

Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP) Systematic Investment Plan (SIP)* - *Through Post dated cheques



Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | Employee Unique Identification Number (EUIN) | ISC Date Time Stamp Reference No. |
|--------------------------|---------------------------------|--|-----------------------------------|
| 132061 | | E352389 | |

Declaration for "Execution Only" Transaction (where EUIN box is left blank). Please refer Instruction 12 for complete details on EUIN.
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".

Signature of 1st Applicant / Guardian /
Authorised Signatory /PoA/Karta

Signature of 2nd Applicant / Guardian /
Authorised Signatory /PoA

Signature of 3rd Applicant / Guardian /
Authorised Signatory /PoA

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

| | | | |
|-----------|--|-------------------------|--|
| Folio No. | | Name of 1st Unit Holder | |
|-----------|--|-------------------------|--|

2. SYSTEMATIC TRANSFER PLAN (STP)

| | | | | | |
|-------------|--|------|--|--------|--|
| From Scheme | | Plan | | Option | |
| To Scheme | | Plan | | Option | |

Please (✓) STP Frequency from the below options:- (Transactions will be triggered after 7 working days from the date of submission)

For Daily option min. 5 transfers of Rs. 1000 each; for Weekly, Fortnightly and Monthly option min. 6 transfers of Rs. 1000 each and for Quarterly option min. 4 transfers of Rs. 1500 each

| | | |
|---|---|---|
| <input type="checkbox"/> Daily (Monday to Friday) | <input type="checkbox"/> Monthly # # Please (✓) STP date | <input type="checkbox"/> Quarterly # |
| <input type="checkbox"/> Weekly (Every Wednesday) | <input type="checkbox"/> Fortnightly (Alternate Wednesday) | <input type="checkbox"/> 01st <input type="checkbox"/> 10th (default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th |

| | | | | | |
|--|--|---------------------|-----------------|----|-----------------|
| Fixed Amount per transfer (Rs. In Figures) | | STP Start Date from | DD / MMM / YYYY | To | DD / MMM / YYYY |
|--|--|---------------------|-----------------|----|-----------------|

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

| | | | | | |
|-------------|--|------|--|--------|--|
| From Scheme | | Plan | | Option | |
|-------------|--|------|--|--------|--|

| | | | | | |
|---------------------------------|---|----|---|---------------------------------|--|
| Withdrawal Option (Please ✓) | <input type="checkbox"/> Fixed (Min. 12 Months/4 Quarters of Rs. 1000 and above) | OR | <input type="checkbox"/> Appreciation withdrawal (1st of each Month/Quarter) (Min. 12 Months/4 Quarters of Rs. 1000 and above) | Fixed Amount Per Withdrawal Rs. | |
|---------------------------------|---|----|---|---------------------------------|--|

| | | | | | |
|-------------------------------|---|-----------------|-----------------|----|-----------------|
| Withdrawal Date (Please ✓) | <input type="checkbox"/> 01st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th | SWP Period From | DD / MMM / YYYY | To | DD / MMM / YYYY |
|-------------------------------|---|-----------------|-----------------|----|-----------------|

4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS - Facility through Post Dated Cheques (PDCs)

| | | | | |
|--|--|-------------------------|---|---|
| Scheme / Plan/ Option | | Frequency Please (✓) | From <input type="checkbox"/> Monthly (Min. 6 installments of Rs. 1,000/- each) | To <input type="checkbox"/> Quarterly (Min. 4 installments of Rs. 1,500/- each) |
| SIP Date Please (✓) <input type="checkbox"/> 01st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th | | Period of enrolment | * Default End Date would be 12 months from the 1st installment M M - Y Y Y Y | |

| | | | |
|------------------|--|-------------------------|--|
| SIP Amount (Rs.) | | Amount (Rs.) (in words) | |
|------------------|--|-------------------------|--|

Details of PDCs:- All PDCs must be dated as per respective SIP date chosen

| | | | | | |
|-------------------------|--|----|--|-----------------|--|
| Cheque Number(s) - From | | To | | = Total Cheques | |
|-------------------------|--|----|--|-----------------|--|

| | | | |
|---------------|--|-------------|--|
| Drawn on Bank | | Branch Name | |
|---------------|--|-------------|--|

A/c. Type
Please (✓) NRE* ☐ CURRENT ☐ SAVINGS ☐ NRO ☐ *Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds

Third Party Cheque / Transfer will not be accepted for Investment

(Refer Instruction No. 6e)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The detail of the cheque provided above pertains to my/our own bank account in my/our name ☐ Yes ☐ No*
*If No, my relationship with the bank account holder is (Please specify) (Application Form without this information may be rejected)

5. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) 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 provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Limited (AMC) Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility:- I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) Applicable for NRIs only:- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription and for all additional purchases have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/ Ordinary Account. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I/We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

| | | |
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| | | |
| Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta | Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA | Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA |

| | |
|--|--|
| | Received From _____ an application for |
| | Systematic Investment / Systematic Withdrawal / Systematic Transfer facility as per below details- |
| | Application / Folio No. _____ |

| | | | |
|--------------|------------------------------|---------------------|-------------------|
| Scheme _____ | SIP <input type="checkbox"/> | Date DD / MM / YYYY | Amount (Rs) _____ |
| Plan _____ | SWP <input type="checkbox"/> | Date DD / MM / YYYY | Amount (Rs) _____ |
| Option _____ | STP <input type="checkbox"/> | Date DD / MM / YYYY | Amount (Rs) _____ |

ACKNOWLEDGEMENT SLIP

DATE AND STAMP OF
COLLECTION CENTRE/ISC

07-07-2014