

Distributor Name & ARN No.	Sub-Broker Code	Employee Unique Identification No.*	RIA Name & RIA Code*	Date & Time of Receipt

*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration:

☐ 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.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

First/ Sole Applicant/ Guardian	Second Applicant	Third Applicant
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UNITHOLDERS DETAILS

Folio No.

PAN

Name of Sole/ First Unit Holder

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 Withdrawal Plan**

SYSTEMATIC WITHDRAWAL PLAN (SWP)

From Scheme Plan (✓) ☐ Direct ☐ Regular

Option (✓) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Dividend Frequency Frequency (✓) ☐ Monthly ☐ Bi - Monthly (Default Option)[#]

Withdrawal Preference (✓) ☐ Fixed Amount (Minimum ₹1,000/-) ☐ Appreciation ☐ Amount per Withdrawal ₹

Dates (✓) ☐ Monthly Option ☐ 1st ☐ 7th ☐ 14th ☐ 21st of every month ☐ Bi-Monthly Option[#] ☐ 13th of bi-month (In case of investment in 360 ONE Liquid Fund)

Withdrawal Period: From To

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
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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.

[#]Applicable only for investment in 360 ONE 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)

Common Transaction Form for Systematic Withdrawal Plan (SWP) (For Existing Unit Holders only)

Folio No.		ARN No:	
Received from			
Scheme		Option	
Instalment Amount ₹		Preference (✓)	No. of Instalments ☐ Fixed ☐ Appreciation

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

Application No.
Signature, Stamp & Date