

For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any int eraction 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/rela tionship manager/sales person of the distributor/sub broker.

Sign Here - Sole/First Applicant/Guardian/POA	
Sign Here - Second Applicant	
Sign Here - Third Applicant	
обративно така другический при	

Systematic Withdrawal Plan (SWP)

Please refer instructions before filling the form

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

Key	Partner/Ag	jent In	forma	tion														
Mutual Fund Distributor ARN ARN -				Sub-Broker ARN Code ARN -							Internal Sub-Broker/Employee Code							
	Employee Un (Of Individua Relationship Mar				Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)													
	nt commission s	shall be	paid dire	ctly by	the ir	nvesto				tered	l distr	ributo	rs ba	sed o	on th	e inv	estors'	
	sment of various Number	factors, i	ncluaing	tne serv	/ice re	enaere	a by the	aistrid	utor.		1							
10110	Number																	
Appli	cation Number																	
1. /	Applicant's Pe	rsonal [Details													_		
						PAN	I/PEKR	N										
First, Appli	/Sole icant Name	Mr. / Ms	s. / M/s.															
KIN																		
	Systematic Wi Investors applyin						"Direct"	in the l	оох рі	rovide	ed be	low)						
	Invesco India																	
		Plan							Optio	on								
Withd	rawal Option		Fixed Am	ount		Ca	pital App	oreciatio	on Am	ount								
Frequ	ency		Weekly (1	st busine	ss day	of ead	ch week)		Mont	hly (D	efault	t) [Qu	arterl	у			
SWP [Date (✔ Any One)		3 rd	10 th		15 ^{tl}	(Defaul	t) 🗌	20^{th}		2	5 th						
Period	d of Enrollment fro	om (1st Ins	tallment)	M	1 Y	Υ	Y	То	(Last I	nstall	lment)) M	M	Υ	Υ	Υ	Υ	
	rawal Amount nstallment)	Rs. in Wo	rds															
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1)	Not app	olicable f	or Appre	eciatio	n Opti	ion)							
Rs. in Figures																		
No. of	Installments	otal With	drawal	Rs. ii	n Figu	res												
F	Applicant's Signesse note: Signesse note: Signesse note: Application of the Application of the Application of the Applicant's Signesse Sig	ature(s) s	should be				e Applio	cation I	orm a	and i	n the	same	orde	r. In c	ase t	he m	ode of	
	Sole/First Ap	plicant/G					and App	licant					Third	Appl	icant			
Date D D M M Y Y Y					Place													