

 **Invesco Business or Organization Account Application**

Use this application to establish a Business or Organization non-retirement Invesco account.

- New accounts for a foreign entity, and/or accounts with a Canadian residential or mailing address, will not be established.
- For Transfer on Death (TOD) Accounts, please submit the TOD Account Application.
- For individual, joint, and Uniform Transfer/Gift to Minor (UTMA/UGMA) accounts, please submit the Individual Account Application.
- For trust, guardianship and estate accounts, please submit the Trust or Estate Account Application.
- For retirement accounts, please submit the appropriate retirement account application.

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT:** Federal law mandates that all financial institutions obtain, verify and record information identifying each person associated with a new account. Please verify the following information is accurate: name, Social Security number, date of birth and physical residential address. 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 | Account Type (Select only one.)**

- ☐ C-Corporation<sup>1</sup>

☐ S-Corporation<sup>1</sup>

☐ Partnership<sup>1</sup>

☐ Limited Liability Company (LLC)<sup>1</sup>

Enter the tax classification (*see below*)  
C=C corporation, S=S corporation, P=Partnership

☐ Charitable/welfare organization (*A certified copy of Resolution of Governing Body is required.*)

☐ Club/fraternal organization (*A certified copy of Resolution of Governing Body is required.*)

☐ Investment Club

☐ Church/religious institution (*A certified copy of Resolution of Governing Body is required.*)

<sup>1</sup> Include copy of the Articles of Incorporation, Partnership Agreement, or governing body by-laws for the entity.

☐ Other   
(*Include additional documents to verify the entity.*)

**Check if appropriate:** ☐ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization.)

Exempt payee code

**Note:** Please see IRS Form W-9 for a list of exempt payee codes.

## 2 | Business or Organization Information

Full Name of Business or Organization\*

- ☐ SSN\* or ☐ TIN\* ☐ Date Established/Incorporated\* (mm/dd/yyyy)

Physical Address (Required if different than your mailing address or if a P.O. Box address was provided below.)

City

State

\_\_\_\_\_

ZIP

\_\_\_\_\_

Primary Phone Number

□ □ □ - □ □ □ - □ □ □ □ □

Email Address

\_\_\_\_\_

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

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

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

### eDelivery

Receive statements, confirmations, account correspondence, shareholder reports, news and updates, and tax forms online instead of by U.S. mail.

**By providing my email address above, I consent to eDelivery unless indicated here:**

☐ I do not want eDelivery

If consenting to eDelivery, please indicate items you would like to receive online (*IIS will default to ALL if no selections are made.*):

- ☐ Quarterly and annual statements  
☐ Transaction confirmations and account correspondence  
☐ Prospectuses, annual and semi-annual reports  
☐ News and updates  
☐ Tax forms

**Important Note:** You will receive an email from IIS asking you to confirm and complete your enrollment for eDelivery of tax forms. eDelivery of tax forms will not commence until you respond to the email. For more information on eDelivery consent, please see the Additional Information section at the end of the form.

### 3 | Controlling Owner Information (*All Fields Required.*)

**Important:** IIS requires the following information to be provided regarding the entity named in section 2.

**Controlling Owner:** One person with significant responsibility for managing the legal entity, such as an executive officer or senior manager (Ex: CEO, CFO, General Partner, President or Vice President).

Full Name

Title/Relationship to Entity

Date of Birth (mm/dd/yyyy)

SSN

Residential Address (*P.O. Box address not accepted.*)

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Routing or Postal Code	Country of Residence if outside the U.S.
<input type="text"/>	<input type="text"/>

Citizenship:

☐ U.S. Citizen ☐ Non U.S. Citizen (*Copy of passport is required.*)

**Note:** IIS may communicate with the person named as Controlling Person for the account to prevent the presumption of abandonment of account assets.

**4 | Beneficial Owner Information**

**Beneficial Owner(s):** All natural persons/individuals, if any, who are directly or indirectly through intermediaries the beneficial owner of 25% or more of the named entity. It is possible that a person can be named as both a beneficial owner and a controlling owner of the same entity.

Select One.

- ☐ There are no beneficial owners as defined above for the entity named in section 2.
- ☐ All beneficial owners for the entity named in section 2 are listed below. If you have additional beneficial owners, please attach a separate page including all of the information requested in this section.

