

Retirement Plan Transmittal Form

Use this form to submit retirement plan contributions. This form is for employer use only.

Do not use this form to add a new participant to the plan. Please use the appropriate application or enrollment form.

If a current participant wants to update investment allocations, the participant, trustee, employer/plan administrator, or financial advisor may do one of the following:

- Submit an Invesco Investment Allocation Change Form or a signed letter of instruction
- Update information online at invesco.com/us, or
- Contact an Invesco Client Services representative at 800 959 4246

PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
1 Employer Information	
Plan Type: (Please select one.)	
□ SIMPLE □ SARSEP □ SOLO 401(k)* □ 401(k) □ I	Profit Sharing \Box Money Purchase Pension \Box 403(b)
Employer's Name	
Mailing Address	
City	State ZIP
Plan Contact Name	
Plan Contact Primary Phone Number	Plan Contact Email Address
Check this box if this is a new Plan Contact.	
□ Check this box if this is a new address for the employer. Plea <i>required below.)</i>	se update the plan address of record. (Signature of employer
Employer/Plan Administrator or Trustee Signature	Date (mm/dd/yyyy)
X	
Name (Please print)	Title

*Includes plans formerly known as OppenheimerFunds Single K plans.

2 | Mailing Information

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

(Direct Mail)	(Overnight Mail)
Invesco Investment Services, Inc.	Invesco Investment Services, Inc.
P.O. Box 219078	c/o DST Systems, Inc.
Kansas City, MO 64121-9078	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.

3 | Contribution Instructions

Please do not include fund allocations; IIS has current fund allocations for existing participants on file. Please provide only the requested information listed in the table below.

This transmittal contains six columns reflecting different contribution types. Please only fill in the applicable columns that pertain to your specific type of retirement plan as indicated below.

	(1) Salary Reduction	(2) Employer Matching Contribution	(3) Employer Discretionary	(4) Money Purchase Contribution	(5) Roth Deferral Contribution*	(6) Loan Repayment**
SIMPLE IRA Plan	Yes	Yes	-	-	-	-
SARSEP IRA Plan	Yes	-	Yes	- - -	-	-
403(b) Plan	Yes	Yes	-		Yes	-
401(k) Plan	Yes	Yes	Yes		Yes	Yes
Solo 401(k) Plan	Yes	-	Yes	-	Yes	Yes
Money Purchase Pension Plan	-	-	-	Yes	_	_
Profit Sharing Plan	-	_	Yes	-	-	_

Invesco Plan ID:				Contributions						
				(1) Salary	(2) Employer	(3) Employer	(4) Money	(5) Roth Deferral	(6) Loan	
2 of 2	Name of Participant	Social Security Number		Reduction (Pre Tax)	Matching Contribution	Discretionary (Profit Sharing) Contribution	Purchase	Contribution* (After Tax)	Repayment**	
Ν	1.		\$_							
	2.		\$_							
	3.		\$							
	4.		\$							
	5.		\$							
	6.		\$_							
	7.		\$_							
	8.		\$							
	9.		\$							
	10.		\$_							
		Subtotals	\$							
Total of all Contributions (columns 1-6)				(Amount of Ch	neck)					

Please copy for additional participants.

*Any salary reduction contribution that is not specifically designated by the employer as a Salary Reduction (Pre Tax) Contribution (1) or Roth Deferral Contribution (5) shall be considered a Salary Reduction Contribution (Pre Tax) (1). Roth Deferral Contributions, once elected, are irrevocable.

**Only applicable if a distribution was processed as a loan. Loan repayments will appear as salary reduction contribution on account statements (excluding Invesco Solo 401(k) accounts).