

SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

(Please refer SID, KIM & SAI and terms and conditions)



EXISTING UNIT HOLDER'S INFORMATION

Folio No.

Name Sole/First Applicant

New Registration: For enrollment under SWP facility

Cancellation: For cancellation of SWP facility

SYSTEMATIC WITHDRAWAL PLAN

Scheme Name

Direct Regular

Option

Growth

Withdrawal Amount (₹)
(per instalment)

(Min. amount: ₹ 500/-)

Amount (in words)

Frequency

Monthly

SWP Date:

(Any day of the month)

Tenure:

From To (Minimum no. of instalments: 06)

PAYMENT BANK DETAILS

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated by me/us.

Bank Name

Account Number

Account Type

Savings Current NRE NRO FCNR Others (Please specify) _____

If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

DECLARATION

I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) including the terms and conditions/instructions pertaining to the Systematic Withdrawal Plan Facility as on the date of this transaction. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible.

Signature of Sole/First Applicant/Guardian

Signature of Second Applicant

Signature of Third Applicant

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

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

Scheme Name

Registration Cancellation

Folio No.

Date

Received from Mr./ Mrs./ Ms./M/s.

SWP Frequency

Monthly (Any day of the month)

SWP Date:

Withdrawal Amount

ISC Stamp