

## SUBSCRIPTION (BUY) ORDERS: Invesco DEALING INSTRUCTION FORM For Cross Border Funds Invesco

TO:	Invesco TA Dealing Desk			FAX NUMBER:						
FROM:			DATE:		/ /21					
BUY ORD	<b>DER</b> (If placing m	ore than four subscrip	tion deals, please	use a new Subscription	on (Buy) Or	ders form)				
FUND NAME(S)  SHARE CLASS & TYPE*			Fund Identifier (ISIN/SEDOL)		NO OF		JNT (in words)	SETTLEMENT CURRENCY		
For detail	ls on the different	t share classes, includ	ing the minimum i	nitial subscription am	ount, please	e refer to Appendix A	and Section 4 of t	the relevant Prosp	ectus(es).	
CLIENT D	DETAILS					Financial Advi	isor/Intermed	iary details (II	F APPLICABLE	
Account Number				Invesco financial advisor						
					number					
Account	Designation			financial advisor Name						
Shareholder Name			Address & telephone number			er				
Sharehol	lder Address				-					
& Teleph	one Number									
					Contac	ct Person				
CONTACT NAME										
		<u> </u>			Sales I	Rep Fee/Commissio	n			
I/W	e confirm that I	olders (shareholder /We have been provi nis may result in your	ided with the late	st applicable Key In	vestor Info	rmation Document(s	).			
	ISED SIGNATO	DRIES	, , , , , , , , , , , , , , , , , , ,	,						
NAME				SIGNATURE				Company Stamp		