

## Common Transaction Form for Systematic Transfer Plan/ Systematic Withdrawal Plan (For Existing Unit Holders only)

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE			
Distributor Name & ARN No.	Sub-Broker Code	Unique Identification No.	Date & Time of Receipt

☐ Declaration for "execution-only" transaction (only where EUIN box is left blank)

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/ Sole Applicant/ Guardian	Second Applicant	Third Applicant

### UNITHOLDERS DETAILS

Folio No.  Name of Sole/ First Unit Holder

PAN

*Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. For details on transaction charges payable to distributor please refer Key Information Memorandum.*

I would like to opt for ☐ Systematic Transfer Plan ☐ Systematic Withdrawal Plan

### SYSTEMATIC TRANSFER PLAN (STP)

From Scheme \_\_\_\_\_ Option (✓) ☐ Direct ☐ Regular ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency \_\_\_\_\_

To Scheme \_\_\_\_\_ Option (✓) ☐ Direct ☐ Regular ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Frequency (✓) ☐ Weekly (Debit date will be 1st/7th/14th/21st of the Month) ☐ Fortnightly (Debit date will be ☐ 1st/ 14th or ☐ 7th/ 21st of the Month) ☐ Monthly (Please indicate the date ☐ 1st ☐ 7th ☐ 14th ☐ 21st) ☐ Daily

Transfer ☐ Fixed Amount ☐ Appreciation (only for Monthly frequency) Amount per Transfer (Minimum Rs.1,000/-) Rs. \_\_\_\_\_

Preference (✓) \_\_\_\_\_

Transfer Period: From  To  Total Amount of Transfer (Rs.) \_\_\_\_\_ No. of Transfers (Minimum 06)

### SYSTEMATIC WITHDRAWAL PLAN (SWP)

From Scheme \_\_\_\_\_ Plan (✓) ☐ Direct ☐ Regular ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Option (✓) ☐ Fixed Amount (Minimum Rs.1,000/-) ☐ Appreciation Amount per Withdrawal (Rs.) \_\_\_\_\_ Frequency ☐ Monthly ☐ Bi - Monthly (Default Option)<sup>#</sup>

Dates (✓)\* Monthly Option ☐ 1st ☐ 7th ☐ 14th ☐ 21st of every month

Bi-Monthly Option<sup>#</sup> ☐ 13th of bi-month (In case of investment in IIFL Liquid Fund)

Withdrawal Period: From  To  Total Amount of Withdrawal (Rs.) \_\_\_\_\_ No. of Withdrawals

**Declaration:** Having read & understood the contents of the Scheme Information Document of the Transferor and Transferee Scheme. I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).

**For NRIs only:** I/We confirm that I am/we are the Non-Residents of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External/Ordinary Account/FCNR Account.

Signature of Sole / First Applicant / Guardian / POA / Authorised Signatory	Signature of Second Applicant / POA / Authorised Signatory	Signature of Third Applicant / POA / Authorised Signatory

To be signed by unit holders as per mode of holding opted. To be signed by all unit holders if units are held jointly. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

<sup>#</sup>Applicable only for investment in IIFL Liquid Fund.

\*In the event that such day is a holiday, the withdrawal would be effected on next business day

### ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Folio No.  ARN No:

Received from

Scheme  Option

☐ **STP** Instalment Amount (Rs.) \_\_\_\_\_ No. of Instalments \_\_\_\_\_ To (Scheme Name) \_\_\_\_\_

Preference (✓) ☐ Fixed ☐ Appreciation Frequency (✓) ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Daily

☐ **SWP** Instalment Amount (Rs.) \_\_\_\_\_ No. of Instalments \_\_\_\_\_

Preference (✓) ☐ Fixed ☐ Appreciation

Signature, Stamp & Date

**Please Note:** This acknowledgment slip is for your reference only. Information on the form will be considered final.