

Distributors Code	Sub-Distributors Code	EUIN No.	Date of Receipt	Bank Sr. No.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

☐ New Registration: For enrollment under SWP facility	☐ Change in withdrawal amount: For Change in withdrawal amount under SWP facility	☐ Cancellation: For cancellation of SWP facility
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EXISTING UNIT HOLDER'S INFORMATION

Folio No.	For Existing Investors
Name	Beneficial Investor
PAN	Enclosed ☐ KRA Compliant

SYSTEMATIC WITHDRAWAL PLAN

Scheme Name	☐ Direct Plan ☐ Regular Plan	
Option		
Fixed Withdrawal Amount (₹)		Amount (in words)
Fixed Withdrawal Frequency	[Please tick] ☐ Monthly (Minimum 12 months)	
Date (Only One)	[Please tick] ☐ 1st ☐ 5th ☐ 10th (Default) ☐ 15th ☐ 20th ☐ 25th	
Withdrawal Period From	MM/YYYY	To MM/YYYY

DECLARATION

Having read and understood the contents of the Scheme Information Document of the Scheme, I / We hereby apply for units of the Scheme and agree to abide by the terms, conditions, rules and regulation governing the Scheme. I / 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 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 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, 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, 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

To be signed by all applicants/Unitholders if mode of holding is "Joint".

INSTRUCTIONS

- Options available and Minimum Amount :
 - Fixed withdrawal :** Investors can withdraw fixed amount of ₹ 1,000/- each and in multiple of Re. 1 thereafter.
 - SWP request should be for a minimum period of 12 months.
- SWP is not available for investments which are pledged.
- PPFAS AMC will endeavor to credit the redemptions payouts directly to the designated Bank A/c of the unitholders of PPFAS Mutual Fund schemes through any of the available electronic mode (i.e. RTGS / NEFT / Direct Credit / NECS). PPFAS AMC reserves the right to use any of the above mode of payment as deemed appropriate for all folios where the required information is available. The Mutual Fund, however, reserves the right to issue a cheque / demand draft inspite of an investor opting for Electronic Payout.
- Default Dates:** In case of any ambiguity in selection of withdrawal frequency, the SWP date will be 10th of each month in case of Fixed withdrawal facility.
- A minimum period of 15 calendar days shall be required for registration of SWP. Unit-holder may change the amount (but not below the minimum specified amount)/ frequency by giving a written notice at any Investor Service Center at least 15 calendar days prior to next SWP execution date.
- The SWP may be terminated by a written notice of 15 calendar days by a unit-holder. This SWP termination request may be sent to the office of AMC or at any Investor Service Center.

ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

Scheme Name	☐ Direct Plan ☐ Regular Plan	
Option		
Folio No.	Date	ISC Stamp & Signature
Received from Mr. / Ms.		
SWP Frequency	☐ Monthly	

