

IRA One-Time Distribution Form

Use this form to request a one-time distribution from your Invesco IRA. We recommend that you speak with a tax or financial advisor regarding the consequences of this transaction.

Do not use this form to:

- Request a required minimum distribution from an Invesco IRA. Please submit the IRA Required Minimum Distribution Form.
- Request a transfer of assets from a deceased account owner's IRA to a beneficiary account. Please use the IRA Beneficiary Transfer/Distribution Form.

| PLEASE USE BLUE OR BLACK INK | PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS |
|--|---|
| 1 IRA Information | |
| IRA Type (Select one.) Traditional Roth SEP SARS Invesco Account Number(s) or Plan ID | SEP 🗆 SIMPLE 🗆 Beneficiary IRA |
| 2 Account Owner Information | |
| Social Security Number (<i>Required</i>) | Date of Birth (mm/dd/yyyy) |
| Account Registration (Please print name as it appears of | on account.) |
| Primary Phone Number | Email Address |
| purchased via check or Automated Clearing House of firm that the check or draft has cleared. All - Distribute/Transfer the entire account. Net - I would like to receive or transfer the followin I authorize and direct IIS to redeem additional fur ferred sales charges and federal income tax with! Gross - Distribute/Transfer the following dollar ar I understand that the amount of the distribution for the distribut | nd shares in amounts necessary to pay any applicable contingent de- holding. mount from the account: \$,, that I receive will be reduced by any applicable contingent deferred |
| Note: If redeeming from multiple funds, then multip Proportionate - Shares will be redeemed from ea value of your account on the day IIS receives you | d, I am directing IIS to distribute using the proportionate method. ble checks, wires or ACHs will be sent. ach fund proportionate to that fund's value with respect to the total |
| Fund Number Fund Name | Percentage Amount |
| IRA-FRM-31 10/18 | 1 of 8 |

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

| | % or \$ | , | |
|--|---------|---|--|
| | % or \$ | | |

C. Type of Distribution: (Select one. Refer to the Additional Information section for important details regarding your distribution.) If I do not select a type of distribution, I am directing IIS to report the distribution based on my age.

□ Normal - Account Owner has reached age 59½. (Complete sections 4, 6, 8.)

- **Early** Account Owner is taking an early distribution for reasons other than those described below. (*Complete sections 4, 6, 8.*)
- Disability Account Owner has become disabled. (Complete sections 4, 6, 8.)
- □ **Beneficiary IRA Distribution** Beneficiary is taking a distribution from inherited assets that have already been transferred to a beneficiary IRA. (*Complete sections 4, 6, 8.*)
- Transfer due to divorce Account Owner has agreed or been ordered to transfer assets from the account to a former spouse pursuant to a divorce decree or property settlement agreement incident due to divorce. (Complete sections 4-8.) Note:
 - The account owner's signature is required in section 8, and his or her signature must be guaranteed.
 - Section 4, 6, and 7 are applicable only if the recipient is taking an immediate distribution.

4 | Federal Income Tax Withholding Election (Select one.)

The distributions you receive from your IRA are subject to 10% federal income tax withholding unless you provide an alternative election below. If no election is made, or your only address of record is a P.O. Box or non-U.S. address, IIS is required to withhold at the rate of 10%.

For Roth IRAs only, federal income tax withholding does not apply, unless specified below.

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

□ I want federal income tax withheld at the rate of _____%. (Must be 10% or greater.)

Please note that the withholding rate designation made above supersedes any previous designations. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

5 | Transfer Due to Divorce Information (Complete A and B.)

A. Information for Recipient of Transfer due to Divorce:

Recipient's Full Name

| Social Security Number (<i>Required</i>) | Date of Birth (mm/dd/yyyy) |
|--|----------------------------|
| Primary Phone Number | Email Address |
| Recipient's Residential Address | |
| City | State ZIP |

PLEASE USE BLUE OR BLACK INK

B. Recipient Distribution/Transfer Options: (Select one.)

- Transfer and immediately distribute the amount indicated in section 3 to the recipient of the transfer due to divorce. (Recipient's signature required in section 7.)
- □ Transfer the amount indicated in section 3 to an Invesco IRA in the name of the recipient of the transfer due to divorce. (Please provide account number in section 6C. If this is a new account, please complete and attach the appropriate Invesco IRA account application.)
- □ Rollover/Transfer to a new custodian.

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

Note: Your distribution will be mailed to the address of record unless specified below. Checks will not be forwarded.

