

Systematic Transfer Plan (STP)

Please refer instructions before filling the form

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

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)	

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

Application Number

1. Applicant's Personal Details

PAN/PEKRN

First/Sole Applicant Name Mr. / Ms. / M/s.

KIN

2. Systematic Transfer Plan (STP) Mandate

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

STP Type (✓ A/B/C) **A. Fixed Option (Default)**

Frequency Daily Fortnightly Weekly Monthly (Default) Quarterly

(✓ Any One) Monday (Default) Tuesday Wednesday Thursday Friday

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

B. Appreciation Option Monthly (Default) Quarterly

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

C. Flex STP (Applicable to Growth Option of Target Scheme only) Monthly (Default) Quarterly

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

Source Scheme (from where you wish to transfer)

Plan Option

Target Scheme (to where you wish to transfer)

Plan Option

Period of Enrollment from (1st Installment) To (Last Installment)

Transfer Amount (Per installment) Rs. in figures (Not applicable for Appreciation Option)

No. of Installments Total Transfer (Rs.) (Amt. per installment x No. of installments)

3. Applicant's Signature

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 Unitholders are required to sign

Date Place

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 int ervention 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.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant