

# Systematic Transfer Plan (STP)

Please read 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

Distributor / Broker ARN ARN - <b>9992</b>	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 Code

Uprfront 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** **PAN/KRN**

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 ☐ Monthly (Default) ☐ Quarterly

☒ Weekly ( ✓ Any One ) ☐ Monday (Default) ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)  Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

**B. ☐ Appreciation Option**

☐ Monthly (Default) ☐ Quarterly

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)  Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

**C. ☐ Flex STP** (Applicable to Growth Option of Target Scheme only)

☐ Monthly (Default) ☐ Quarterly

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)  Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

Source Scheme (from where you wish to transfer)  Invesco India

Plan  Option  Growth (Default)

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

Plan  Option

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 Unit holders are required to sign

Sole / First Applicant / Guardian / POA

Second Applicant

Third Applicant

Date  D  D  M  M  Y  Y  Y  Y 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 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.

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

**Sign Here - Second Applicant**

**Sign Here - Third Applicant**