Invesco

Account Options Form

Use this form to add or update any or all of the following:
- Bank Account information
- Telephone privileges
- Systematic options

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

1 | Invesco Account Number and Registration Information

☐ SSN　or　☐ TIN *(Required)*　　　　　　　Invesco Account Number

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

Primary Phone Number　　　　　　　　　　　Email Address

2 | Bank Account Information

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, Invesco Investment Services, Inc. (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 plans and may receive redemption proceeds, as applicable.

Note:
- Notarized signature(s) of bank account owner(s) is required in section 10 if different from the account registration.
- 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.
- Unless indicated below, IIS will replace your current systematic bank information with the new bank information provided.
  ☐ Keep existing bank information on file in addition to adding new bank information.

Account Type: ☐ Checking　　☐ Savings

Name(s) on Bank Account

_____

_____

Pay to the order of _____　$ [　　　]

_____

Please tape your voided check here.

Routing Number　　　　　　　　　Account Number

3 | Telephone Transactions

- To add telephone redemption to an existing account, a notarized signature is required in section 9.
- Telephone redemption option is not allowed on Corporate accounts.
- Redemption proceeds will be mailed to the address of record unless bank information is provided in section 2.

Telephone Exchange　　　　☐ Add telephone exchange　　　☐ Remove telephone exchange
Telephone Redemption　　　☐ Add telephone redemption　　☐ Remove telephone redemption

4 | Systematic Purchase Plan *(Attach voided check in section 2.)*

Select one of the following:

☐ Add New

☐ Update Existing

☐ Remove Existing

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 below ($25 minimum for Traditional IRA, Roth IRA, and Coverdell ESA accounts and $50 minimum for all other account types) from my bank account shown in section 2 and invest this amount in shares of the fund(s) listed below. Furthermore, I understand and agree to the terms listed below.

- If I have a current systematic purchase plan and do not provide additional instructions, I am directing IIS to continue my current plan using the new bank information provided in section 2.
- 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.

1. Transaction should begin during the month of _____ *(e.g., Jan., Feb., etc.)*

2. Draft Frequency *(Select one.)*

☐ One draft per month on the following day _____ *(e.g., 10th, 25th, etc.)*

☐ Two drafts per month on the following days _____ and _____ *(e.g., 10th, 25th, etc.)*

☐ Quarterly on the following day _____ *(e.g., 10th, 25th, etc.)*

3. 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
			$ ___,___.__
			$ ___,___.__
			$ ___,___.__
			$ ___,___.__

5 | Systematic Redemption Plan

Select one of the following:

☐ Add New

☐ Update Existing

☐ Remove Existing

Important: This section should not be used to add a systematic redemption plan to a retirement account. Please complete the IRA Periodic Distribution Form.

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) and submit the proceeds as indicated below. Furthermore, I understand and agree to the terms listed below.

- If I have a current systematic redemption plan and do not provide additional instructions, I am directing IIS to continue my current plan using the new bank information provided in section 2.
- 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 current cost basis method on your account. If your current method is Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares. If you would like to change your cost basis method, complete the Cost Basis Election form or log into your account at invesco.com/us.

1. **Transactions should begin during the month of** [_____] (e.g., Jan., Feb., etc.)

2. **Redemption Frequency** *(Select one.)*

   ☐ One redemption per month on the following day [_____] (e.g., 10th, 25th, etc.)

   ☐ Two redemptions per month on the following days [_____] and [_____] (e.g., 10th, 25th, etc.)

   ☐ Quarterly on the following day [_____] (e.g., 10th, 25th, etc.)

   ☐ Annually on the following day [_____] (e.g., January 15th, etc.)

3. **Delivery instructions** *(Your redemption proceeds will be mailed to the address of record unless specified below. Checks will not be forwarded.)*

   ☐ Mail checks to the address of record.

   ☐ ACH transfer into my bank account. *(Attach voided check in section 2.)*

   ☐ Mail checks to a third party. *(Specify name and address of third party below. A signature guarantee is required in section 9.)*

   Make checks payable to:

   [_____]

   Mailing Address *(Including apartment or box number.)*

   [_____]

4. **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
[_____]	[_____]	[__]	$ [___,___.__]
[_____]	[_____]	[__]	$ [___,___.__]
[_____]	[_____]	[__]	$ [___,___.__]
[_____]	[_____]	[__]	$ [___,___.__]

6 | Systematic Exchange Plan

Select one of the following:

☐ Add New

☐ Update Existing

☐ Remove Existing

Accounts must be identically registered and exchanges must be within the same share class. Donor account must have a minimum value of $5,000.00. Minimum amount per exchange is $50.00.

