

Systematic Transfer Plan/Systematic Withdrawal Plan (FORM 3) Application No.								
Distributor Code	ARN-	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No			
We hereby confirm that t dvice by the employee/re by the employee/relationsh	he EUIN box has been intentionall lationship manager/sales person o hip manager/sales person of the dis	y left blank by me/us as this is an if the above distributor or notwiths stributor and the distributor has no	n "execution-only" transaction without standing the advice of in-appropriatenes of charged any advisory fees on this tran	any interaction or s, if any, provided First Holder saction.	Second Holder	Third Holder		
4.1. Existing Uni	it Holder Information							
Name of the Firs	t Holder			Folio No.				
PAN/PERN (mano	latory)		Enclosed 🗆	PAN/PERN Proof	icane			
4.2. Systematic Transfer Plan (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)								
Please arrange for STP with the following options - Fixed Amount								
Rs. (in figures) _		Rs. (in	words)					
STP Frequency:	= 1	it date will be 1 st /16 th of the	month)	Weekly (Debit date will be 7" Monthly - Please Provide				
STP Period:	Start:		End: DDM	1 Y Y				
From Scheme _	From Scheme Plan							
Option 🗌 Grow	rth / 🔲 Dividend-Pay	out / 🗌 Dividend - F	Reinvest					
Dividend Frequency (In case of Dividend option)								
To Scheme	Scheme Plan							
Option Growth / Dividend-Payout / Dividend - Reinvest								
	• '	•						
☐ Dividend Sw	Dividend Sweep Option From (Scheme & Plan Name) To (Scheme & Plan Name)							
Please arrage for	Withdrawal Plan (SWP SWP with the following be the default option.)) (Please mention the PAN/ option:	PERN without which, this applicount / Capital Apprecia	ation form will be considered incomplation (Please tick one option only. In	lete and is liable to be rejected.) case amount is filled & Capital Ap	preciation ticked, then		
Rs. (in figures) _		Rs. (in	words)					
SWP Frequency	: Monthly	Quarterly	SWP Date: 1 st	$\square 10^{th}$ $\square 20^{th}$				
SWP Period:	Start:	Y End: Y	Y					
From Scheme _								
Plan		Option 🗌 Gro	wth / 🔲 Dividend-Payou	t / Dividend - Reinvest/				

4.4. Having read and understood the contents of the Scheme Information Document of the Scheme(s), 1 / We hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the Scheme(s). 1 / We hereby declare that the amount invested in the Scheme(s) 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 fo the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. 1 / We have understood the details of the Scheme(s) and 1 / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme(s), legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, 1 / We hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the Law.

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.

For NRIs 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.

I/We confirm that details provide by me/us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder

