



**B. Allocation of Distribution:** *(Select one.)*

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

**Note:** If redeeming from multiple funds, then multiple checks, wires, Automated Clearing House (ACHs) may 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 amounts 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"/>	
<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"/>	

**Important:** Total distribution amount cannot exceed \$100,000.

**4 | Income Tax Withholding** *(Complete A and B, if applicable)*

CRDs are exempt from 20% mandatory withholding. IIS will apply 10% voluntary withholding unless you provide an alternate election below. If your only address of record is a P.O. Box or non-US address, IIS is required to withhold at a rate of 10%.

**A. Federal Income Tax Withholding** *(Select one.)*

I do not want any federal income tax withheld from my distribution.

I want federal income tax withholding at a rate of  %. *(Must be 10% or greater)*

**B. State Income Tax Withholding for 403(b)(7) Accounts** *(Applicable to California residents only.)*

If federal tax is withheld, state tax withholding is mandatory for California residents distributing 403(b)(7) assets, unless you specifically elect not to have state taxes withheld or to withhold tax at different rate. If you do not select an option below, IIS is required to withhold California state income tax on 403(b)(7) distributions equal to 10% of federal taxes withheld.

I do not want California state income taxes withheld.

I want California state income tax withheld at a rate of  % of the federal income tax withholding amount.

**5 | Payment Options** *(Refer to section 8 to determine if a signature guarantee is required.)*

**Note:** If no option is selected below OR the option selected requires a signature guarantee and a guarantee is not provided in section 6, then IIS will send a check payable to the participant and mail to the participant's address of record.

Select only one payment option (A or B).

**A. By Check:**

Make check payable to the participant and mail to the participant's address of record.

Mail check to third-party address.

Make check payable to:

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

City

State

ZIP

**B. To Bank:** (If a single delivery option is not selected, proceeds will be sent via ACH. Signature guarantee is required if the bank instructions are not already on file.)

- Wire proceeds to my bank account. (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.)

**Note:** Unless instructed otherwise, IIS will replace your current bank information with the new bank information provided below. Additionally, company bank information used for making plan contributions cannot be used to wire or ACH proceeds from a participant's account.

Account Type:  Checking  Savings

Name(s) on Bank Account  
 \_\_\_\_\_  
 \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$

\_\_\_\_\_

**Please tape your voided check here.**

Routing Number  Account Number

**6 | Suspension of Loan Repayments** (Applicable to 403(b)(7), Single K, and Solo 401(k) only.)

Under the 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Qualified Individuals with an outstanding loan may suspend loan repayments due March 27, 2020, through December 31, 2020, for up to one year. Loan repayments will restart in January 2021. You must provide a Qualified Individual Certification in section 8.

Please suspend my loan repayments for Loan Number(s)  as specified below. Furthermore, I understand and agree to the terms listed below.

- Repayments will not be accepted during the suspension period and interest will continue to accrue on the outstanding loan balance.
- Loan will be re-amortized at the end of the suspension period with the end date of the loan extended for the period of time that repayments were suspended, and this could change the monthly loan repayment amount after the suspension period.
- If the loan repayment(s) for the suspension date(s) requested below has already been received by Invesco, I am directing IIS to start my loan repayment suspension on the next scheduled repayment date. Loan repayments already applied will not be canceled or suspended.
- If I do not provide suspension dates below or if the information provided is incomplete, I am directing IIS to start my loan suspension on the next repayment date and end on December 31, 2020.
- If no loan number is specified above and more than one loan is outstanding, I am directing IIS to suspend repayments on all outstanding loans.

Date of first loan repayment to be suspended:   (month) 2020. (Cannot be before March 27, 2020)

Date of last loan repayment to be suspended:   (month) 2020. (Cannot be after December 31, 2020.)

**7 | Marital Status of Participant**

**Note:** If your plan is subject to ERISA, spousal consent may be required prior to authorizing a distribution. Please check with your employer/ plan administrator to see if this section is required.

