## SIP SWITCH REQUEST FORM

Switch from date



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| Distributor AF                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ARN                                                                      |                                                                                                  | stribut                                                                                           |                                                                           | Sol ID / Internal Sub-Broker                                         |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      | Employee Code<br>E032737                                                     |                                                    |                                                                                  |                                                               |                                                                         |                                                                            | EUIN Seri                                        |                                                                                |                                                                      |                                                                       |                                                               | ial No., Date & Time Stamp                                 |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Upfront commission shall                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  | vestor t                                                                                          | o the                                                                     | AMFI r                                                               | reaist                                                             | ered d                                                               | listri                                                   | butor b                                                                           | ased o                                                                        | n the                                                                 | inves                                                                | tor's as                                                                     | sessr                                              | nent of                                                                          |                                                               |                                                                         |                                                                            |                                                  |                                                                                | servio                                                               | e rende                                                               | ed by                                                         | the di                                                     | stribut                                                 | or.                                                      |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| "I'We hereby confirm that the EUIN box has been intentionally left blank by me <sup>l</sup> 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." |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   | First / Sole Applicant<br>Guardian                                            |                                                                       |                                                                      |                                                                              |                                                    | Second Applicant                                                                 |                                                               |                                                                         |                                                                            |                                                  |                                                                                | Third Applicant                                                      |                                                                       |                                                               |                                                            |                                                         | Power of Attorney Holder                                 |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| TRANSACTION CHA                                                                                                                                                                                                                                                                                                                                                                                                | RGES FOI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R AP                                                                     | PLICA                                                                                            | TIONS                                                                                             | THR                                                                       | OUGI                                                                 | H DIS                                                              | STRI                                                                 | BU                                                       | TORS                                                                              | ONLY                                                                          | 7                                                                     |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| I confirm that I a In case the subscription amou                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      | sact                                                     | ion Char                                                                          | aes, the                                                                      | same a                                                                | are ded                                                              | uctible a                                                                    |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      | <b>restor</b><br>evable to 1                                          |                                                               |                                                            |                                                         |                                                          | sued a                                            | against t                                          | he bala                               | nce am                                  | ount in                            | vested.                                        |  |  |
| 1 APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                | _                                                                    | olio No                                                               |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                | Sole/1st holder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               | 2nd holder                                                            |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      | 3                                                                     |                                                               |                                                            |                                                         |                                                          |                                                   | rd holder                                          |                                       |                                         |                                    |                                                |  |  |
| Applicant's Name                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| (as in PAN card/KYC records                                                                                                                                                                                                                                                                                                                                                                                    | s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                                                        |                                                                                                  | $\overline{}$                                                                                     | $\overline{}$                                                             | T                                                                    |                                                                    |                                                                      |                                                          |                                                                                   | 7                                                                             |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  | T                                                             | T                                                                       |                                                                            | T                                                |                                                                                |                                                                      |                                                                       |                                                               |                                                            | T                                                       |                                                          | T                                                 |                                                    | $\equiv$                              | $\overline{}$                           |                                    |                                                |  |  |