## 1. Full Name

Title/Relationship to Entity

Date of Birth (mm/dd/yyyy)

 /  /    

SSN

   -   -    

Residential Address (P.O. Box address not accepted.)



City

State

ZIP

Foreign Routing or Postal Code

Country of Residence if outside the U.S.

Citizenship:

- ☐ U.S. Citizen      ☐ Non U.S. Citizen (Copy of passport is required.)

## 2. Full Name

SSN

   -   -    

Date of Birth (mm/dd/yyyy)

  /   /    

Title/Relationship to Entity

Residential Address (P.O. Box address not accepted.)



City

State

ZIP

Foreign Routing or Postal Code

Country of Residence if outside the U.S.

Citizenship:

- ☐ U.S. Citizen      ☐ Non U.S. Citizen (Copy of passport is required.)

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 5 | Investment Instructions (Complete A & B.)

### A. Investment Method:

Please make check payable to Invesco Investment Services, Inc. **Note:** IIS does not accept the following types of payment: Cash, Credit Card Checks, Temporary/Starter Checks, and Third Party Checks.

- ☐ I have enclosed a check for a minimum of \$1,000 for each fund selected.
- ☐ I have enclosed a check for a minimum of \$50 for each fund selected and completed the systematic purchase plan information in section 11.
- ☐ I have purchased shares through my financial professional. Please attach confirmation to this application.

### B. Fund(s) Selection: (Select one.)

- ☐ **Transfer "in kind"** - Assets are being moved from existing Invesco account number

**Note:** Your fund selections will remain the same. You may request an exchange separately.

- ☐ **New Fund(s) Selection** (Please refer to the List of Available Investments in section 17.)

Please select one share class per fund.

**Important:** Clients of Registered Investment Advisors (RIAs) transacting directly with Invesco may only purchase Class A and Class Y shares. Share class eligibility requirements are contained in the Funds' Prospectus (refer to section 17, List of Available Investments for additional details).

**Note:** If no fund(s) is selected, I am directing IIS to purchase Cash Reserve Shares of Invesco Government Money Market Fund. If an Invesco Fund name(s) is indicated but no class of shares is specified, I am directing IIS to purchase Class A shares of the specified fund(s).

Fund Number	Fund Name	Class of Shares	Amount
<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"/> . <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"/> <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"/>
Initial Purchase Total			\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Your initial purchase total should equal the amount enclosed.

## 6 | Financial Professional/Dealer Information (To be completed by your financial professional.)

**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 opening account as 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

   -    -    

Financial Professional/Dealer Information section continues on the next page.

We authorize IIS 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 Dealer/Home Office

**X**

### 7 | Class C Share Purchase – Pricing Options *(To be completed by your financial professional.)*

If purchasing Class C shares, please indicate which method the financial professional would like to receive commissions. **IIS will default to option 1 if Class C shares are purchased and no selection is made below.**

- ☐ Option 1: 1% CDSC charge if redeemed within the first year and trails start at the beginning of the 13th month.  
☐ Option 2: No CDSC charge upon redemption and trails start immediately.

### 8 | Letter of Intent *(Only Sole Proprietorship accounts are eligible. See your prospectus for more information.)*

Pursuant to the fund's current prospectus, it is my intention to invest the following amount, including Purchase Credit<sup>1</sup>, over a 13-month period for myself and my immediate family<sup>2</sup> in the following eligible Invesco accounts:

☐ \$50,000    ☐ \$100,000    ☐ \$250,000    ☐ \$500,000    ☐ \$1,000,000

Account Number

Relationship





<sup>1</sup>Purchase Credit is the value of the accounts under ROA the day before the Start Date of the Letter of Intent.

<sup>2</sup>Eligible Purchasers include the individual account owner and the immediate family of the individual account owner (including the individual's spouse or domestic partner and the individual's children, step-children or grandchildren) as well as the individual's parents, step-parents, the parents of the individual's spouse or domestic partner, grandparents and siblings. For additional information, please see your fund's prospectus.

### 9 | Telephone Transaction Options *(Automatically applies unless declined below.)*

All proceeds will be mailed to the address of record unless bank information is provided in section 10.

