

**SYSTEMATIC WITHDRAWAL PLAN OR SYSTEMATIC TRANSFER PLAN OR DIVIDEND SWEEP OPTION**

(Please read instructions carefully before filling up the form)

ARN-4464 E032737 VIKRAM S. BAGADTHEY

Please (✓) any one.  Systematic Withdrawal Plan  Systematic Transfer Plan  Dividend Sweep Option

**1. DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-4464	

**FOR OFFICE USE ONLY**

Date and Time of Receipt

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

**2. UNIT HOLDER INFORMATION**

FOLIO NO.

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

PAN  Enclosed (please ✓)  KYC Acknowledgement

Name of Second Applicant Mr. Ms.

Name of Third Applicant Mr. Ms.

NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder / Name of the Contact Person (For Non Individual Applicant)

Mr. Ms. M/s.

Designation of Contact Person  Enclosed (please ✓)  KYC Acknowledgement

**3. SYSTEMATIC WITHDRAWAL PLAN (SWP)**

I/We wish to redeem units through Systematic Withdrawal Plan in above-referred folio as per details below

Scheme Name _____ Plan _____ Option _____
Withdrawal preference <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Fixed No. of Units
Withdrawal Amount/Units <input type="text"/> X No. of Installments <input type="text"/> = Total Withdrawal <input type="text"/>
Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SWP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th
Period of enrolment (MM / YY) From <input type="text"/> To <input type="text"/>

**4. SYSTEMATIC TRANSFER PLAN (STP)**

I/We wish to switch units through a Systematic Transfer Plan in above-referred folio as per details below

From Scheme _____
Plan _____ Option _____
To Scheme _____
Plan _____ Option _____
Transfer preference <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Fixed No. of Units
Transfer Amount/Units <input type="text"/> No. of Instalments <input type="text"/>
Frequency (✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
STP Date (✓) Monthly / Quarterly <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th
Enrolment From <input type="text"/> To <input type="text"/>

**5. DIVIDEND SWEEP OPTION (DSO)**

I/We wish to Transfer the dividends declared as per the details below

From Scheme _____
Plan _____ Option _____
To Scheme _____
Plan _____ Option _____

**DISCLAIMER**

I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of Taurus Mutual Fund for enrolment under the SWP / STP / Dividend Sweep of the Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective said Scheme(s) / Plan(s) / Option(s). The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant / Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

ACKNOWLEDGEMENT - SWP/STP/DSO Form

**TAURUS MUTUAL FUND**



Folio No.

Received from Mr./Ms./M/s. \_\_\_\_\_

Received for  SWP  STP  Dividend Sweep

Scheme / Plan / Option \_\_\_\_\_

Amount or Units \_\_\_\_\_

**Acknowledgement Stamp/  
Time Stamp**

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