

REGISTRATION/CANCELLATION FORM FOR SYSTEMATIC TRANSFER PLAN (STP)



DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification No.*	E-Code	RIA CODE ^A
ARN-257030	ARN-	INTERNAL CODE	E 479794 (JIN)		ONLY FOR DIRECT INVESTMENT

*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/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

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'.

^AI/We, have invested in the below mentioned scheme of TRUST 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 of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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EXISTING UNIT HOLDER'S INFORMATION (MANDATORY)

Folio No.

1. APPLICANT'S DETAILS

Name (Capital Letters)	Date Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Mandatory in case of minor)											
Name of Guardian (if first applicant is a minor / Contact Person for non individuals)											
1st Applicant PAN <input type="text"/>											

2. SYSTEMATIC TRANSFER PLAN (STP) (Please tick ✓): ☐

#STP facility will be available only after the commencement of 2nd scheme of Trust Mutual Fund.

From Scheme	TRUSTMF	Plan: (Please tick ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW* Payout	<input type="checkbox"/> IDCW* Re-Investment	IDCW Frequency <input type="text"/>
To Scheme	TRUSTMF	Plan: (Please tick ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW* Payout	<input type="checkbox"/> IDCW* Re-Investment	IDCW Frequency <input type="text"/>
*IDCW- INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION				

FIXED STP (Please tick ✓): ☐

<input type="checkbox"/> Daily	First execution will be on or after 7 calendar days from the date of submission (Excluding date of submission)
<input type="checkbox"/> Weekly	Transfer will execute on 1st, 7th, 15th & 22nd of every month
<input type="checkbox"/> Fortnightly	Transfer will execute on 1st & 15th of every month
<input type="checkbox"/> Monthly (Default)	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Preferred Transfer Date (Any day from 1st to 28th of the month)
<input type="checkbox"/> Quarterly	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of the starting month of every quarter (Any day from 1st to 28th of the first month of every quarter)

CAPITAL APPRECIATION STP (Please tick ✓): ☐

<input type="checkbox"/> Monthly (Default)	Transfer will execute on 1st of every month
<input type="checkbox"/> Quarterly	Transfer will execute on 1st of the starting month of every quarter

Amount per Transfer	<input type="text"/>	OR	Transfer Period 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"/>
No. of Instalments	<input type="text"/>														

NOTE - In Daily STP minimum tenure for transfer should be 1 month. For all other frequencies of Fixed STP and Capital Appreciation STP, minimum number of instalments has to be 6.

3. CANCELLATION OF STP

☐ I/We wish to discontinue my Systematic Transfer Plan (STP) for the below given details.

<input type="checkbox"/> Fixed STP					<input type="checkbox"/> Capital Appreciation STP						
Frequency:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly						
From Transferor Scheme:	<input type="text"/>					Plan	<input type="text"/>				
To Transferee Scheme:	<input type="text"/>					Plan	<input type="text"/>				
STP Start Date:	<input type="text"/>					STP End Date:	<input type="text"/>				

STP Installment Amount (in Rs.)
(STP Cancellation request must be submitted 10 business days in advance from the next STP due date)

4. DECLARATION AND SIGNATURES (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of TRUST Mutual Fund. I/We hereby apply to the Trustees of TRUST Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The Distributor 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. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold TRUST Asset Management Private Limited (Investment Manager to TRUST Mutual Fund), their appointed service providers or representatives responsible. I/We hereby declare that the amount being invested by me/us in the Scheme of TRUST Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.

SIGNATURES(S) In case of Joint Holders, all unit holders must sign this form.									
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place	<input type="text"/>				<input type="text"/>			<input type="text"/>	



ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Folio No. ☐ SWP ☐ STP

Received from Mr. / Ms. Date : / /

Stamp & Signature