

## SYSTEMATIC WITHDRAWAL PLAN OR SYSTEMATIC TRANSFER PLAN OR DIVIDEND SWEEP OPTION

(Please read instructions carefully before filling up the form)

Please (✓) any one.  Systematic Withdrawal Plan  Systematic Transfer Plan  Dividend Sweep Option

### 1. DISTRIBUTOR / BROKER INFORMATION

|                          |                             |
|--------------------------|-----------------------------|
| Name & Broker Code / ARN | Sub Broker / Sub Agent Code |
|                          |                             |

### FOR OFFICE USE ONLY

|                          |
|--------------------------|
| Date and Time of Receipt |
|                          |

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.

### 2. UNIT HOLDER INFORMATION

FOLIO NO.

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

PAN

Enclosed (please ✓)  KYC Acknowledgement

Name of Second Applicant Mr. Ms.

Name of Third Applicant Mr. Ms.

NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder / Name of the Contact Person (For Non Individual Applicant)

Mr. Ms. M/s.

Designation of Contact Person

Enclosed (please ✓)  KYC Acknowledgement

### 3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan in above-referred folio as per details below

|  |   |   |
|--|---|---|
| Scheme Name _____  | Plan _____  | Option _____                            |
| Withdrawal preference <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Fixed No. of Units  |   |   |
| Withdrawal Amount/Units <input type="text"/>   | X No. of Installments <input type="text"/>  | = Total Withdrawal <input type="text"/> |
| Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly   | SWP Date (Please ✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th |   |
| Period of enrolment (MM / YY) From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |   |

### 4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through a Systematic Transfer Plan in above-referred folio as per details below

|  |  |              |
|--|--|--------------|
| From Scheme _____  | Plan _____   | Option _____ |
| To Scheme _____  | Plan _____   | Option _____ |
| Transfer preference <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Fixed No. of Units  |  |              |
| Transfer Amount/Units <input type="text"/>   | No. of Instalments <input type="text"/>  |              |
| Frequency (✓) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Friday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly                            |  |              |
| STP Date (✓) Monthly / Quarterly <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th |  |              |
| Enrolment From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |              |

### 5. DIVIDEND SWEEP OPTION (DSO)

I/We wish to Transfer the dividends declared as per the details below

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

### DISCLAIMER

I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I / We hereby apply to the Trustee of Taurus Mutual Fund for enrolment under the SWP / STP / Dividend Sweep of the Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective said Scheme(s) / Plan(s) / Option(s). The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Please Sign here

\_\_\_\_\_  
First / Sole Applicant / Guardian / POA Holder / Auth. Sign

Please Sign here

\_\_\_\_\_  
Second Applicant / Auth. Sign

Please Sign here

\_\_\_\_\_  
Third Applicant Sign

ACKNOWLEDGEMENT - SWP/STP/DSO Form

TAURUS MUTUAL FUND



Folio No.

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

Received for  SWP  STP  Dividend Sweep

Scheme / Plan / Option \_\_\_\_\_

Amount or Units \_\_\_\_\_

Acknowledgement Stamp/  
Time Stamp

|  |
|--|
|  |
|--|