

## 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

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