## **TAURUS MUTUAL FUND**



## 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 Employee Unique Identity Number\* Internal Code for Sub-broker/Employee Time Stamp (for office use only) 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 Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. 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 Monthly Quarterly SWP date (Please ✓) 10th 28th 15th **Enrolment Period** Start From No. of Installments 4. SYSTEMATIC TRANSFER PLAN (STP) I/We wish to switch units through STP/ OptiSTP as per the details below -Systematic Transfer Plan (STP) DETAILS Opti Systematic Transfer Plan (OptiSTP) DETAILS Fixed Min. Installment Amt. Fixed STP Installment Amount (₹) (Amount greater than Fixed Min. Installment amount Fixed Max. Installment Amt. by ₹500/- & multiple of ₹1/- thereof) From→ Folio No. Scheme Name Plan/Option To → Folio No. Scheme Name Plan/Option Weekly Transfer Frequency Daily Monthly Quarterly Transfer date (Please ✓) 10th 28th ((applicable ONLY for Monthly/Quarterly transfers) ) No. of Installments Enrolment Period Start From End on 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 -Scheme Name From→ Folio No. Plan/Option To → Folio No. Scheme Name Plan/Option Dedaration & 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. L/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 controvention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Loundering Act, Prevention of Corruption Act and / or any other applicable lows 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 Multual 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. 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. First Account Holder/Guardian Signature Second Account Holder's Signature Third Account Holder's Signature ACKNOWLEDGEMENT - SWP/STP or OptiSTP / DSO Form **TAURUS** Mutual Fund TAURUS MUTUAL FUND Folio No. Collection Centre / AMC Stamp / Signature Received from Mr./Ms./M/s. SWP STP OptiSTP DSO Frequency Received for Scheme / Plan / Option -Amount or Units -