**Telephone Exchange**    ☐ I DO NOT authorize telephone exchange.

**Telephone Purchase**    ☐ I DO NOT authorize telephone purchase.

**Telephone Redemption**    ☐ I DO NOT authorize telephone redemption.

**Note:** Telephone redemptions are not allowed on corporate accounts. Declining telephone transaction options will also decline the same options online.

### 10 | Bank Account Information

Please provide bank instructions below. 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 to be deducted from your bank account via Automated Clearing House (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 applicable.

**Note:**

- If a voided company or corporate check is provided and the name on the bank account is different from the name of the business or organization on the Invesco account being established, then a letter from that financial institution verifying the authorized signers must be included.
- Temporary or starter checks are not acceptable.

**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 telephone or 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.

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)

		/			/				
--	--	---	--	--	---	--	--	--	--

☐ Use the bank information included on my initial investment check.

Account Type: ☐ Checking ☐ Savings

Name(s) on Bank Account	
<hr/>	
<hr/>	
Pay to the order of	\$ <input type="text"/>
<hr/>	
<b>Please tape your voided check here.</b>	
Routing Number	Account Number
<input type="text"/>	<input type="text"/>

#### 11 | Systematic Purchase Plan (Attach voided check in section 10. Complete A and B.)

The systematic purchase plan is a service available to shareholders making regular systematic purchases of shares to allow dollar-cost averaging. IIS must receive this form at least 10 business days prior to the first selected draft date.

I authorize IIS to withdraw the amount indicated in 11B (\$50 minimum per fund) from my bank account shown in section 10 and invest this amount in shares of the fund(s) listed in 11B. Furthermore, I understand and agree to the terms listed below.

- If the selected draft date has already passed, I am directing IIS to establish the plan for the next scheduled draft date.
- If I do not provide a draft date(s) below, I am directing IIS to draft on the 10th for monthly drafts or 10th and 25th for twice-monthly drafts.
- If I do not provide a beginning month, I am directing IIS to draft on the first available month.

##### A. Frequency (Select one.)

☐ Monthly - One draft per month on the following date:

☐ Twice-monthly - Two drafts per month on the following dates:

and

☐ Quarterly - One draft per quarter on the following date:

☐ Annually - One draft per year on the following date:

Beginning in  (month)  (year)

Systematic Purchase Plan section continues on the next page.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

**B. Fund Selection** (If you have additional funds, please attach a separate page including all of the information requested in this section.)

Fund Number	Fund Name	Class of Shares	Purchase Amount
<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"/> . <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"/>

**12 | Systematic Redemption Plan**

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

I authorize IIS to redeem shares from my fund(s) listed in 12C and submit the proceeds as indicated in section 12B. Furthermore, I understand and agree to the terms listed below.

- If the selected payment date has already passed, I am directing IIS to establish the plan for the next scheduled payment date.
- If I do not provide a payment date below, I am directing IIS to redeem on the 10th for monthly redemptions or the 10th and 25th for twice-monthly redemptions.

**Note:** Shares will be depleted utilizing the cost basis method selected in section 14 of this form. If you select Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares.

**A. Frequency** (Select one.)

- ☐ Monthly - One draft per month on the following date:
- ☐ Twice-monthly - Two drafts per month on the following dates:  and
- ☐ Quarterly - One draft per quarter on the following date:
- ☐ Annually - One draft per year on the following date:
- Beginning in  (month)  (year)

**B. Delivery instructions** (Your redemption proceeds will be mailed to the address of record unless specified below. U.S. Postal Service will not forward checks to forwarding address.)

Select only one payment option.

- ☐ Mail checks to the address of record.
- ☐ ACH transfer into my bank account. (Attach voided check in section 10.)
- ☐ Mail checks to a third party.

Make checks payable to:

Mailing Address (Including apartment or box number.)

City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

**C. Fund Selection** (If you have additional funds, please attach a separate page including all of the information requested in this section.)

Fund Number	Fund Name	Class of Shares	Redemption Amount
<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"/> . <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"/>

**13 | Dividend and Capital Gain Options**

**Dividends and capital gains will be reinvested for all fund selections unless specified below.**

- ☐ Pay dividends in cash.  
☐ Pay capital gains in cash.

