

## SWP OR STP / OptiSTP OR DSO FORM

(Please read instructions carefully before filling up the form)

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

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-4464		E032737		

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. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

### 2. INVESTOR DETAILS

Name of Sole/First Applicant	Mr. Ms./M/s												
Name of Second Applicant	Mr. Ms.												
Name of Third Applicant	Mr. Ms.												
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant)	Mr. Ms.												

### 3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -

From → Folio No.		Scheme Name		Plan/Option	
Fixed SWP Amount / No. of Units		Frequency	<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				
Enrolment Period	Start From	MM / YY YY YY YY	End on	MM / YY YY YY YY	No. of Installments

### 4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through STP/ OptiSTP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS		<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS	
Fixed STP Installment Amount (₹)		Fixed Min. Installment Amt.	
		Fixed Max. Installment Amt.	(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)
From → Folio No.		Scheme Name	
To → Folio No.		Scheme Name	
Transfer Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Transfer date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th	(applicable ONLY for Monthly/Quarterly transfers)	
Enrolment Period	Start From	MM / YY YY YY YY	End on
		MM / YY YY YY YY	No. of Installments

### 5. DIVIDEND SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

I/We wish to transfer the Dividends declared through Dividend Sweep Option as per the details below -

From → Folio No.		Scheme Name		Plan/Option	
To → Folio No.		Scheme Name		Plan/Option	

**Declaration & Signature (s):** Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary / FCNR account. **The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.**

I/We confirm that details provided by me/us are true and correct.    Please ✓  Repatriation basis     Non-Repatriation basis \* Please strike out whichever is not applicable.

Please sign here _____	Please sign here _____	Please sign here _____
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature

#### EXECUTION ONLY

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here _____	Please sign here _____	Please sign here _____
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature