



# Invesco Retirement Plan Manager

Use this form to establish or terminate a user's access to Invesco Retirement Plan Manager (RPM) or to add or update banking information for RPM.

The plan trustee(s) must sign this request to grant or terminate access to the named individuals. If this is a SARSEP or SIMPLE IRA plan, the employer must sign this request.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

**1 | Plan Information** *(Please enter information exactly as your plan is currently registered at Invesco.)*

Plan Type: *(Select one.)*

- SIMPLE
- SOLO 401(k)
- Profit Sharing
- SARSEP
- 401(k)
- Money Purchase Plan
- Non-Custodial 403(b)

Plan Name

  


Invesco Plan ID

Name of Plan Sponsor(s) or Trustee(s)

  


Mailing Address

City

State

ZIP

Plan Tax Identification Number

Primary Phone Number



**2 | Establish RPM User Access**

The following individuals are to be granted RPM access. RPM permits the viewing of financial information at the plan level. Access also allows submission of contributions via the internet.

- RPM is intended for employer or third party administrator (TPA) use. Participants can access their account(s) online at [invesco.com/us](http://invesco.com/us).
- For 401(k), Money Purchase, Profit Sharing, Solo 401(k), and non-custodial 4039b) plans, a RPM user name will permit an individual to access plan and participant information, submit and modify census data, submit contributions via the internet and modify future investment elections. For these plans, access may be granted to financial advisors only if they are the TPA as well as the financial advisor for the plan.
- For SARSEP and SIMPLE IRA plans, a RPM user name will permit an individual to access financial information at the plan level and the ability to submit contributions via internet. Financial advisor RPM access is not available for these plans.
- Once access is established, each user will receive a user ID and default password at the email address provided below in three to five business days after the form has been received by IIS.

1. Full Name *(Required)*

Email Address *(Required)*

Relationship to Plan *(Required)*

Primary Phone Number

RPM User ID *(If applicable)*

2. Full Name *(Required)*

Email Address *(Required)*

Relationship to Plan *(Required)*

Primary Phone Number

RPM User ID *(If applicable)*

3. Full Name *(Required)*

Email Address *(Required)*

Relationship to Plan *(Required)*

Primary Phone Number

RPM User ID *(If applicable)*

**3 | Terminate RPM User Access**

The following individual(s) are to be removed from RPM access for the plan referenced in section 1. The plan sponsor or trustee(s) may also call an Invesco Client Services representative to request their user name be removed.

1. Full Name *(Please print)*

RPM User ID

2. Full Name *(Please print)*

RPM User ID

**4 | Bank Account Information**

Contributions will be funded by utilizing Invesco's RPM via the Automated Clearing House (ACH) Network or by mailing a check. To fund your plan contributions through the ACH Network, please provide bank instructions below. By entering information in this section and signing this form, you are agreeing on behalf of the Plan to the terms and conditions applicable to ACH transactions set forth in section 5.

- Only one bank account may be on file.
- The bank of record must be a participating member of the ACH Network.
- Invesco Investment Services, Inc. (IIS) must receive this form at least five business days prior to the submission of your initial ACH contribution.

Account Type:  Checking     Savings

Name	
<hr/>	
<hr/>	
Pay to the order of _____	\$ <input style="width: 80%;" type="text"/>
<hr/>	
<b>Please tape your voided check here.</b>	
Routing Number	Account Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Important: A voided check taped above is required to establish bank account information. A temporary or starter check is 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.**

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

**RPM User Authorization:**

I authorize and direct IIS to grant or terminate the individuals identified in section 2 or 4 access to the Plan's accounts via RPM. I understand that if granting access to RPM, each individual granted access will have the ability to view Plan and participant information, and will be able to effectuate transactions for participant accounts maintained by IIS for the Plan.

**ACH Authorization:**

On behalf of the Plan, I authorize IIS to initiate drafts via the ACH Network from the bank account identified on this form, pursuant to instructions received from the Plan's administrator, sponsor, trustee, or appropriate officer and certify that the individual(s) in this capacity have the authority to provide such instructions. I understand that all purchases of fund shares pursuant to these instructions are subject to the terms of the prospectus(es) of the applicable funds. I understand that the amount drafted for the Plan's contribution funding will be set forth in the instructions so provided and the timing of any such draft will be dependent upon when the instructions are received by IIS. I agree that the rights of IIS with respect to each draft shall be the same as if it were drawn directly by the account owner or company, as applicable. I agree that, should any draft be dishonored, with or without cause, intentionally or inadvertently, IIS shall have no liability whatsoever with respect to any order for the purchase of fund shares which was to have been settled via such draft. I further agree that IIS may delay the payment of redemption proceeds with respect to fund shares purchased via such a draft for a period of up to ten (10) days in order to enable IIS to confirm that the draft has cleared. This authorization shall remain in full force and effect and IIS may continue to honor instructions to draft the referenced account until notification revoking this authority is provided at least seven business days prior to a scheduled draft. Notice should be provided to Invesco's Client Services at 866 690 0193 or in writing to: IIS, PO Box 219078, Kansas City, MO 64121.

**In consideration of IIS acting on instructions and processing transactions as described above, I agree to indemnify and hold harmless Invesco Investment Services, Inc., 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.**

**Plan Sponsor or Trustee Signature(s)** *(Required):*

All sponsors or responsible parties for the plan must sign this authorization. Please attach an additional page if there are additional signers.

Signature <i>(Required)</i>	Title	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>

Signature	Title	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<input type="text"/>	<input type="text"/>

**Additional Authorized Bank Account Signature(s):**

All authorized signers of the bank account provided in section 4, if different than the Plan trustee(s) or sponsor signing above, must sign this authorization. Please attach an additional page if there are additional bank account authorized signers.

Signature	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<input type="text"/>

Name <i>(Please print)</i>	Title
<input type="text" value="X"/>	<input type="text"/>

Signature	Date (mm/dd/yyyy)
<input type="text" value="X"/>	<input type="text"/>

Name <i>(Please print)</i>	Title
<input type="text" value="X"/>	<input type="text"/>

**6 | Mailing Instructions**

Please send completed and signed form to one of the addresses detailed below OR fax to 713 986 9755.

*(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 866 690 0193, weekdays, 7:30 a.m. to 5 p.m. Central Time.**