Proceeds will be sent to one of the following (if no option is selected below, IIS will default to mailing a check to the address of record. U.S. Postal Service will not forward checks to a forwarding address.

- ☐ Mail to address of record.  
☐ ACH transfer into my bank account. (Attach voided check in section 10.)  
☐ Mail checks to a third party. (Specify name and address of third party below.)

Name and address of Payee:



**Note:** Dividend and capital gain distributions of \$25.00 or less will be automatically reinvested into your account unless you elect to have your distributions deposited via ACH into your bank account.

**14 | Cost Basis Accounting Method Election**

In order to provide you and the IRS with accurate cost basis information for your covered shares (shares purchased after January 1, 2012), please make one selection from the following cost basis methods. Your elected method will be used for all funds and accounts established by this application unless you instruct us otherwise.

**Note:** If no choice is indicated the fund's default method will be utilized. Please refer to the fund's prospectus for more information.

- |  |  |
|--|--|
| <input type="checkbox"/> Average Cost (Not available for all funds.) | <input type="checkbox"/> Low Cost                    |
| <input type="checkbox"/> First-In, First-Out (FIFO)                  | <input type="checkbox"/> Loss/Gain Utilization       |
| <input type="checkbox"/> Last-In, First-Out (LIFO)                   | <input type="checkbox"/> Specific Lot Identification |
| <input type="checkbox"/> High Cost                                   |  |

**Special Rules of Noncovered Shares** (This section applies to shares acquired prior to January 1, 2012, only.)

Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as "noncovered shares". For all methods except Specific Lot Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares. Invesco can provide average cost for some noncovered shares.

**Note:** In the case of the Invesco SteelPath Funds, shares acquired prior to January 1, 2011, are considered noncovered shares.

**Please see the prospectus and Statement of Additional Information (SAI) or your tax advisor for detailed information regarding cost basis regulations. Not applicable for money market funds.**

**15 | Authorization and Signature(s)** (Authorized Officers must sign and date below.)

I warrant that I have full authority and, if a natural person, I am of legal age to purchase shares pursuant to this account application. I have read and agree to all terms and conditions set forth in the prospectus for the funds in which I am investing and further agree that this purchase of shares and all future purchases will be subject to the terms and conditions set forth in such prospectus as they are in effect from time to time. I acknowledge that the telephone exchange and telephone redemption privilege are automatic unless I have declined those options on the application and that I may bear the risk of loss in the event of fraudulent use of these privileges.

Authorization and Signature(s) section continues on the next page.



PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

**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 PROVISIONS**

I have read, understand and agree to the foregoing application and material included herein by reference. I affirm that I have received and read the fund prospectus(es) and agree to the terms set forth therein. I certify that the information which I have provided and the information which is included within the application and the material included herein by reference is accurate, including, but not limited to, the representation contained in the Request for Taxpayer Identification Number section above.

I certify that each of the persons listed below has been duly elected, and is now legally holding the office set forth opposite his/her name and has the authority to make this authorization. Please print titles below if signing on behalf of a corporation or partnership to establish this account.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

I understand that if section 6 is blank or incomplete, this account may be established 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, damage and expenses that may be incurred by reason of your actions taken in accordance with the instructions set forth herein.

Signature of Controlling Owner or Authorized Officer\*

**X**

Title

Date (mm/dd/yyyy)

  /   /    

Signature of Controlling Owner or Authorized Officer

**X**

Title

Date (mm/dd/yyyy)

  /   /

**16 | Checklist and Mailing Instructions**

Please review checklist before submitting your application.

- ☐ An account type was selected in section 1.
- ☐ A residential address was included if a P.O. Box was provided as the mailing address in section 2.
- ☐ Controlling Owner information was provided in section 3.
- ☐ If the initial investment check was not included, the source of funding was indicated in section 5A.
- ☐ Investment selection was included in section 5B.
- ☐ The bank account owner's signature if applicable, was included in section 10.
- ☐ All required signatures are included in section 15.

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.**

**Visit our website at [invesco.com/us](http://invesco.com/us) to:**

- 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
- 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.

1 Special share class of Invesco Government Money Market Fund and Invesco U.S. Government Money Portfolio: Cash Reserve.  
2 For more information on this closed-end interval fund, please refer to the Fund's Prospectus.

