Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP)

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 / RIA Code			Sub Broker / Agent ARN Code		Sub Agent Code		EUIN*		ISC Date Time Stamp Reference No.	
transacti	ion for "Execution Only" Transaction (where EU on is executed without any interaction or advice/relationship manager/sales person of the dis	ce by the employee/	. Please refer Instrelationship mana	truction (E) for com ager/sales person of	plete details on El of the above distri	JIN. I/We hereby outor/sub broker	y confirm that the EU or notwithstanding t	IN box has been inte he advice of in-appro	ntionally left blank by me/us as this opriateness, if any, provided by the	
Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta			Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA			n /	Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA			
1. E	XISTING UNIT HOLDER INFORMATION	ION (The details		ds under the fo	lio number m	entioned wil	apply for this a	pplication.)		
rollo i										
2. S	YSTEMATIC TRANSFER PLAN (STF Scheme	P) (For instruction	O F	fer the next page Regular Plan Direct Plan	ge) Growth (Default) (Divide ○ Payout ○	end* Reinvestment	☐ Div frequency*	
To Sc	heme		0	Regular Plan Direct Plan	○ Growth (Divide	end*	Div frequency*	
*Divide	nd frequency is applicable only for Min	ae Asset Cash M		1	set Ultra Short	Term Bond Fi	ınd			
_	y (Monday to Friday)	w options (Tran		_	er 5 days from) Fortnightly (A		*	○ Monthly	y Quarterly	
For Dai	ly option minimum 5 transfers of ₹ 1000 €	each; for Weekly,	Fortnightly and	Monthly option r	minimum 6 trans	fers of ₹ 1000	each and for Qua	rterly option minin	num 4 transfers of ₹ 1500 each	
Please	e (✓) STP date:	○ 1 st		○ 10 th (Default)		O 18	5 th	○ 21 st	○ 28 th	
Amou	nt per transfer (₹ In Figures):				STI	Start Date	from: D D M	MYYYY	To: D D M M Y Y Y Y	
3. S	YSTEMATIC WITHDRAWAL PLAN (S	SWP) (For instrเ	ıctions pleas	e refer the next	t page)					
Scher	ne		-	Regular Plan Direct Plan	○ Growth (Default) (Divide		O Div frequency*	
*Divide	nd frequency is applicable only for Mir	ae Asset Cash M	lanagement F	und & Mirae Ass	set Ultra Short	Term Bond Fu	und.			
Withdrawal Option: ○ Fixed Or ○ Appreciation withdrawal (1st of each Month / Quarter) Amount Per (Min. 12 Months / 4 Quarters of ₹ 1000 and above) Please (✓) (Min. 12 Months / 4 Quarters of ₹ 1000 and above) Withdrawal ₹:										
Withdi	rawal Date: Please (✓)	O 10 th (Default)	○ 15 th	○ 21 st ○	28 th SW	P Start Date	from: D D M	MYYYY	To: D D M M Y Y Y Y	
	ECLARATION AND SIGNATURES /									
To The Tr the schem Laws or a with this a Transfer A RTA and o any other indicative availing t Indian Na (I) Applica per the sa the AMC,	rustees, Mirae Asset Mutual Fund (The Fund) - (A) ne. (B) I/We hereby declare that the amount invested in ny other applicable laws enacted by the Government application form is true and correct and further agree (gent (RTA) from time to time. I/We hereby confirm the other intermediaries in case of any dispute regarding it mode), payable to him for the different competing portfolio and/ or any indicative yield by the Fundhe online facility: - I/We have read, understood and stionality/Origin and I/We hereby confirm that the fur able to Foreign Resident's Residing in India: - I/We wiid FEMA regulations and other applicable laws and rein which event the AMC reserves the right to redee	Having read and unders in the scheme(s) is through of India from time to time so the second of India from time to the second of India from the eligibility, validity and g Schemes of various d/AMC/its distributor fishall be bound by the tends for subscription and confirm that I/We satisfied gulations. (J) I / We corem my / our investmen	stood the contents of ugh legitimate source. (C) Signature of the c. (C) Signature of the information sought be lave the right to sha authorization of my Mutual Funds froor this investment ms & conditions of the of for all additional y the Residency tes firm that I am / We ts in the Scheme(s	of the SID of the Scher ces only and does not i he nominee acknowled by Mirae Asset Global are my information and nour transactions. (E) n amongst which the L IWhe have not receive the PIN agreement ave purchases have been at as prescribed under a are not United State s).	me(s), I/We hereby a involve and is not de diging receipts of myl. Investments (India) other details with the Wilve further declare in Scheme is being red nor have been in allable on the AMC we remitted from abore FEMA provisions. I/V is person(s) under to the provision of the provision of the service of the provision of the provision of the provision of the provision of the provision of the provision of provision of provisio	pply for units of the signed for the purp but credit will const imited (AMC)/ Fu e regulatory and gi hat "The ARN hol ecommended to r duced by any rebabsite for transactin dt through normal de further declare the laws of United	scheme(s) and agree to ose of the contravention itute full discharge of lial and and undertake to upo overnment authorities as der has disclosed to me/us. (F) I/We hereby ate or gifts, directly or in ng online. (H) Applicable banking channels or fr hat I/We am/are "Persor States or resident(s) o	o abide by the terms, co of any provisions of bilities of Mirae Asset Mi date the information/det and when needed. I/W le/us all the commissic confirm that I/We have directly in making this is e for NRIs only:- I/We co om funds in my/our Nc Resident in India" and of Canada. In case of cl	nditions, rules and regulations governing Income Tax Act, Anti Money Laundering utual Fund. (D) The information given in / ails with the AMC / Fund/Registrars and e will indemnify the Fund, AMC, Trustee, ons (in the form of trail commission or not been offered/ communicated any nyestment. (G) Applicable to Investors onfirm that I am/We are Non-Resident of on-Resident External/ Ordinary Account. are allowed to invest into the Scheme as hange to this status, I / We shall notify	
	Signature of 1st Applicant / Guardiar Authorised Signatory /PoA/Karta			gnature of 2nd Ap Authorised Sig	gnatory /PoA		s	Authorised Sig		
SLIP	Received Application from	Folio No.:				as per details below:				
MENT	Scheme Name and Plan			Details				Date & Stamp of Collection Centre / ISC		
WLEDGEMENT SLIP				SWP Amount (₹)						
OWLE			○ STP Amount (₹)				-			