

| Distributor ARN/RIA# | ARN Name | Sub-Distributor ARN/RIA# | Internal Sub-Broker/Employee Code | EUIN |
|---|----------|--------------------------|-----------------------------------|--------------|
| ARN-131351 | | ARN | | |
| <small>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.</small> | | First Holder | Second Holder | Third Holder |

EXISTING UNIT HOLDER INFORMATION

Name of the First Holder: F I R S T M I D D L E L A S T
Folio No. /
PAN/PERN (mandatory) Enclosed ☐ PAN/PERN Proof ☐ KYC Complicane

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

From Scheme Plan
Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest Dividend Frequency (In case of Dividend option)
To Scheme Plan
Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest Dividend Frequency (In case of Dividend option)

| | | |
|--|--|--|
| <input type="checkbox"/> Fixed Amount (Minimum Rs.1000) STP Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly STP Amount : STP Dates : <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th STP Period: Start: D D M M Y Y End: D D M M Y Y | <input type="checkbox"/> Dividend Transfer Plan (Minimum Rs.1000) Except Daily Dividend STP Dates : <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th STP Period: Start: D D M M Y Y End: D D M M Y Y | <input type="checkbox"/> NAV Appreciation (Minimum Rs.1000) Only in case of Growth Option STP Dates : <input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th STP Period: Start: D D M M Y Y End: D D M M Y Y |
|--|--|--|

SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following options - Fixed Amount

Rs. (in figures) Rs. (in words)
SWP Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Annually SWP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th
SWP Period: Start: M M Y Y End: M M Y Y
From Scheme
Plan Option ☐ Growth ☐ Dividend-Payout ☐ Dividend - Reinvest
Dividend Frequency (In case of Dividend option)

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I / We hereby apply for units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the Scheme(s). I / 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 for 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. I / We have understood the details of the Scheme(s) and I / 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, I / 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 |
|-----------------------------------|------------------|-----------------|------------|
| X | | | |

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. Application No.

From

| Cheque no. | Date | Amount | Scheme |
|------------|------|--------|--------|
| | | | |

Stamp & Signature