I authorize IIS to exchange as instructed below. Furthermore, I understand and agree to the terms listed below.

■ If the selected exchange date has already passed, I am directing IIS to establish the plan for the next schedule date.

■ If I do not provide an exchange date(s) below, I am directing IIS to exchange on the 10th for monthly exchanges or 10th and 25th for twice-monthly exchanges.

Note: Shares will be depleted utilizing the current cost basis method on your account. If your current method is Specific Lot Identification, the First-In, First-Out (FIFO) method will be used to deplete shares. If you would like to change your cost basis method, complete the Cost Basis Election form or log into your account at invesco.com/us.

From	Amount	To
Fund Name or Number _____	$ ___ , ___ . __	Fund Name or Number _____
Account Number _____		Account Number _____
Fund Name or Number _____	$ ___ , ___ . __	Fund Name or Number _____
Account Number _____		Account Number _____

1. Transaction should begin during the month of _____ (e.g., Jan., Feb., etc.)

2. Exchange Frequency *(Select one.)*

☐ One exchange per month on the following day _____ (e.g., 10th, 25th, etc.)

☐ Two exchanges per month on the following days _____ and _____ (e.g., 10th, 25th, etc.)

☐ Quarterly on the following day _____ (e.g., 10th, 25th, etc.)

☐ Annually on the following day _____ (e.g., January 15th, etc.)

7 | Dividend and Capital Gains Options

Important: This section should not be used to pay dividends and capital gains in cash for retirement accounts. Please complete the IRA Periodic Distribution Form.

☐ 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. Checks will not be forwarded.):*

☐ Mail checks to the address of record.

☐ ACH transfer into my bank account. *(Attach voided check in section 2.)*

☐ Mail checks to a third party. *(Specify name and address of third party below. A signature guarantee is required in section 9.)*

Name and address of Payee:

_____

Note: Dividend and capital gain distributions of $25 or less will be automatically reinvested into your account unless you elect to have your distributions deposited via ACH into your bank account.

8 | Reduced Sales Charge *(Not applicable for all funds and account types. See your prospectus for more information.)*

Rights of Accumulation *(Cumulative Discount)*

☐ Please aggregate the following eligible Invesco accounts to reduce the sales charge for purchase of Class A shares for myself and my immediate family*:

Account Numbers

Relationship

Letter of Intent

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

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

Account Numbers

Relationship

*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.

**Purchase Credit is the value of the accounts under ROA the day before the Start Date of the Letter of Intent.

9 | Authorization and Signature(s) *(All registered owners must sign and date below.)*

By signing this form, (i) I authorize and direct IIS to maintain the account(s) referenced above in accordance with the instructions set forth above, **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.**

Signature *(Required)*   Title   Date (mm/dd/yyyy)

X

Signature   Title   Date (mm/dd/yyyy)

X

Signature guarantee is required under the following circumstances:
■ Redemption proceeds to be paid to someone other than the account owner.
■ Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.

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.

Notarized Invesco account owner signature(s) is required under the following circumstances:

- Adding the telephone redemption feature to an existing account.
- Adding bank instructions when at least one of the Invesco account owner(s) is not listed in the bank account registration. The notarized signature of the bank account owner(s) is required in section 10.

Important: If a signature guarantee was provided above, then a notarized signature(s) is not required for the Invesco account owner(s).

Signature *(Required)*   Title   Date (mm/dd/yyyy)

X

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

Signature   Title   Date (mm/dd/yyyy)

X

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 | Notarized Signature of Bank Account Owner(s): *(Required if different from the account registration)*

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

■ IIS may accept telephone or written instructions to remit redemption proceeds, and IIS may pay and charge my account for ACH drafts paid to the Invesco 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 _____   _____

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

Signature of Bank Account Owner   Date (mm/dd/yyyy)

X _____   _____

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

11 | 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 assistance please contact an Invesco Client Services representative at 800-959-4246, weekdays, 7 a.m. to 6 p.m. Central Time.

Invesco 24-Hour Automated Investor LIne 800 246 5463

The Invesco Investor Line gives you 24-hour toll-free access to your mutual fund account. By calling the Invesco Investor Line any day of the week, 24 hours a day, you can obtain the most up-to-date information about your account.

Simply dial 800 246 5463. To use the system, please have your account numbers and Social Security number handy.

■ Obtain fund prices
■ Confirm your last three transactions
■ Order a recent account statement(s)

■ Verify your account balance
■ Process transactions
■ And more