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| 2 FATCA DEC                                                                                                                                                                                                                                                                                                                                                                                                    | CLARATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ION                                                                      |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Are you                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               | 2nd holder                                                            |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                | 3rd holder                                                           |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| FATCA Compliant?                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes ☐ No*                                                              |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          | ☐ Yes ☐ No* ☐ Yes                                                                 |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  | Yes                                                                            | s No*                                                                |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| If no, fill FATCA/CRS annexure and attach along with application form or visit www.axismf.com and click on 'FATCA/CRS/Additional KYC Update' and follow the Instructions. Refer to instruction no 24 for more details.                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| 3 SIP SWITCH                                                                                                                                                                                                                                                                                                                                                                                                   | H DETA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ILS                                                                      |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| SIP SWITCH-OUT S                                                                                                                                                                                                                                                                                                                                                                                               | CHEME D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ETAI                                                                     | LS (EX                                                                                           | ISTIN                                                                                             | G SIF                                                                     | P) (Ref                                                              | f. inst                                                            | ructio                                                               | n 13                                                     | 3)                                                                                |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Scheme Name                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plan                                                                     |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      | 0                                                                            | )ptior                                             | 1                                                                                |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| SIP due date (DD)                                                                                                                                                                                                                                                                                                                                                                                              | D D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIP A                                                                    | Amount                                                                                           | (figure                                                                                           | es) ₹                                                                     |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       | (1                                                                   | words)                                                                       |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| SIP SWITCH-IN SCH                                                                                                                                                                                                                                                                                                                                                                                              | HEME DET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAILS                                                                    | (NEW                                                                                             | / SIP) (                                                                                          | (Ref. ir                                                                  | nstruc                                                               | tion 1                                                             | 4)                                                                   |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Scheme Name                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              | Pla                                                | n                                                                                |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       | 0                                                             | )ptior                                                     | 1                                                       |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| SIP switch effective of                                                                                                                                                                                                                                                                                                                                                                                        | date (MMY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /Y)                                                                      | M M                                                                                              | У                                                                                                 | γ                                                                         | (Ref.                                                                | instru                                                             | ction                                                                | 7)                                                       |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Note: SIP Switch wi                                                                                                                                                                                                                                                                                                                                                                                            | ill be consid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dered                                                                    |                                                                                                  |                                                                                                   | on of E                                                                   | Existir                                                              | ng SI                                                              | P (sw                                                                | vitcl                                                    |                                                                                   |                                                                               |                                                                       | d sub                                                                | script                                                                       | ion o                                              | f New                                                                            | SIP                                                           | (Swit                                                                   | tch-in                                                                     | sche                                             | me).                                                                           |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| 4 DECLARATI                                                                                                                                                                                                                                                                                                                                                                                                    | ION ANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D SI                                                                     | GNA1                                                                                             | ΓURE                                                                                              | (To                                                                       | be s                                                                 | sian                                                               | ed b                                                                 | ענ                                                       | ALL                                                                               | UNIT                                                                          | T HO                                                                  | OLDI                                                                 | ERS                                                                          | if m                                               | ode                                                                              | of I                                                          | hold                                                                    | ina i:                                                                     | s 'i                                             | oint')                                                                         |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| I have read and understoot the purpose of the contra of India from time to time disclosed to melus all the I / We authorise Axis Mutt transaction is delayed or you that I/We have registe For NRIs only - I / We confi / FCNR account. I/We confirm that details I                                                                                                                                            | od the terms, avention of an action of an action of an action of a | , condi<br>ny Act<br>not rec<br>s (trail<br>ing thr<br>ing pa<br>n/ we a | itions, de<br>t, Rules,<br>ceived no<br>commis<br>ough its<br>for reaso<br>yment to<br>ire Non R | etails, ru<br>Regulati<br>or have t<br>ssion or a<br>service<br>ons of in<br>owards r<br>Resident | ules an<br>tions, N<br>been in<br>any oth<br>provid<br>acomplo<br>my inve | nd regu<br>Notificanduced<br>ner mod<br>ers to<br>ete or i<br>estmen | lation<br>ations<br>by ar<br>de), pa<br>contir<br>incorr<br>nts in | is gove<br>or Dir<br>ny reba<br>ayable<br>nue to<br>ect inf<br>AXISM | ernir<br>recti<br>ate d<br>to h<br>debi<br>form<br>VIF b | ng the ro<br>ves of t<br>or gifts,<br>im for t<br>t my / o<br>ation, l<br>y debit | especti<br>the prov<br>directl<br>the diffe<br>our bank<br>l/we wo<br>to my / | ive sc<br>vision<br>ly or in<br>ferent<br>k acco<br>ould n<br>/our ac | heme.<br>is of th<br>ndirec<br>compo<br>ount to<br>ot hold<br>ccount | I/We h<br>ne Incor<br>tly in m<br>eting So<br>wards<br>d the us<br>t directl | ereby<br>ne Ta<br>aking<br>cheme<br>paym<br>er ins | declare<br>x Act, A<br>this inv<br>es of var<br>ent of S<br>titution<br>arough l | e that<br>Anti M<br>vestn<br>rious<br>BIP in<br>resp<br>ECS ( | t the ar<br>Money<br>nent. I/<br>Mutua<br>stalme<br>onsible<br>(Debit ( | mount i<br>Launde<br>We con<br>al Funds<br>ents thr<br>e. I/We<br>Clearing | nvest<br>ring l<br>firm<br>amo<br>ough<br>will a | ted in th<br>Laws, A<br>that the<br>ngst wh<br>an Elec<br>Ilso info<br>ACH (Na | ne sch<br>Inti Co<br>e fund<br>hich tl<br>tronic<br>Irm Ax<br>ationa | orruption<br>Is invest<br>ne Scher<br>Debit a<br>tis Mutu<br>Il Autom | Laws<br>ed in th<br>ne is be<br>rranger<br>al Fund<br>ated Cl | or any<br>ne Sch<br>eing re<br>ment /<br>I abou<br>learing | y other<br>ieme, l<br>comm<br>NACH<br>t any c<br>g Hous | applic<br>egally l<br>ended t<br>(Natio<br>hange:<br>e). | able<br>belor<br>to me<br>onal <i>l</i><br>s in n | laws en<br>ngs to n<br>e/ us.<br>Automa<br>ny bank | nacted<br>ne/us.<br>ited Cle<br>accou | I by the<br>The Al<br>earing<br>unt. Th | Gove<br>RN ho<br>House<br>is is to | ernment<br>older has<br>e). If the<br>o inform |  |  |
| X So                                                                                                                                                                                                                                                                                                                                                                                                           | X Sole/ 1st Unit Holder / POA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   | 2nd Unit Holde                                                                |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  | X                                                             |                                                                         |                                                                            |                                                  |                                                                                | X                                                                    | 3rd Unit                                                              |                                                               |                                                            |                                                         |                                                          | t Holder                                          |                                                    |                                       |                                         |                                    |                                                |  |  |
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| ACKNOWLE                                                                                                                                                                                                                                                                                                                                                                                                       | EDGMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EN                                                                       | ΓSL                                                                                              | IP (T                                                                                             | io bo                                                                     | e fill                                                               | led I                                                              | by t                                                                 | he                                                       | inve                                                                              | stor                                                                          | )                                                                     |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
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| Switch-out Sch                                                                                                                                                                                                                                                                                                                                                                                                 | neme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |
| Switch-in to sc                                                                                                                                                                                                                                                                                                                                                                                                | heme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                                  |                                                                                                   |                                                                           |                                                                      |                                                                    |                                                                      |                                                          |                                                                                   |                                                                               |                                                                       |                                                                      |                                                                              |                                                    |                                                                                  |                                                               |                                                                         |                                                                            |                                                  |                                                                                |                                                                      |                                                                       |                                                               |                                                            |                                                         |                                                          |                                                   |                                                    |                                       |                                         |                                    |                                                |  |  |

