

Change of Ownership Form with Signature Guarantee

Use this form to change the registration on non-retirement Invesco accounts.

- If this is a corporate account or is a transfer or distribution due to the death of the account owner(s), please call an Invesco Client Services representative to obtain any additional requirements.
- All signatures require a signature or medallion guarantee, unless moving to a Transfer on Death (TOD) account for the same shareholder(s) or you are the Custodian of a UGMA/ UTMA and transferring to the beneficial minor only.

*Required

PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
1 Invesco Account Number and Curren	t Registration Information
SSN* or TIN*	Invesco Account Number
Account Registration (Please print name(s) as	s it appears on account.)
2 Requestor Information	
Full Name of Requestor(s)*	Primary Phone Number
Mailing Address*	
City	State ZIP
Capacity of Requestor* (Select all that apply.)	
□ Owner □ Conservator	□ Former Minor □ Custodian
□ Attorney-in-Fact for	□ Successor Trustee - Reason for replacement
□ Executor(trix) for	□ Other
3 New Owner(s)/Recipient Information (Complete A or B, and C.)
Important: If you are transferring to a new Inv	vesco account, a new account application is also required.
A. Full Name of New Shareholder*	
SSN*	Date of Birth* (mm/dd/yyyy)
Parent/Legal Guardian Name if New Owne	er is a Minor Child (<i>Please print</i>)
Full Name of New Joint Shareholder (If app	plicable)
SSN	Date of Birth (mm/dd/yyyy)

New Owner(s)/Recipient Information section continues on the next page.

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PLEASE USE BLUE OR BLACK INK

B. Trust, Estate, or other Entity Name of Entity*		
Entity's Tax Identification Number*	Date of Trust* (If applicate	ble) (mm/dd/yyyy)
Executor/Trustee/Personal Representative/Controlli	ing Owner or Individual with respons	sibility to control, manage, or
direct the entity/organization Name* (Please print)		
SSN*	Date of Birth* (mm/dd/yy	yy)
Important: For an entity beneficiary that is a private organization, or statutory trust with a beneficial own Information Form located at the end of this form mu (Select one.)*	ner(s) that owns 25% or more of the	entity, the Beneficial Ownership
Yes, there is a beneficial owner(s) that owns 25% Information Form is attached.	or more of the entity and a complet	ted Beneficial Ownership
$\hfill\Box$ No, there is not a beneficial owner that owns 25%	or more of the entity.	
C. Address		
Mailing Address* (Including apartment or P.O. Box r	number.)	
City	State	ZIP
Primary Phone Number	Email Address	
Residential Address* (If different from mailing addre	ess or if a P.O. Box was given above	e.)
City	State	ZIP
4 Reason for Request (Select one option A, B or C	C.)	
To ensure accurate cost basis reporting, indicate the retreated as a gift for cost basis purposes.	eason for transfer. If a reason is not	selected, this transaction will be
A. General Registration Change: Select this option Please also check the box that matches your specified.		to one of the reasons below.
Marriage or divorceAdding or removing a joint owner for a reason	other than death, marriage or divor	20
☐ UTMA/UGMA minor has reached the age of ma		06
Date of Birth* (mm/dd/yyyy)		
 Transferring shares into your Grantor Trust (Gr one of the grantors. See "Gift" if SSN of the tru not a grantor of the trust.) 		
☐ Transferring shares into your partnership or so	le proprietor account	
☐ Transferring shares into your TOD account		
 Transferring shares from an existing estate acc 	Count	

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Reason for Request section continues on the next page.

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

below and 2-3 as applicable.	
1. Decedent's Name(s)	Date of Death* (mm/dd/yyyy)
2. Alternate Valuation Date (Optional) (mm/dd/yyyy)	or
Value \$.
 3. If transferring shares due to death from a joint account or grantor trus select all that apply: The owners or grantors were not married at the time of death. The owners or grantors were married at the time of death. (If this The shares are designated as "community property". The shares are not designated as "community property". 	
Gift: Select this option if you are transferring shares due to one of the that matches your specific reason and provide the date of the gift. If a transfer will be utilized as the gift date to determine the fair market val ☐ Gifting shares to new owner(s) ☐ Gifting shares to a UTMA/UGMA account for the benefit of a minor ☐ Gifting shares to a non-grantor trust (Non-grantor trusts typically ut that of the original owner.)	date is not provided, then the trade date of lue of the gifted shares.
Date of Gift (mm/dd/yyyy)	
Acceptance of Fair Market Value (Signature of new owner.)	

are covered (originally acquired on or after January 1, 2012), they must sign above indicating acceptance of the shares valued at fair market value of the date of gift or settlement date if the shares should be transferred at a loss. If this section is not signed by the recipient and the covered shares are transferred at a loss, then Average Cost can no longer be utilized on the recipient's account and the cost basis method will be changed to First-In First-Out (FIFO) or another method of the recipient's choosing. If the gifted shares are noncovered (originally acquired prior to January 1, 2012) and are transferred at a loss, then Invesco will be unable to provide cost basis information for any of the recipient's noncovered shares.

