# Invesco Mutual Fund

**Sign Here -** Sole/First Applicant/Guardian/POA

**Sign Here -** Second Applicant

**Sign Here -** Third Applicant

# 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 | Sub-Broker ARN Code | Internal Sub-Broker/Employee Code |
|---|---|---|
| **ARN-181211** | ARN - | |

| Employee Unique Identification No. (EUIN) | Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN) |
|---|---|
| **E528682** | |

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

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

**PAN/PEKRN**

**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)   Invesco India

Plan: ☐ Regular ☐ Direct    Option

**Target Scheme** (to where you wish to transfer)   Invesco India

Plan: ☐ Regular ☐ Direct    Option   Growth (Default)

Period of Enrollment from (1st Installment) | M M Y Y Y Y | To (Last Installment) | M M Y Y Y Y

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

| Sole/First Applicant/Guardian | Second Applicant | Third Applicant |
|---|---|---|

Date | D D M M Y Y Y Y    Place