SPECIAL FEATURES FORM - STP/SWP

Please read Product Labelling available on the Front Inside
Cover Page and instructions before filling this form
(all points marked * are mandatory)

SOLE / FIRST APPLICANT



APPLICATION NO.

THIRD APPLICANT

(all points marked * are mandatory) Sponsor: Edelweiss Financial Services Limited | Trustee Company: Edelweiss Trusteeship Company Limited | Investment Manager: Edelweiss Asset Management Limited Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra. SWP **DISTRIBUTOR INFORMATION** Employee Unique Distributor Code Sub-Broker Code Sub-Broker Code F-Code RIA CODE^ INTERNAL CODE IDENTIFICATION NO. (EUIN) ARN-257030 ARN -F 479794 *Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/subbroker or not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/subbroker".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. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number. SIGNATURE (s) SOLE / FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT All sections to be filled in English and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form. All columns marked * are mandatory. **UNITHOLDER INFORMATION** Folio No. (For Existing Unit Holders) Sole / 1st Unit Holder PAN Date of Birth Mobile No. Aadhaar No. CKYC No. **TRANSACTION CHARGES** [Please ✓] I am First Time Investor in Mutual Funds I am Existing Investor in Mutual Funds In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. SCHEME DETAILS (STP/SWP from Scheme) Scheme/Plan/Option/Facility Edelweiss-(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings) **SCHEMES OFFERED BY EDELWEISS MUTUAL FUND: Equity Schemes** Debt Schemes Edelweiss Arbitrage Fund Edelweiss Mid Can Fund Edelweiss Liquid Fund **Edelweiss Low Duration Fund** Edelweiss Balanced Advantage Fund Edelweiss Multi-Cap Fund Edelweiss Large Cap Fund **Edelweiss Short Term Fund** Edelweiss Long Term Equity Fund (Tax Savings) Edelweiss Banking and PSU Debt Fund Edelweiss Multi-Asset Allocation Fund Edelweiss Corporate Bond Fund Edelweiss Large & Mid Cap Fund Edelweiss Dynamic Bond Fund **Edelweiss Equity Savings Fund Edelweiss Government Securities Fund FREQUENCY DETAILS** Fortnightly (STP) Monthly (STP/SWP) Quarterly (STP/SWP) Daily (STP) Weekly (STP) Any date except last 3 days of month Any date except last 3 days of month 7th, 14th, 21st, 28th of any month 10th, 25th All Business Day Date : ____ / ____ / ___ Date : ____/ ____/ SYSTEMATIC TRANSFER PLAN (STP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME) To Scheme Option STP Period : From Date ____ / ___ / ___ To Date Perpetual (99 years) (Default) or 10yrs or 5 yrs or __ Amount (in words) Amount Per Installment : SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME) (Only Monthly and Quarterly Options Available) ___ Amount in words : __ Amount Per Withdrawal : __ SWP Period : From Date _____ / ____ / _____ To Date _____/ _____ or Perpetual (99 years) (Default) DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')* DATE: PLACE: Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme(s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money $Laundering Act, 2002, Prevention of Corruption Act, 1988 \, or \, any \, other \, applicable \, laws \, enacted \, by \, the \, Government \, of \, India \, from \, time \, to \, time.$ The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs/Fils only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account. (Please 🗸) (Including amount of transactions made in future) Repatriation Non Repatriation SIGNATURE (s)

SECOND APPLICANT