

Systematic Transfer Plan/Systematic Withdrawal Plan (FORM 3)

Application No.

Distributor Code	ARN - 95070	Sub-Distributor Code	ARN -	Internal Code for Sub-broker/ Employee		EUIN No.	E101834
------------------	-------------	----------------------	-------	---	--	----------	---------

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.

First Holder

Second Holder

Third Holder

4.1. Existing Unit Holder Information

Name of the First Holder _____ Folio No. _____ / _____

PAN/PERN (mandatory) _____ Enclosed ☐ PAN/PERN Proof ☒ KYC Complicane

4.2. Systematic Transfer Plan (STP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for STP with the following options - Fixed Amount

Rs. (in figures) _____ Rs. (in words) _____

STP Frequency: ☐ Daily (except Premier Equity Fund) ☐ Weekly - Daywise (Transfer on every Monday of the month)
☐ Weekly - Datewise (Transfer date will be 7th/14th/21st/28th of the month) ☐ Fortnightly (Transfer date will be 1st/16th of the month)
☐ Monthly - Please Provide the Date

STP Period: Start: End:

From Scheme _____ **Plan** _____

Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

To Scheme _____ **Plan** _____

Option ☐ Growth / ☐ Dividend-Payout / ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

☐ **Dividend Sweep Option From (Scheme & Plan Name)** _____ **To (Scheme & Plan Name)** _____

4.3. Systematic Withdrawal Plan (SWP) (Please mention the PAN/PERN without which, this application form will be considered incomplete and is liable to be rejected.)

Please arrange for SWP with the following option: ☐ **Fixed Amount** / ☐ **Capital Appreciation** (Please tick one option only. In case amount is filled & Capital Appreciation ticked, then Fixed Amount will be the default option.)

Rs. (in figures) _____ Rs. (in words) _____

SWP Frequency: ☐ Monthly ☐ Quarterly **SWP Date:** ☐ 1st ☐ 10th ☐ 20th

SWP Period: Start: End:

From Scheme _____

Plan _____ **Option** ☐ Growth ☐ Dividend-Payout ☐ Dividend - Reinvest

Dividend Frequency (In case of Dividend option) _____

4.4. Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for registration of Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) as indicated above and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s) and the STP/SWP. I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I/ We confirm that the funds invested in the Scheme(s), legally belong to me / us and I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/authorisation(s). I/We further confirm that I am not/we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I / we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption subject to applicable exit load and undertake such other action with such funds that may be required by the Law.

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.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I/ We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

First / Sole Applicant / Guardian /
Authorised Signatory

Second Applicant

Third Applicant

POA Holder