S SYSTEMATIC

Escorts Mutual Fund



√ WITHDRA	AWAL	Systematic V	Vithdrawal Pla	n – Enrollment F	orm ESCORTS MUTUAL FUN
P PLAN				ם	DD MM YYYY
ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMI
lote: "Upfront commis	sion shall be paid direct	ly by the investor to the AN	/FI registered distributors bass	ed on the investor's assessment of v	arious factors including the service
endered by the distril	butor".			on the investor of discissing in the	arrous ructors including the service
/We hereby confirm the elationship manager/sa	at the EUIN box has been ales person of the above	-	me /us as this is an "execution- ing the advice of inappropriate	only" transaction without any intera ness, if any, provided by the employ	ction or advice by the employee / ee / relationship manager/sales person of
All Holder to sign in ca mode of holding is joi		Account Holder	Second	Account Holder	Third Account Holder
	•				
					Plan:
L.Unit Holder I	nformation (M	andatory)			
Name of First Ho	older:			PAN	
Name of Second	Holder:			PAN	
Name of Third H	older:			PAN	
requency:	☐ Mon	nthly 🔲 Qu	uarterly Ha	alf Yearly	
SWP Date:	1 st	<u> </u>	th		
Fixed Amou	unt (Rs.)	(in word:	s)	1/Y	Capital Appreciation
# Minimum Rs. 10 *In case of Appred	000/- Period from: ciation withdrawal	M/Y Option please note t	N hat first withdrawal wo	nuld be effected after a mon	 th/quarter from the start date.
2.Declaration 8	& Signature				
/We have read and und as destination scheme a confirm that this investr nduced by any rebate o	derstood the contents of and the terms/conditions ment has been duly auth or gifts, directly or indirec	overleaf. I/We hereby appl orised by appropriate autho ctly in making investments.	y for enrolment under SWP ar orities in terms of all relevant d The ARN holder has disclosed	d agree to abide by the terms and co ocuments and procedural requireme	sued till date of the source scheme as we onditions of SWP. I / We undertake to nts. I / We have not received nor been form of trail commission or any other d to me/us.
Signature (s) (All Holder to sign in ca	ase				
mode of holding is join		First Account Holder	Seco	and Account Holder	Third Account Holder
 >×	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		××
(To be filled by U	nit holder)		ACKNOWLEDGEN		ESTAMP (FOR OFFICE USE ONL
Folio No					
Received From				SWP app	lication for transfer of units
Fransfer from (S	cheme):			Option:	Sub Option
Total Amount(Rs	s):		OR	Units on	Monthly

Systematic Withdrawal Plan (SWP) Guidelines

- All correction / changes (if any) made on the registration form, needs to be authenticated by canceling the re-writing the correct details and Countersigned by the sole/all applicants.
- 2. Unit holders are advised to read the Scheme Information Document of the respective scheme(s) and Statement of Additional Information carefully.
- 3. Existing unit holders are required to submit only the SWP registration form duly completed. Unit holders name should match with the details in the existing folio number, failing which the registration form is liable to be rejected. New unit holders who wish to register for SWP are required to fill the SWP registration form along with the Scheme Application Form.
- 4. The AMC reserves the right to change / modify the terms and conditions of SWP.
- 5. The provision for 'Minimum Redemption Amount' specified if any, in the respective Scheme Information Document will not be applicable for SWP.
- 6. In order to protect the interest of unit holders from fraudulent encashment of redemption cheques, SEBI has made it mandatory for Unit holders to provide their bank details viz. name of bank, branch, address, account type and number, etc. to the Mutual Fund. Unit holders should note that redemption / withdrawal proceeds under the SWP will be paid by forwarding a cheque or by directly crediting the Bank Account registered in the Scheme on the date of each withdrawal. In case an unit holder wishes to change the Bank Account/address, the unit holder may fill up the change in the bank/ Address form.
- 7. Unit holders must use separate 'SWP' enrolment forms for different Scheme / Plan / Option.
- 8. **Methodology:** The amount of monthly / quarterly/ half yearly/ annual payment desired by the unit holder would have to be indicated in the application form subject to the following minimum limits.

Option	Minimum SWP	Thereafter in multiples of	Minimum no of installments
Monthly	1000	100	12
Quarterly	1000	100	4
Half Yearly	1000	100	2

If the value of investment fails to such an extent that if it is not eligible for SWP, Escorts may, at its discretion, repurchase the outstanding amount at one go.

- 9. **Withdrawal of SWP:** Investor wish to withdraw the SWP facility by giving the letter in writing clearly specifying the details of the scheme and folio no., at least 15 days prior to the next SWP date.
- 10. Termination of SWP:

SWP will automatically get terminated under the following conditions.

- (a) The unit holding under the scheme becomes nil.
- (b) In the case of the death of the first unit holder.
- 11. The unit holder should submit the duly filled in SWP Enrolment Form at least 30 days before the first withdrawal date.
- 12. Systematic Withdrawal Plan (SWP) is available in the Growth Option of the following schemes.

All Equity Schemes (except ELSS), All Debt Schemes

The above list is subject to change from time to time. Please contact the nearest Escorts Centre for updated list.

- 13. **SWP Date:** 1st business day of every month. In case of the date falls on a holiday/book closure period, the next day will be considered for this purpose.
- 14. **Redemption of Units:** Based on the option opted by investor appropriate no. of units equivalent to the amount specified by the investor will be redeemed on **FIFO basis** (First in First Out).
- 15. Redemption of units under SWP will be at NAV after deducting the applicable exit load, TDS etc. for respective scheme.



Address of the Registrar

Escorts Mutual Fund, 11, Scindia House, KG Marg, Connaught Place, New Delh-110001

Tel: 011-43587415 / 420