## INSTRUCTIONS FOR SIP SWITCH

- 1. The Application Form should be completed in ENGLISH and in BLOCK LETTERS only.
- Any over-writing / changes made while filling the form must be authenticated by canceling the
  original entry, re-entering correct details and ensuring that all applicants counter-sign against each
  correction.
- Application forms along with supporting documents can be submitted to ISCs / OPAs, contact details of which are available on www.axismf.com.
- 4. Investors subscribing under Direct Plan of the scheme will have to indicate "Direct Plan" against the scheme name in the application form e.g. "Axis Equity Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the scheme name, the application will be processed under Direct Plan. Further, where application is received for Existing Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- 5. Investor investing through distributor shall mention EUIN on the application form, if he/she has been advised by Sales Person/ Employee/ Relationship Manager of the distributor this would assist in addressing any instance of mis-selling. If left blank, applicant(s) need to tick and sign the following declaration "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." on the form. SEBI has made it mandatory to obtain EUIN no. for every employee/ relationship manager/ sales person of the distributor for selling mutual fund products.
- 6. The allotment of units of Switch-in scheme shall be in the same folio.
- Investor must submit SIP Switch application at least 21 days before the SIP due date and the gap between the application date and the SIP due date should not be more than 90 days.
- If any of the required information is missing on the request form, the application is liable for rejection.
- Investors are advised to read the SID and SAI of both, Switch-Out Scheme and Switch-In Scheme, carefully before investing. The SIDs / KIM of the respective Scheme and SAI are available with the ISCs of Axis Mutual Fund, brokers/distributors and also displayed at the Axis Mutual Fund website i.e. www.axismf.com
- SIP in Switch-in scheme will be subject to the terms of offering specified in the Scheme Information Document of Switch-in scheme.
- 11. SIP switch is not available for Axis Children's Gift Fund, Axis Liquid Fund, and Gold ETF and during
- SIP Switch will be considered as termination of SIP in Switch-out scheme and subscription of SIP in Switch-in scheme.
- The amount of installment, date and frequency of SIP and SIP end date of Switch-out scheme shall remain same under Switch-in scheme.
- 14. SIP Switch Facility is available for changing SIP investment mandate from one scheme to another specified scheme. The same is not available for switch between Plans and Options offered under same scheme.
- SIP Switch Facility can be availed only after completion of minimum installments specified for SIP
  registration in the Switch-out (existing) scheme, i.e. 12 months for all schemes and 6 months for
  Axis Long Term Equity Fund.
- 16. SIP Switch cannot be requested if the Switch-Out Scheme SIP installments are completed /
- SIP registration end date should ensure compliance of minimum SIP installments prescribed in Switch-in scheme.
- Application will be accepted subject to the minimum amount per installment and minimum number of installments as per the scheme. Please refer to SID / KIM of the Switch-In scheme for more details
  - a. If the remaining no. of installments in the switch-out scheme is lesser than the minimum no. of installments required for the switch-in scheme, the application is liable for rejection, i.e. 12 months for all schemes and 6 months for Axis Long Term Equity Fund.
  - b. If the SIP amount on the switch-out scheme is lesser than the minimum amount required for the switch-in scheme, the application is liable for rejection.
- 19. As per SEBI circular dated August 22, 2011, Transaction Charge per subscription of Rs. 10,000/and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new inflows only (lumpsum and SIP), subject to the following:
  - For Existing / New investors: Rs 100 / Rs 150 as applicable per subscription of Rs 10,000/- and above.
  - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to Rs 10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.

- There shall be no transaction charge on subscription below Rs 10,000/-.
- There shall be no transaction charges on direct investments.
- There shall be no transaction charges for transaction other than purchases/subscriptions relating to new inflows such as Switches. etc.
- Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.

The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount.

However, the option to charge "transaction charges" is at the discretion of the distributors.

Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.

- Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
- 21. SIP Switch Facility is not available for SIP subscribed with post dated cheques.
- 22. SIP Switch Facility is not available for SIPs registered through exchange and channel partners.
- 23. Axis Mutual Fund reserves the right to reject any application without assigning any reason thereof. Axis Mutual Fund in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- 24. FOREIGN ACCOUNT TAX COMPLIANCE (FATCA):

FATCA & CRS TERMS & CONDITIONS: Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS: If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

SEBI issued its circular no. CIR/MIRSD/2/2015 dated August 26, 2015 interalia advising intermediaries to take necessary steps to ensure compliance with the requirements specified in the rules and guidelines specified by the Government of India. AMFI also issued its best practices guidelines circular no. 63/2015-16 dated September 18, 2015 on this matter. The AMC and the Mutual Fund are required to adhere to various requirements interalia including submission of various information / details relating to the investors in the schemes of the mutual fund, to authorities, as specified under the applicable laws. Accordingly, the following aspects need to be adhered to:

With effect from November 1, 2015 all investors will have to mandatorily provide the information and declarations pertaining to FATCA/CRS for all new accounts opened, failing which the application / transaction request shall be liable to be rejected.

- For all new accounts opened by investors, from September 1, 2015 till October 31, 2015, MFs
  need to obtain relevant FATCA / CRS declarations. These details / certification need to be
  obtained by December 31, 2015, particularly in cases where, after Indicia search, a positive
  match is found with any US indicia. If self-certification is not provided by an investor or the
  reasonableness of self-certification cannot be confirmed, the account is treated as reportable.
- For accounts opened between July 1, 2014 and August 31, 2015 and certain pre existing
  accounts opened till June 30, 2014, the AMC is reaching out to such investors to seek the
  requisite information/declaration which has to be submitted by the investors before specified
  timelines. In case the information/declaration is not received from the investor on or before the
  specified timelines, the account shall be treated as reportable.

Investors are requested to provide all the necessary information / declarations to facilitate compliance, considering India's commitment to implement CRS and FATCA under the relevant international treaties.