

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 - ARN-181211	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) E	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

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. <input type="checkbox"/> Fixed Option (Default)	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly
Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Any One	<input type="checkbox"/> Monday (Default)
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
	B. <input type="checkbox"/> Appreciation Option	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	
		<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	
	C. <input type="checkbox"/> Flex STP (Applicable to Growth Option of Target Scheme only)	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	
		<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	

Source Scheme (from where you wish to transfer)	Invesco India
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option
Target Scheme (to where you wish to transfer)	Invesco India
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> 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