

Switch Transaction Slip

Mutual Fund* _____

Folio No:* _____ Investor Name:* _____

Source Scheme:* _____ Source Plan Type:* _____

Broker ARN Code _____ Sub Broker ARN _____

Sub Broker code _____ EUIN _____

* ☐ 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".

Target Scheme Category:* _____

Target Scheme Name:* _____ IDCW Option:* _____

I / We wish to Switch ☐ Units _____ ☐ All Units (or) Amount in Rs. _____

If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of Switch In scheme I/We am/are authorized to undertake this transaction.

If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of Switch In scheme. I/We am/are authorized to undertake this transaction, subject to applicable loads/taxes as stated in the SID/SAI or as defined by the respective MF/AMC from time to time.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of Mutual Fund and agree to abide by terms and conditions, rules and regulation of the relevant scheme(s)/Mutual Fund.

I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder. In case of existing investor where investment amount is Rs.10,888/- or more and your Distributor has opted to receive Transaction Charges, Rs.100/- will be deducted from the purchase amount and paid to the Distributor. Units will be issued against the balance amount invested.

I/We confirm that payment for this transaction has been done through my/own bank account number which is registered in the folio and no third party account is used for such payments. In case of any non-compliance, I/We authorize you to refund the said amount to the account where it is debited and will liable for any consequences arising thereof.

*** Mandatory fields**

Signatures

Holder 1

Holder 2

Holder 3

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.

Acknowledgement

Received from : _____

Mutual Fund : _____

Folio. No : _____ From Scheme : _____

To Scheme : _____ IDCW option : _____

For an amount : _____ or Units _____ or ☐ All Units