RELIGARE Invesco Mutual Fund

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 : T

Key Partner / Agent Information

Distributor / Broker ARN	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIN) (Of Individual Broker or Of employee / Relationship Manager / Sales Person of the Distributor)	For Office Use Only
ARN-98078			E114948	

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 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

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 Date of Birth D D M M Y Y Y Y

Name Mr. / Ms. / M/s.

SECOND APPLICANT Date of Birth D D M M Y Y Y Y

Name Mr. / Ms.

THIRD APPLICANT Date of Birth D D M M Y Y Y Y

Name Mr. / Ms.

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): Religare Invesco | Scheme Name | Plan | Option

To Scheme (to where you wish to transfer): Religare Invesco | Scheme Name | Plan | Option

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

STP Date (✓) ☐ 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

Transfer Amount (Per installment) ₹ In Words | ₹ In Figures

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

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

SWP Date (✓) ☐ 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 to be (Per Installment) ₹ In Words | ₹ In Figures

No. of Installments Total Withdrawal (Rs.)

4. Applicant's Signature

The Trustees, Religare Invesco Mutual Fund

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) of the respective schemes , I / We hereby apply to the Trustees of Religare Invesco Mutual Fund for units of the Scheme / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). The Distributor has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I / We hereby authorise Religare Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Religare Invesco Mutual Fund's Bank(s) and / or Distributor / Broker/ Investment Advisor and to verify my / our bank details provided by me / us. I / We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Religare Invesco Asset Management Company Pvt. Ltd. (Investment Manager to Religare Invesco Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Religare Invesco Asset Management Company Pvt. Ltd., about any changes in my/ our bank account. I / We hereby declare that the amount being invested by me/us in the Scheme of Religare Invesco Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada.

Applicable to KRN holders : I, the first / sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt KRN' issued by KRA and that my existing investment in schemes of Religare Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000 / - in a rolling 12 months period or in a financial year i.e. April to March.

Applicable to NRIs only : I/We confirm that I am / we are Non-Residents of Indian Nationality /Origin and that the funds are remitted from abroad through approved banking channels or from my /our NRE / NRO / FCNR / SNRR Account. I / We confirm that the details provided by me/ us are true and correct.

(Please ✓) ☐ Yes ☐ No If NRI (Please ✓) ☐ Repatriation basis ☐ Non-Repatriationbasis

Date D D M M Y Y Y Y Place

Sole / First Applicant / Guardian / POA ✍

Second Applicant / POA ✍

Third Applicant / POA ✍