

# REGISTRATION/CANCELLATION FORM FOR SYSTEMATIC WITHDRAWAL PLAN (SWP)



## DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification No.*	E-Code	RIA CODE <sup>A</sup>
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 in-appropriateness, 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'.

<sup>A</sup>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 (Capital Letters)  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. SYSTEMATICAL WITHDRAWAL PLAN (SWP) (Please tick ✓):

Scheme Name:  TRUSTMF Plan: (Please ✓)  Regular  Direct

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

Withdrawal Amount:  Frequency of Withdrawal:  Monthly  Quarterly  Half Yearly  Annually

No. of Instalments  OR Withdrawal Period From           TO

Date:  1  7  10  15  21  25  28  all 7 dates \*IDCW- INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION

## Cancellation of SWP

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

Scheme Name:  Plan  Option

Frequency:  Monthly  Quarterly  Half Yearly  Annually

SWP Start Date:           SWP End Date:

SWP Installment Amount (in Rs.)

(SWP Cancellation request must be submitted 10 business days in advance from the next SWP 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.

**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**

		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
Place				



## ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Stamp & Signature

Folio No.   SWP  STP

Received from Mr. / Ms. \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_