

Systematic Transfer Plan (STP)/ Systematic Withdrawal Plan (SWP) Form

Please read instructions overleaf before filling the form

Form No : S

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Diet						
Distributor / Broker ARN Sub-Broker ARN Code ARN-105519 ARN -			Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIN) (Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)	Registered Investment Advisor Code	
For details on transaction charges payable to distributors, please refer to KIM. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instructions. Sign Here Sole/First Applicant/Guardian					Sign Here Third Applicant	
pfront cor	mmission shall be paid direc	tly by the investor to the AMFI regis	tered distributors based on the investors' assessment	of various factors, including the service rendered by th	e distributor.	
olio Nun	nber:		Applic	cation Number :		
. Appl	licant's Personal D	etails				
IRST /	SOLE APPLICANT			PAN/KRN		
ame	Mr. / Ms. / M/s.					
ECOND	APPLICANT			PAN/KRN		
ame	Mr. / Ms.					
HIRD A	PPLICANT			PAN/KRN		
ame	Mr. / Ms.					
(Inves		an (STP) Mandate irect plan must mention "Direct"	in the box provided below)			
(fron	n Scheme n where you wish ansfer)	Invesco India	Scheme Name	Plan	Option	
(to w	cheme rhere you wish ansfer)	Invesco India	Scheme Name	Plan	Option	
	uency (✔)	Weekly Monthly (Default) Quarterly STP Date (✓) 3 rd 10 th 15 th (Default) 20 th 25 th (1st business day of each week)				
Perio	od of Enrollment	From (1st Installment)	M M Y Y Y Y To (Last Installm	m M M Y Y Y Y		
	sfer Amount nstallment)		₹ In Words		₹ In Figures	
No. of Installments			Total Transfer (Rs.)	(Amt. per installment x No.	of installments)	
•		Plan (SWP) Mandate irect plan must mention "Direct"	in the box provided below)			
Sche	eme	Invesco India	Scheme Name	Plan	Option	
Witho	drawal Option (🗸)	Fixed Amount (apital Appreciation Amount			
Frequ	uency (✓)	Weekly Monthly (I	Default) ☐ Quarterly SWP Date (✔)	3 rd 10 th 15 th (Defaul	t) 20 th 25 th	
Perio	d of Enrollment	From (1st Installment)	M M Y Y Y Y To (Last Installment	nt) M M Y Y Y Y		
	drawal Amount to be Installment)		₹ In Words		₹ In Figures	
	f Installments		Total Withdrawal	(Rs.)		
. Appl	licant's Signature					
Æ	Sole / First Ap		Second Applicant Signature(s) should be as it appears on the in case the mode of holding is joint, all Unit h	Application Form and in the same order.	Third Applicant / POA	
Date	D D M M	V V V V	Place			