

SWP OR STP / OptiSTP OR DSO FORM

(Please read instructions carefully before filling up the form)

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

ARN 85723	Sub-Broker's Name & ARN	Employee Unique Identity Number* E098968	Collection Centre (for office use only)
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*I/We hereby confirm that the EUIIN 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.
 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.

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	<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				
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 / OptiSTP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS	<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS	
Fixed STP Installment Amount (₹)	Fixed Min. Installment Amt. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fixed Max. Installment Amt. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Transfer date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 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. DIVIDEND SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

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

From → Folio No.	Scheme Name	Plan/Option
To → Folio No.	Scheme Name	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 / OptiSTP / 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 or OptiSTP / DSO Form
TAURUS MUTUAL FUND



Folio No.

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

Received for SWP STP OptiSTP DSO Frequency

Scheme / Plan / Option _____

Amount or Units _____

Collection Centre / AMC Stamp / Signature