## SYSTEMATIC TRANSFER PLAN (STP) FORM (Please read the instructions on the overleaf before filling up the form)

| E  | ARN-81619   | DE)  | SUB-BROKER AF  | RN CODE  | Emr<br>Identi <del>li</del>  | 067413   |  | UB-BROKER COI<br>Illotted by ARN ho  |  |   | NTIAL 📆   |
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| Upfron   | t commission shall be paid dire   | ctly by the investor to the A  | MFI registered Distribu  | utors based on th  | ne investors' asses  | sment of various fact  |  |  |  | MUTU  | AL FUNI   |
| I/We<br>the a  | aration for "execution-only"<br>hereby confirm that the EU<br>bove distributor or notwiths<br>is transaction.   | IN box has been intenti  | onally left blank by n   | ne/us as this is   | s an "execution-<br>by the employee  | only" transaction v<br>/relationship mana  | rithout any intera<br>ger/sales person   | action or advice by<br>of the distributor a  | the employee/ind the distribut   | relationship mar<br>tor has not charg   | ager/sales persor<br>ed any advisory f  |
| _  | Signature of S  | Sole/First Holder  |  | Si   | gnature of S   | econd Holder   |  |  | Signature  | of Third Hold   | er  |
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|  | hereby apply to the Tru<br>onditions of the Schen   |  | tial Mutual Fund   | for the Syst   | tematic Trans  | ifer Plan (STP) E  | nrolment und   | er the following   | j scheme(s) a  | and agree to a  | abide by the te   |
|  | Registration  | Cancellat  | ion App  | plication  |  |  |  | Folio<br>No.   |  |   |   |
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|  | of Instalments<br>nimum of 6 Instalments)   |  |  | 1 1  | te* (only in ca<br>arterly frequer   | se of Monthly  | D D  | *In case the date<br>date which is no<br>processed on the  | nt available in  | a particular mo   |   |
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