# SWP OR STP / *Opti*STP OR DSO FORM

(Please read instructions carefully before filling up the form)

| ARN/RIA Code and Name | Sub-Broker's ARN Code | Employee Unique Identity Number* | Internal Code for Sub-broker/Employee | Time Stamp (for office use only) |
|---|---|---|---|---|
| | | | | |

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.

Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

## 1. EXECUTION ONLY (To be signed when EUIN is left blank)

*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.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

☐ Registration ☐ Cancellation

☐ Systematic Withdrawal Plan ☐ Systematic Transfer Plan ☐ IDCW Sweep Option ☐ *Opti*Systematic Transfer Plan

## 2. INVESTOR DETAILS

Name of Sole/First Applicant: Mr. Ms. M/s

Name of Second Applicant: Mr. Ms.

Name of Third Applicant: Mr. Ms.

Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant): Mr. Ms.

## 3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -

From→ Folio No. | Scheme Name | Plan/Option

Fixed SWP Amount / No.of Units | Frequency ☐ Monthly ☐ Quarterly

SWP date (Please 3) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 28th

Enrolment Period Start From M M / Y Y Y Y End on M M / Y Y Y Y No. of Installments

## 4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through STP/ *Opti*STP as per the details below -

| ☐ Systematic Transfer Plan (STP) DETAILS | ☐ Opti Systematic Transfer Plan (*Opti*STP) DETAILS |
|---|---|
| STP Installment Amount (₹) | Min. Installment Amt. / Max. Installment Amt. (Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof) |

From→ Folio No. | Scheme Name | Plan | Option

To → Folio No. | Scheme Name | Plan | Option

Transfer Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Transfer date (Please 3) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 28th (applicable ONLY for Monthly/Quarterly transfers)

Enrolment Period Start From M M / Y Y Y Y End on M M / Y Y Y Y No. of Installments

## 5. IDCW SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

I/We wish to transfer the IDCWs declared through IDCW Sweep Option as per the details below -

From→ Folio No. | Scheme Name | Plan | Option

To → Folio No. | Scheme Name | Plan | Option

**Declaration & Signature (s):** Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme 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 provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin 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. **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 confirm that details provided by me/us are true and correct. Please ✓ ☐ Repatriation basis ☐ Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

TAURUS Mutual Fund

ACKNOWLEDGEMENT - SWP/STP or *Opti*STP / DSO Form

TAURUS MUTUAL FUND

Folio No.

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

Received for ☐ SWP ☐ STP ☐ *Opti*STP ☐ DSO Frequency

Scheme / Plan / Option

Amount or Units

Collection Centre / AMC Stamp / Signature