## Supplemental Information

The following Invesco funds were recently renamed or merged.

Previous Fund Name	New Fund Name
<b>Effective February 10, 2023</b>	
Invesco American Value Fund	Invesco Value Opportunities Fund
Invesco Global Growth Fund	Invesco Global Fund
<b>Effective June 23, 2023</b>	
Invesco Emerging Markets Innovators Fund	Invesco Developing Markets Fund
<b>Effective July 28, 2023</b>	
Invesco International Equity Fund	Invesco EQV International Equity Fund

**Additional Information****eDelivery Consent**

Sign up to receive notice by email that shareholder and fund information is available online. By providing an email address you consent to receiving electronic documents and notices rather than receiving paper documents by US mail. Electronic documents and other communications may be delivered by email or an email message containing a link to an internet address or website where the document is posted and from which it can be read or printed. Documents delivered electronically include, but are not limited to, summary prospectuses, prospectus supplements, annual and semi-annual shareholder reports, proxy materials, account statements, transaction confirmations, privacy notices, and other notices and documentation in electronic format when available. By providing your email address, you also consent to receive any additional documents capable of electronic delivery in the future.

To receive email alerts, your computer must be capable of reading PDF files. If you have an application installed that enables you to view PDF documents, you may proceed with eDelivery. If you do not, download Adobe® Reader®. You should also refer to Adobe® Reader® for system requirements necessary to access these documents. If you are unable to download Adobe® Reader® or view PDF documents, do not sign up for eDelivery.

**Important Information Regarding Electronic Delivery**

You, or if you act on behalf of an entity, the Trustees/Authorized Signers confirm that the authorized persons have internet access, access to Adobe® Reader® and an active email account to receive information electronically.

While Invesco does not charge you for electronic delivery, your internet provider may charge you for internet access. Also, please be aware that your internet service provider may occasionally experience system failures in which case hyperlinks to documents may not function properly.

If any electronic message is returned to us, we will resume sending you documents by US mail and request that you send us an updated email address.

If you use spam-blocking software, please update your settings to receive email from us.

Once you consent to receipt of documents by electronic delivery, you will need to notify us in writing or modify your preferences in your online profile of any intent to revoke your consent to receive documents by electronic delivery.

This consent will remain in effect until revoked. The authorized persons may revoke this consent and/or request paper copies of documents delivered electronically at no additional charge. Please contact an Invesco Client Services representative at

800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time if you wish to revoke your consent or otherwise wish to receive a paper copy of any documents referenced in this consent.

Depending on when you request eDelivery of statements, you may receive your next statement via US mail. You will receive email notification for all subsequent statements. If other shareholders in your household do not sign up for eDelivery, you may continue to receive these materials via US mail. You may update your email address, change your eDelivery selections, or cancel this service at any time by visiting our website or calling Invesco.

**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.

**Important Notice Regarding Delivery of Security Holder Documents**

To reduce Fund expenses, only one copy of most shareholder documents may be mailed to shareholders with multiple accounts at the same address (Householding). Mailing of your shareholder documents may be househanded indefinitely unless you instruct us otherwise. If you do not want the mailing of these documents to be combined with those for other members of your household, please contact Invesco or your financial professional. We will begin sending you individual copies for each account within 30 days after receiving your request.

**Unclaimed Property Notice**

Please note that your property may be transferred to the appropriate state's unclaimed property administrator if no activity occurs in the account within the time period specified by state law.

**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?
<b>For our everyday business purposes</b> —such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	No	We do not share
<b>For joint marketing with other financial companies</b>	No	We do not share
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	No	We do not share
<b>For our affiliates' everyday business purposes</b> — information about your credit worthiness	No	We do not share
<b>For our affiliates to market to you</b>	No	We do not share
<b>For non-affiliates to market to you</b>	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.

## 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?

We collect your personal information, for example, when you

- 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

We also collect your personal information from others, such as credit bureaus, affiliates or other companies.

### Why can't I limit all sharing?

Federal law gives you the right to limit only

- 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

Companies related by common ownership or control. They can be financial and nonfinancial companies.

*Invesco does not share with our affiliates so that they can market to you.*

### Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

*Invesco does not share with non-affiliates so that they can market to you.*

### Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

*Invesco doesn't jointly market.*