

SPECIAL FEATURES - CANCELLATION FORM

ARN-4464

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Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

1 PERSONAL DETAILS

Folio No. (For Existing Unit Holders)

Sole / 1st Unit Holder

2 NORMAL/COMBO/MULTI GOAL/POWER SIP CANCELLATION REQUEST

I would like to cancel my SIP/SIP's with the below details: SIP Combo SIP MultiGoal SIP Power SIP

Scheme 1 Plan: Option: Amount: ₹
 Scheme 2 Plan: Option: Amount: ₹
 Scheme 3 Plan: Option: Amount: ₹

With SIP Date: SIP Frequency: Daily Weekly Monthly Fortnightly Quarterly

I wish to cancel above mentioned SIP/SIP's from the ensuring month.

DEBIT BANK DETAILS/OTM

Investors Bank Name* Account No*

OTM Number:

Please Note: (Cancellation request must be submitted 10 days in advance from the next SIP due date.)

* All the above fields are mandatory otherwise request will be liable for rejection.

3 STP/POWER STP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Transfer Plan (STP) for the below given details: STP Power STP

From Scheme: Plan: Option:
 To Scheme: Plan: Option:

STP Frequency: Daily Weekly Fortnightly Monthly Quarterly STP Installment Amount: ₹

I/We request you to cancel/stop my STP / Power STP from the date:

Please Note: (Separate forms to be used, if you want to cancel both STP and Power STP. STP cancellation request must be submitted 10 days in advance from the next STP due date.)

4 SWP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Withdrawal Plan (SWP) for the below given details:

Scheme: Plan: Option:

SWP Frequency: Monthly Quarterly SWP Installment Amount: ₹

I/We request you to cancel/stop my SWP from the date:

Please Note: (SWP cancellation request must be submitted 10 days in advance from the next SWP due date.)

5 RETIREMENT PLAN CANCELLATION REQUEST (Please tick (✓) any one option below)

I/We wish to cancel the facility chosen under Edelweiss Retirement Plan with effect from

Please Note: The cancellation of the facility should be submitted 10 days prior to the next SIP installment date. Also the facility will be cancelled along with the SIP's registered.

I/We wish to discontinue my SIP's registered under the facility of Edelweiss Retirement Plan with the below details.

SIP Frequency: Monthly Quarterly

Please Note: The SIP cancellation request must be submitted 10 days prior to the next SIP installment date.

DEBIT BANK DETAILS/OTM

Investors Bank Name* Account No*

OTM Number:

* All the fields are mandatory.

6 SIGNATURE/S AS PER MODE OF HOLDING IN THE FOLIO

First Unit Holder / Guardian / POA / Authorised Signatory Second Unit Holder / Authorised Signatory Third Unit Holder / Authorised Signatory

SPECIAL FEATURES CANCELLATION FORM - Acknowledgement

To be filled in by the investor

This is to acknowledge that :

Cancellation [Please ✓] Normal/Combo/Multigoal SIP SWP STP Power SIP/STP
 Retirement Facility Retirement SIP

Form received from Unitholder's Name

for Folio (subject to verification of documents)

Collection Center's Stamp & Receipt Date and Time