Select only one payment option (A, B, or C).

A. By Check:

- □ Mail check to the account owner's address of record.
- □ Mail check to new IRA custodian or plan trustee as a rollover per the attached letter of acceptance.
- (Signature guarantee not required.)
- □ Make check payable to new custodian and mail to the address provided below. (Signature guarantee is required unless a letter of acceptance is attached.)
- Note: This is a direct rollover contribution to a qualifying retirement plan or IRA.
- □ Mail check to third party address. (Signature guarantee required.)

| Make | check | payable to: | |
|------|-------|-------------|--|
| | | | |

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

| City | State | | ZIP |
|------|-------|--|-----|
| | | | |

- **B. To Bank:** (If banking information is provided below and a single delivery option is not selected, proceeds will be sent via Automated Clearing House (ACH).)
 - □ 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.)

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 you select to be deducted from your bank account via 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 requested.

Note:

- Unless instructed otherwise, IIS will replace your current systematic bank information with the new bank information provided below.
- Signature of bank account owner(s) is required in this section 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.

Signature of Bank Account Owner(s) if different from Invesco Account Registration

By signing this form and providing banking 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 is provided revoking this authority.

| | IE OR BLACK INK | | | | | PI | EASE | PRINT C | LEARLY | IN BLO | СК СА | PITAL | LETTERS |
|--|---|---|----------------------------------|---------------------------|--------------------------------------|--------------------------------|---|--|-------------|-----------|--------|-------|----------------|
| Signature of | Bank Account C | Dwner | | | | | | Date | (mm/d | d/yyyy) |) | | |
| X | | | | | | | | | | | | | |
| Signature of | Bank Account C | Dwner | | | | | 1 | Date | (mm/d | d/yyyy) |) | | |
| X | | | | | | | | | | | | | |
| Account Typ | e: 🗌 Checking | Savings | | | | | | | | | | | |
| | Name(s) on Banl | k Account | | | | | | | | | | 1 | |
| - 11 | | | | | | | | | | | | | |
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| | | | | Assault | lumher | | | | | | | | |
| F | Routing Number | | | Account N | umber | | | | | | | | |
| F | Routing Number | | | | umber | | | | | | | | |
| | | count: | | | | | | | | | | | |
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| Deposit into | e proceeds into a selections will ren | new account nain the same | .) | lease comp | lete and a | | | | | o applica | ation. | | |
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7 | Signature of Recipient of Transfer Due to Divorce (Required if recipient is taking an immediate distribution.)

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 certify that the information given is true and correct, and I authorize and direct the custodian to distribute/transfer my portion of the assets according to the instructions provided on this form.

| Signature of recip | pient of transfe | due to divord | e (If applicable) |
|--------------------|------------------|---------------|-------------------|
|--------------------|------------------|---------------|-------------------|

Date (mm/dd/yyyy)

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8 | Signature of Account Owner (Required. Please sign and date below.)

Signature of Account Owner

By signing this form, (i) I authorize and direct IIS to take actions as specified 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*)

Date (mm/dd/yyyy)

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 account owner.
- 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 account that has been on your Invesco account for less than 15 days.

| 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.

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 to:

- Check your account balance
- Confirm transaction history
- View account statements and tax forms

Process transactions

Check the current fund price, yield and total return on any fund

- Retrieve account forms and investor education materials
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports

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.

Additional Information

Early Distribution: If you are taking an early distribution, the taxable amount of the distribution may be subject to federal income tax as ordinary income and may be subject to an additional 10% penalty tax. In the case of a SIMPLE IRA, a 25% penalty tax may be imposed if two years have not elapsed since the date of initial funding. For more information regarding exceptions to the penalty tax, see IRS Publication 590-B.

Disability Distribution: Disability is defined in the Internal Revenue Code Section 72(m)(7) as being unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. By signing this Distribution Form and choosing Disability as the Type of Distribution in section 3C, you certify that you meet the requirements for a disability distribution.

Beneficiary IRA Distribution: A distribution from a Beneficiary IRA will be coded on IRS Form 1099-R as 4-Death. The distribution may be subject to federal income tax as ordinary income, but will not be subject to additional penalty if taken prior to age 59½. To request that IIS calculate the required minimum distribution, please use the IRA Beneficiary Transfer/Distribution Form.

Direct Rollover: If you are requesting a direct rollover, a signature guarantee or a letter of acceptance from the new custodian is required. Assets payable to you and deposited to the new custodian within 60 days are reported as a premature or normal distribution.

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