

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

Please read instructions overleaf before filling the form

I/We hereby apply to the Trustees of Religare 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

Form No : S

## Key Partner / Agent Information

Distributor / Broker ARN ARN -		Internal Sub-Broker/Employee Code		For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUN 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 Instruction no.1(f)).

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 :

## 1. Applicant's Personal Details

### FIRST / SOLE APPLICANT

Date of Birth

Name

### SECOND APPLICANT

Date of Birth

Name

### THIRD APPLICANT

## 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)

To Scheme  
(to where you wish to transfer)

Religare Invesco	Scheme Name	Plan	Option
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Frequency (✓) ☐ Weekly ☐ Monthly (Default) ☐ Quarterly STP Date (✓) ☐ 3<sup>rd</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> (Default) ☐ 20<sup>th</sup> ☐ 25<sup>th</sup>  
(1st business day of each week)

Period of Enrollment

Transfer Amount (Per installment)	<input type="text"/>	₹ In Words	₹ In Figures
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No. of Installments  Total Transfer (Rs.)  (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	Religare Invesco	Scheme Name	Plan	Option
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Frequency (✓) ☐ Weekly ☐ Monthly (Default) ☐ Quarterly SWP Date (✓) ☐ 3<sup>rd</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> (Default) ☐ 20<sup>th</sup> ☐ 25<sup>th</sup>  
(1st business day of each week)

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

Withdrawal Amount to be ( Per Installment)	<input type="text"/>	₹ In Words	₹ In Figures
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No. of Installments  Total Withdrawal (Rs.)

## 4. Applicant's Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sole / First Applicant / Guardian / POA

Second Applicant / POA

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

Place