The participant's marital status is:  Single  Married

Spouse's Name

I, the undersigned spouse of the participant, have read the Invesco Coronavirus-Related Distribution and/or Loan Repayment Suspension Form, and consent to the distribution of my spouse's benefits under the plan in the form requested. I have signed this consent freely and voluntarily.

Spouse's Signature

Date (mm/dd/yyyy)

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

**Employer/Plan Administrator/Third-Party Administrator's Authorization:**

As the individual signing this form on behalf of the applicable employer, plan administrator or third-party administrator (Authorized Signer), I authorize and direct IIS to distribute assets from the plan's account in accordance with the instructions set forth above. I certify that the information I have provided is true and accurate, and that the plan permits CRDs and/or loan repayment suspension for Qualified Individuals as requested. I certify the participant has met all applicable plan requirements, including any applicable spousal consent requirements. Furthermore, I hereby represent and warrant that I am authorized to execute this form on behalf of the employer and to legally bind the employer to the terms and conditions stated herein.

The employer, plan administrator or third-party administrator that I represent as Authorized Signer agrees 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 the actions taken in accordance with the instructions set forth herein.

**Participant's Authorization:**

**For Single K, Solo 401(k), or PSP Account**

If you are a Non-Resident Alien you must cross out the Form W-9 section below and instead attach a completed IRS Form W-8 to 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.

I authorize IIS to distribute assets from my account in the Plan in accordance with the instructions set forth above. I certify the information I have provided in connection with this request is true and accurate.

Authorization and Signature section continues on the next page.

**For 403(b)(7) Account**

I authorize and direct the custodian to distribute the assets according to the instructions provided on this form. I certify the information I have provided in connection with this request is true and accurate. I certify that I have read and completed the instructions on this form and that I have consulted with my tax advisor, or that I otherwise fully understand the tax and other legal consequences of this request for distribution from the Invesco sponsored 403(b) account listed on this form. I understand that I am responsible for knowing whether this distribution complies with applicable tax laws; and that I am responsible for reporting and paying all applicable taxes on this distribution. In addition, by signing this form, I understand and acknowledge that the sponsoring employer may be required to execute any and all other documents, and to provide and/or share any and all other information necessary to comply with Section 403(b) of the Code and the final regulations promulgated thereunder.

**Qualified Individual Certification under CARES Act:**

I attest and certify that I meet the definition of a "Qualified Individual" based on one or more of the following:

- I was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention; or
- I have a spouse or dependent who was diagnosed with COVID-19 by such a test; or
- My spouse and/or I have experienced one of the following adverse financial consequences due to COVID-19 as a result of:
  - being quarantined; or
  - being furloughed or laid off or having work hours reduced; or
  - being unable to work due to lack of child care; or
  - having a reduction in pay (or self-employment income)
  - having a job offer rescinded or start date for a job delayed or
  - closing or reducing hours of a business owned or operated by me, my spouse or a member of my household due to COVID 19.

**Required Signatures:**

- For Single K, Solo 401(k), and PSP, if you are both the Employer/Plan Administrator and Participant then you only need to sign below as the Employer/Plan Administrator. (Signature guarantee for the Employer/Plan Administrator may be required for circumstances listed below.)
- For 403(b)(7) participant, you must sign below as Participant. (Signature guarantee for the Participant may be required for circumstances listed below.) Additionally, IIS requires the Employer/Plan Administrator or Third-Party Administrator on file with IIS to sign below prior to any distribution being made from the account.

Signature of Participant (Required)

Date (mm/dd/yyyy)

X

Signature of Employer/Plan Administrator/Third-Party Administrator

Date (mm/dd/yyyy)

X

Print Name and Title of Authorized Signer

**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 participant.
- 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 an address or bank of record that has been on your Invesco account less than 15 days.

<p><b>Signature Guarantee:</b> (Please place signature guarantee stamp below.)</p>	<p>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. <b>A signature guarantee may NOT be obtained through a notary public.</b></p>
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**Note:** Endorsement guarantee is not acceptable.

**9 | 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.**

**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.