



# Power of Attorney Authorization Form

Use this form to designate an agent (Attorney-in-Fact) to act on your behalf in connection with your Invesco account(s).

**This is an important legal document. Before executing this Power of Attorney, you should know these important facts:**

- This document provides the person you designate as your Attorney-in-Fact with broad powers over your Invesco account(s) which may be exercised without additional approval from you.
- The rights and powers you grant your Attorney-in-Fact over your Invesco account(s) shall be "durable" rights and powers which are not affected by your incapacity or disability or by lapse of time.
- You have the right to revoke or terminate this Power of Attorney at any time by providing written notice to Invesco Investment Services, Inc. (IIS).
- If there is anything about this Power of Attorney that you do not understand, you should consult with your own attorney.
- For ITC Traditional IRA, Roth IRA, SEP IRA, Transfer on Death (TOD), Individual and Joint accounts, the completion of this form will allow permanent addition of the Attorney-In-Fact to the account registration. We are unable to permanently add an Attorney-In-Fact for ITC 403(b), SIMPLE, SARSEP and other employer sponsored plans.
- The Attorney-in-Fact may not change and/or designate beneficiaries on any of the account owner(s)' accounts.
- The Attorney-in-Fact appointed must be a U.S. Citizen.
- For an Attorney-in-Fact to be named for only one owner of a joint owner account, the joint owner(s) must sign this form acknowledging that the Attorney-in-Fact will possess the same account rights and privileges as the joint owner, including authorizing transactions by telephone and/or web.
- All account owners and the Attorney-in-Fact must sign this form. Grantor and Attorney-in-Fact signatures must be notarized.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Invesco Account Number and Registration Information

**Important Note:** If Power of Attorney is being granted for more than one account owner, a separate form is required from each. Social Security Number Invesco Account Number (*List all applicable.*)

Name of Grantor/Account Owner

Name of Joint Account Owner (*if applicable*)

Primary Phone Number

Alternate Phone Number

## 2 | Attorney-in-Fact Information (*Name, Date of Birth and SSN required for Attorney-in-Fact.*)

Full Name of Attorney-in-Fact

SSN (*Required*)

Date of Birth (*Required*) (mm/dd/yyyy)

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

City

State

ZIP

Primary Phone Number

Alternate Phone Number

Residential Address (*Required if different than mailing address or if a P.O. Box address was given above.*)

City

State

ZIP

☐ I request duplicate statements sent directly to my Attorney-in-Fact at the above mailing address.

**3 | Governing Law** *(Please read.)*

The laws of the state of Delaware shall apply and bind the parties in any and all questions arising under this Power of Attorney agreement, including questions of validity, interpretation and performance.

**4 | Terms and Conditions** *(Please read.)***Authority you grant your Attorney-in-Fact:**

The designated Attorney-in-Fact may inquire, purchase and exchange mutual funds within the owner's Invesco account(s) in the same manner and to the same extent that the owner is permitted to do so. In addition, the designated Attorney-in-Fact may withdraw assets from the owner's Invesco account(s) regardless of the tax consequences of such distribution, and make changes to the Invesco account owner's dividend and capital gain distribution options. All distributions will be made payable to the account owner(s). The designated Attorney-in-Fact is not authorized to draw checks (Check Writing Option) upon the owner's Invesco account(s). To the extent permitted by applicable taxing authority and law, the designated Attorney-in-Fact is also authorized to make and exercise any tax elections available to the account owner(s) under federal, state, or local tax law related to any of the Invesco accounts set forth on this form. With respect to IRAs, including Traditional IRAs, Roth IRAs, and SEP IRAs, the designated Attorney-in-Fact may initiate rollovers, Roth IRA conversions, IRA recharacterizations, and other transfers of assets between and among the account owner's account.

**Role of Invesco - Disclaimer:**

Invesco is not acting as a fiduciary with respect to this Power of Attorney Authorization Form. The account owner(s), not Invesco, is responsible for investigating and selecting the Attorney-in-Fact designated herein. Invesco has not and will not approve, recommend or endorse any Attorney-in-Fact selected by the account owner(s). Invesco will merely effect instructions it receives from an Attorney-in-Fact. Invesco will not provide legal, trading or tax advice. The account owner(s) and Attorney-in-Fact are solely responsible for determining the suitability for the account owner(s) of any investment strategy or transaction. Invesco assumes no responsibility whatsoever for reviewing or monitoring any investment decision or activity of the Attorney-in-Fact.

