



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

Key Partner / Agent Information

Distributor / Broker ARN ARN - 132061	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee / Relationship Manager or Of the Distributor) E352389	Registered Investment Advisor Code
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN 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 Second Applicant	Sign Here Third Applicant
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Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

Folio Number : <input type="text"/>	Application Number : <input type="text"/>
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1. Applicant's Personal Details

FIRST / SOLE APPLICANT

PAN/KRN

Name

SECOND APPLICANT

PAN/KRN

Name

THIRD APPLICANT

PAN/KRN

Name

2. Systematic Transfer Plan (STP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

From Scheme (from where you wish to transfer)	<input type="text" value="Invesco India"/> Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
To Scheme (to where you wish to transfer)	<input type="text" value="Invesco India"/> Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
Frequency (✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	STP Date (✓)	<input type="checkbox"/> 3 rd <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th
(1st business day of each week)			
Period of Enrollment	From (1st Installment) <input type="text" value="M M Y Y Y Y"/>	To (Last Installment)	<input type="text" value="M M Y Y Y Y"/>
Transfer Amount (Per installment)	<input type="text" value="₹ In Words"/>		<input type="text" value="₹ In Figures"/>
No. of Installments	<input type="text"/>	Total Transfer (Rs.)	<input type="text"/> (Amt. per installment x No. of installments)

3. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

Scheme	<input type="text" value="Invesco India"/> Scheme Name	<input type="text" value="Plan"/>	<input type="text" value="Option"/>
Withdrawal Option (✓)	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation Amount		
Frequency (✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	SWP Date (✓)	<input type="checkbox"/> 3 rd <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th
(1st business day of each week)			
Period of Enrollment	From (1st Installment) <input type="text" value="M M Y Y Y Y"/>	To (Last Installment)	<input type="text" value="M M Y Y Y Y"/>
Withdrawal Amount to be (Per Installment)	<input type="text" value="₹ In Words"/>		<input type="text" value="₹ In Figures"/>
No. of Installments	<input type="text"/>	Total Withdrawal (Rs.)	<input type="text"/>

4. Applicant's Signature

<input type="text" value="Sole / First Applicant / Guardian / POA"/>	<input type="text" value="Second Applicant / POA"/>	<input type="text" value="Third Applicant / POA"/>
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Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign

Date <input type="text" value="DD MM YYYY"/>	Place <input type="text"/>
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