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

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5 Transfer/Re	demption Instructions	(Complete A and B.)									
□ Re-register/□ Re-register	transfer to an existing Ir transfer to a new Invest shares and redeem for insfer or Redemption (со Ассоиі	nt Applic	atio	n is requi	red	for ea	ach rec	cipier	t.)
□ Partial:		% of shares from	the acco	unt							
□ Partial: spec	cific funds (Please indica	ate the fund(s) and amou	ınts belov	v.)							
Fund Number	F	und Name	Per	centage		Amount:		Doll	ars <i>or</i> [□ Sh	ares
					or						
					or						
					Oi] .	
					or		,				
a separate letter in purchase and nun	ncluding your preferred nber of shares.	nt proportionately. If you depletion method. The s	pecific lot	identific	catio	n method	l wil	meth I requ	od, ple uire the	ase date	attach e of
Note: Your redemnot be forwarded. Select only one particle. Mail check(some m	ption proceeds will be n ayment option (A or B). aption Proceeds By Cl b) to address listed in se	ction 3. (Specify name and add	erenced i	n section	n 3,	unless sp		fied b	elow. (Chec	ks will
Mailing Addres	s (Including apartment o	or box number.)									
City			State)		ZI	Р				

PLEASE USE BLUE OR BLACK INK

<i>option is r</i> □ Wire pr	not selected, proceeds will be so roceeds to my bank account.	ent via Automated Clearing H	, ,,
	ansfer to my bank account. <i>(Al</i> ype: □ Checking □ Savings	•	eive your proceeds.)
	Name(s) on Bank Account		
	Pay to the order of		\$
	Please	tape your voided c	heck here.
	Routing Number	Account Number	
7 Author	rization and Signature(s) (Ple	ease sign and date below.)	
Under pen- 1. The num- issued to 2. I am not- notified I report al 3. I am a U 4. The requ Certification currently so For real es property, co	o me), and subject to backup withholding by the Internal Revenue Servic I interest or dividends, or (c) the J.S. person (including a U.S. redurement to provide FATCA execute on Instructions: You must croubject to backup withholding betate transactions, item 2 does ancellation of debt, contribution	because: (a) I am exempt from the (IRS) that I am subject to be the IRS has notified me that I am sident alien), and the emption codes does not apply a so out item 2 above if you have ecause you have failed to report apply. For mortgage interests to an individual retirement as	number (or I am waiting for a number to be m backup withholding, or (b) I have not been ackup withholding as a result of a failure to m no longer subject to backup withholding, and
	nformation I have provided in c stment Services, Inc. (IIS) to ta		true and accurate, and I authorize and direct above.
Signature of	Requestor*		Date (mm/dd/yyyy)
Title			

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

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PLEASE USE BLUE OR BLACK INK	PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS
Signature of Joint Requestor (If applicable)	Date (mm/dd/yyyy)
×	
Title	
Signature of New Owner/Recipient (If applicable)	Date (mm/dd/yyyy)
X	
Title	
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.

8 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail) (Overnight Mail)

Invesco Investment Services, Inc. Invesco Investment Services, Inc.

P.O. Box 219078 801 Pennsylvania Ave

Kansas City, MO 64121-9078 Suite 219078

Kansas City, MO 64105-1307

For 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
- 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

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Invesco Beneficial Ownership Information Form

Use this form to provide controlling and beneficial owner(s) information for privately held corporations, partnerships, LLC's, charities, foundations, organizations, and statutory trust with a beneficial owner(s) that owns 25% or more of the entity.

IMPORTANT INFORMATION: To help the government fight financial crime, federal regulation requires Invesco to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigates and prosecute these crimes. 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 Invesco Account Information	
Invesco Account Number (If applicable)	
Account Registration (Please print name(s) as it appears on a	ccount.)
2 Legal Entity Information	
Name of Entity*	
Entity's Tax Identification Number*	Date of Trust (<i>If applicable</i>) (mm/dd/yyyy)
Mailing Address*	
City*	State* ZIP*
3 Control/Significant Responsible Individual Information	h
Please provide information for one individual with significant re	
subscriber/investor, such as an executive officer or senior mar Chief Operating Officer, Managing Member, General Partner, I	
who regularly performs similar functions). If appropriate, an inc	
Full Name*	
Social Security Number*	Date of Birth* (mm/dd/yyyy)
Address * (Basidantial an Businasa Otrast Address)	
Address* (Residential or Business Street Address)	
City*	State* ZIP*
Sity .	

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4 | Beneficial Owner(s) Information

Please provide information for every natural person who is directly or indirectly through intermediaries, the beneficial owner of 25% or more of any voting or non-voting class of equity interests of the subscriber/investor.

1. Full Name	
Social Security Number Residential Address	Date of Birth (mm/dd/yyyy)
City	State ZIP
2. Full Name	
2.1 dii Ndiiio	
Social Security Number	Date of Birth (mm/dd/yyyy)
Residential Address	
City	State ZIP
3. Full Name	
Social Security Number	Date of Birth (mm/dd/yyyy)
Residential Address	
City	State ZIP
4. Full Name	
Social Security Number	Date of Birth (mm/dd/yyyy)
Residential Address	
City	Ctata 71D
City	State ZIP

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5 | Authorization and Signature (Please sign and date below.)

By signing this form, (i) I certify the information provided is true and accurate, and (ii) I agree to indemnify and hold harmless Invesco Investment Services, Inc., its parents, affiliates, each of their respective employees, officers, trustees, directors, successors, assigns, and each of the Invesco Funds from and against any and all actions, suits, claims, costs, losses, liabilities, damages and expenses of any kind or character that may be incurred directly or indirectly as a result of your actions taken in accordance with the instructions and other provisions set forth herein.

Signature*	Date (mm/dd/yyyy)
X	
Name (Please print)	
Title	

6 | Mailing Instructions

Please send completed and signed form to:

(Direct Mail) (Overnight Mail)

Invesco Investment Services, Inc. Invesco Investment Services, Inc.

P.O. Box 219078 801 Pennsylvania Ave

Kansas City, MO 64121-9078 Suite 219078

Kansas City, MO 64105-1307

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

Additional Information

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.

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