

Change of Bank Account Form (For investment through ECS/Auto Debit/NACH)

Investor must read Key Scheme Features and Instructions before completing this form

To the Trustee, Invesco Mutual Fund

I/We have read and understood the contents of the Scheme Information Document of the following Scheme and the terms and conditions of the SIP Enrolment.

Investors are requested to fill their **existing SIP details** alongwith the New Bank details.

First/Sole Unit holder Name

Folio No.

SIP Reference No.

1. Change of bank request for SIP

Scheme Name Scheme Name

Plan

Option

SIP Frequency: Monthly Quarterly

SIP Amount

SIP Start Date SIP End Date

Bank Name (Please provide a cancelled cheque leaf of the same bank account)

Bank A/C No. Maximum Amount

Declaration : I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I /We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that IAM/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions(in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

2. Signature/s (To be signed by all holders if the mode of operation is "Joint")

Signature of First Unit Holder/ Guardian/ POA

Signature of Second Unit Holder

Signature of Third Unit Holder

UMRN For Office Use only Date

Sponsor Bank Code Utility Code For Office Use only

CREATE MODIFY CANCEL

I/We hereby authorize To debit (✓) SB CA CC SB-NRE SB-NRO Others _____

Bank Account No.

with Bank IFSC Or MICR

an amount of Rupees ₹

Frequency: Monthly Quarterly Half Yearly Yearly As & when presented Debit Type : Fixed Amount Maximum Amount

Folio No. Phone

PAN E-mail

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From To Or Until Cancelled

Signature of Primary Bank Account Holder Signature of Bank Account Holder Signature of Bank Account Holder

Name as in bank records Name as in bank records Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.