank account owner(s) is also required in section 7.

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

7 | Notarized Signature of Bank Account Owner(s)

Notarized signature of bank account owner(s) is required if different from the Invesco account owner.

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 from the Invesco account owner is provided revoking this authority by providing replacement bank instructions.

Signature of Bank Account Owner

Date (mm/dd/yyyy)

X

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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

8 | 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.