

**Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP) Systematic Investment Plan (SIP)\* - \*Through Post dated cheques**



Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form

Name & Broker Code / ARN	Sub Broker / Sub Agent / ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
98691		E-116447	

Declaration for "Execution Only" Transaction (where EUIIN box is left blank). Please refer Instruction 12 of KIM for complete details on EUIIN. I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA
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**1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)**

Folio No.: \_\_\_\_\_ Name of 1<sup>st</sup> Unit Holder: \_\_\_\_\_

**2. SYSTEMATIC TRANSFER PLAN (STP) (For instructions please refer the next page)**

From Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Payout <input type="radio"/> Reinvestment
To Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Payout <input type="radio"/> Reinvestment

Please (✓) STP Frequency from the below options (Transactions will be triggered after 7 working days from the date of submission)

Daily (Monday to Friday)     Weekly (Every Wednesday)     Fortnightly (Alternate Wednesday)     Monthly     Quarterly

For Daily option minimum 5 transfers of ₹ 1000 each; for Weekly, Fortnightly and Monthly option minimum 6 transfers of ₹ 1000 each and for Quarterly option minimum 4 transfers of ₹ 1500 each

Please (✓) STP date:     1<sup>st</sup>     10<sup>th</sup> (Default)     15<sup>th</sup>     21<sup>st</sup>     28<sup>th</sup>

Amount per transfer (₹ In Figures): \_\_\_\_\_ STP Start Date from: D D M M Y Y Y Y To: D D M M Y Y Y Y

**3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (For instructions please refer the next page)**

Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Payout <input type="radio"/> Reinvestment
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Withdrawal Option:     Fixed    Or     Appreciation withdrawal (1st of each Month / Quarter)  
Please (✓) (Min. 12 Months / 4 Quarters of ₹ 1000 and above)    (Min. 12 Months / 4 Quarters of ₹ 1000 and above)    Amount Per Withdrawal ₹: \_\_\_\_\_

Withdrawal Date: Please (✓)     1<sup>st</sup>     10<sup>th</sup> (Default)     15<sup>th</sup>     21<sup>st</sup>     28<sup>th</sup>    SWP Start Date from: D D M M Y Y Y Y To: D D M M Y Y Y Y

**4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS - FACILITY THROUGH POST DATED CHEQUES (PDCs) (For instructions please refer the next page)**

Frequency: Please (✓)     Monthly (Default) - Min (₹) 1000     Quarterly - Min (₹) 1500

Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Payout <input type="radio"/> Reinvestment
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Please (✓) SIP date:     1<sup>st</sup>     10<sup>th</sup> (Default)     15<sup>th</sup>     21<sup>st</sup>     28<sup>th</sup>    SIP Amount (₹) \_\_\_\_\_ (Please specify)

SIP PERIOD: SIP Start Date: M M Y Y Y Y    SIP End Date: M M Y Y Y Y

Mode of Allotment: Please (✓)     Physical Form (Default)     Demat Form (For Demat Mode please provide Demat Account Details Separately if already not updated in the folio)

**4a. DETAILS OF PDCS: ALL PDCS MUST BE DATED AS PER RESPECTIVE SIP DATE CHOSEN**

Cheque Number(s): From \_\_\_\_\_ To \_\_\_\_\_ = Total Cheques \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_ A/c. Type: Please (✓)     NRE     Current     Savings     NRO

Payment Type:     Non-Third Party Payment     Third Party Payment (Please attach 'Third Party Payment Declaration Form')

**5. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e) of KIM]**

To The Trustees, Mirae Asset Mutual Fund (The Fund) - (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) 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 provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Limited (AMC/ Fund) and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility:- I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) Applicable for NRIs only:- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription and for all additional purchases have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/ Ordinary Account. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA
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Received Application from \_\_\_\_\_ Folio No.: \_\_\_\_\_ as per details below:

Scheme Name and Plan	Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> SIP Amount (₹) _____	
	<input type="radio"/> SWP Amount (₹) _____	
	<input type="radio"/> STP Amount (₹) _____	

ACKNOWLEDGEMENT SLIP

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.