

REGISTRATION/CANCELLATION FORM FOR SYSTEMATIC TRANSFER PLAN (STP)



DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification No.*	E-Code	RIA CODE [^]
ARN-	ARN-	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN 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".

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.

For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

[^]I/We, have invested in the below mentioned scheme of TRUST Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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EXISTING UNIT HOLDER'S INFORMATION (MANDATORY)

Folio No.

1. APPLICANT'S DETAILS

Name (As per PAN) Date Of Birth (Mandatory in case of minor)

Name of Guardian (if first applicant is a minor / Contact Person for non individuals)

1st Applicant PAN

2. SYSTEMATIC TRANSFER PLAN (STP) (Please tick ✓):

From Scheme Plan: (Please tick ✓) Regular Direct

Option Growth IDCW* Payout IDCW* Re-Investment IDCW Frequency

To Scheme Plan: (Please tick ✓) Regular Direct

Option Growth IDCW* Payout IDCW* Re-Investment IDCW Frequency

*IDCW- INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION

FIXED STP (Please tick ✓):

Daily First execution will be on or after 7 calendar days from the date of submission (Excluding date of submission)

Weekly Day of Transfer (please tick any one)
 Monday Tuesday Wednesday Thursday Friday
 Default Day of Transfer (Wednesday)

Fortnightly Transfer will execute on 1st & 15th of every month

Monthly (Default) Date Preferred Transfer Date
 (Any day from 1st to 28th of the month)

Quarterly Date (Any day from 1st to 28th of the first month of every quarter)

CAPITAL APPRECIATION STP (Please tick ✓):

Monthly (Default) Transfer will execute on 1st of every month

Quarterly Transfer will execute on 1st of the starting month of every quarter

Amount per Transfer

No. of Instalments OR Transfer Period From TO

NOTE - In Daily STP minimum tenure for transfer should be 1 month. For all other frequencies of Fixed STP and Capital Appreciation STP, minimum number of installments has to be 6.

3. CANCELLATION OF STP

I/We wish to discontinue my Systematic Transfer Plan (STP) for the below given details.

<input type="checkbox"/> Fixed STP		<input type="checkbox"/> Capital Appreciation STP	
Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
From Transferor Scheme:	<input type="text"/> Plan	Option	<input type="text"/>
To Transferee Scheme:	<input type="text"/> Plan	Option	<input type="text"/>
STP Start Date:	<input type="text"/>	STP End Date:	<input type="text"/>

STP Installment Amount (in Rs.)

(STP Cancellation request must be submitted 10 business days in advance from the next STP due date)

4. DECLARATION AND SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of TRUST Mutual Fund. I/We hereby apply to the Trustees of TRUST Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. 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. The Distributor 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. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold TRUST Asset Management Private Limited (Investment Manager to TRUST Mutual Fund), their appointed service providers or representatives responsible. I/We hereby declare that the amount being invested by me/us in the Scheme of TRUST Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.

SIGNATURES(S) In case of Joint Holders, all unit holders must sign this form.	
Date <input type="text"/>	Sole/First Unit Holder/Guardian
	Second Unit Holder
	Third Unit Holder



ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Stamp & Signature

Folio No. SWP STP

Received from Mr. / Ms. _____ Date : / /