Invesco Mutual Fund

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/Agent Information

Mutual Fund Distributor ARN	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code
ARN -	ARN -	

Employee Unique Identification No. (EUIN) (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	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.

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

Folio Number

Application Number

1. Applicant's Personal Details

PAN/PEKRN

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

KIN

2. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

Invesco India

Plan | Option

Withdrawal Option ☐ Fixed Amount ☐ Capital Appreciation Amount

Frequency ☐ Weekly (1st business day of each week) ☐ Monthly *(Default)* ☐ Quarterly

SWP Date (✓ Any One) ☐ 3rd ☐ 10th ☐ 15th *(Default)* ☐ 20th ☐ 25th

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

Withdrawal Amount (Per Installment) Rs. in Words

(Not applicable for Appreciation Option)

Rs. in Figures

No. of Installments | Total Withdrawal Rs. in Figures

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