**Termination:**

The account owner(s) and/or Attorney-in-Fact agree to notify Invesco immediately, in writing, if the account owner(s) desires to revoke the authority given to the Attorney-in-Fact under this agreement. The Attorney-in-Fact agrees to notify Invesco immediately, in writing, upon the account owner(s)' death. This Power of Attorney shall remain in effect until Invesco receives written notice of its termination and has had sufficient time to process such notice and terminate the authority of the Attorney-in-Fact. The Power of Attorney shall automatically be deemed revoked upon receipt of a new or subsequent Power of Attorney Authorization Form. Invesco reserves the right, in its sole discretion, to no longer honor instructions from the Attorney-in-Fact designated herein and will promptly notify the account owner(s) if it chooses to do so.

**Indemnification of Invesco by Account Owner(s):**

**The account owner(s) agrees to indemnify and hold harmless Invesco, 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, including attorney fees, that may be incurred by their reliance on this Power of Attorney or their execution of the Attorney-in-Fact's instructions.** The account owner(s) agrees that because Invesco will not supervise or monitor the Attorney-in-Fact's trading decisions or other activities with respect to the accounts designated in this form, the account owner(s) will not attempt to hold Invesco liable for any trade, withdrawal or decision made by the Attorney-in-Fact whom the account owner(s) has selected, regardless of whether or not such trade, withdrawal or decision was specifically authorized by the account owner(s). The account owner(s) hereby ratifies and confirms any and all transactions, trades, withdrawals or other dealings effected in and for the account owner(s) by the Attorney-in-Fact designated herein. Invesco's rights under this paragraph are in addition to any other rights it has under other agreements with the account owner(s) and/or Attorney-in-Fact.

**Indemnification of Invesco by Attorney-in-Fact:**

**The Attorney-in-Fact agrees to indemnify and hold harmless Invesco, 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, including attorney fees, that may arise out of, or relating to, any breach incurred by the Attorney-in-Fact of any provision of this agreement or other agreements with Invesco and/or the account owner; the performance or non-performance of the Attorney-in-Fact's services; and any trade, withdrawal, redemption or tax issue or action of the Attorney-in-Fact in the account(s); and any disputes involving the Attorney-in-Fact and the account owner.** Invesco's rights under this paragraph are in addition to any other rights it has under other agreements with the account owner and/or Attorney-in-Fact.

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

By signing below, I acknowledge that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney Authorization Form.

**Signature of Account Owner** *(Required)*

Date (mm/dd/yyyy)

**X****Certification of Acknowledgement of Notary Public (for Account Owner):**

State of \_\_\_\_\_, in the County of \_\_\_\_\_ Subscribed and sworn before me by the above-named individual who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) \_\_\_\_\_ .

Notary Public

My Commission Expires: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Notary Seal

**Signature of Joint Account Owner** *(If applicable.)*

By signing below, I acknowledge that the Attorney-in-Fact will possess the same account rights as the joint owner, including authorizing transactions by telephone and/or web.

Date (mm/dd/yyyy)

**X****Signature of Attorney-in-Fact** *(Required)*

By signing below, I understand and acknowledge that IIS will treat all directions, orders, requests and other activity coming from me as if such orders, requests, and other activity had come directly from the account owner(s) and I represent that I have read and agree to be bound by all of the terms and conditions of this Power of Attorney Authorization Form.

Date (mm/dd/yyyy)

**X****Certification of Acknowledgement of Notary Public (for Attorney-in-Fact):**

State of \_\_\_\_\_, in the County of \_\_\_\_\_ Subscribed and sworn before me by the above-named Attorney-in-Fact who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on (Date - mm/dd/yyyy) \_\_\_\_\_ .

Notary Public

My Commission Expires: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Notary Seal

**6 | 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.**

**Additional Information**

**IMPORTANT:** Federal law mandates that all financial institutions obtain, verify, and record information identifying each person(s) who maintains an account for another individual(s) who lacks legal capacity. Please verify the following information is accurate for the designated Attorney-In-Fact: name, Social Security number, date of birth and physical residential address. If you fail to provide the requested information and/or any of the information cannot be confirmed, Invesco Investment Services, Inc. (IIS) reserves the right to not honor instructions received from the Attorney-in-Fact. All information provided is kept confidential as detailed in the Invesco Privacy Policy located in the Fund's Annual Report.