Transaction Form For STP & SWP



Please refer to the general instructions f	for assistance and complete all sec	tions in English. For legibility,	please use BLOCK LETTI	ERS in black or dark i	nk.		Time Stamp
Distributor/RIA Code	Sub-Distributor	ARN Sub-	Distributor Code		EUIN		Branch Code
ARN-87761				E0750	33		
Initial Commission will be paid by th	ne investor directly to the distrib	utor, based on assessmen	t of various factors inc	luding the service	endered by the	Distributor.	
Transaction Charges: SEBI (Mutual Fun investments sourced by him. The transaction	nd) Regulations allow deduction of t ction charges deductible are Rs. 150/	ransaction charges of Rs. 100 - if you are investing in Mutual F	- from your investment fo unds for the first time. If yo	or payment to your d ou are making a SIP In	stributor if your d	istributor has opted to action charges would b	receive transaction charges for e deducted over 3-4 instalments.
Investments sourced by him. The transar No transaction charges would be levied Investor's Declaration where EUIN is not fu							
person of the above distributor and/or not	withstanding the advice of inappropriat	eness, if any, provided by the em	ployee/relationship manage	r/sales person of distril	outor and the distrib	utor has not charged any	advisory fees on this transaction.
		∠ 2nd Applicant			≤ 3rd Applican	t	
1. APPLICANT INFORM	MATION						
Name of Sole/1st Unit Holder	First Name	Mid	dle Name		t Name	Folio No.	
PAN/PEKRN**	First Unit Holder		Second Unlit Hold	ler		[Third Unit -	lolder
Aadhaar No.	First Un t Holder		Sedond Ur	nit Hol¢er		Thito	d Uhit Holder
KIN* Firşt	t Uhit Holder		Second Unit Holde	r		Third Unit	Holder
Date of Birth* (1st Unit Holder)		Date of Birth* (2nd Unit H	lolder)	YYYYY	Date of Birth* (3rd Unit Holder)	
Mobile No. +91-			nail ID				
KYC is mandatory. Please enclose ^ 14 digit KYC Identification Numb			-			-	
2. SYSTEMATIC WITHDR	AWAL PLAN (SWP) - P	lease note that the val	ue of the unit bala	nce in the sourc	e scheme sh	ould be at least F	Rs. 25.000
Scheme Name L&T			Optior	ו (י∕) _ Growth וּ	Dividend Page	yout O Dividend F	Reinvestment O Bonus [*]
Dividend Frequency (✓ where	ever applicable) O Daily	O Weekly O Mo	nthly* O Quarte	erly O Annua	I^ O Semi-A	nnual^	
Withdrawal preference ()	Amount (₹)	OF	R Capita	Appreciation	Available for G	ROWTH plan only	')
Withdrawal frequency ()	Monthly* Quart	erly O Semi-An	nual O Anni	Jal			
Withdrawal date (✓) ○ 1st ○	54h (404h* (15th (20		drawal paried From			M M Y Y Y	\vee OR \bigcirc Till balance
*Available in select scheme			urawai periou Fior				
3. SYSTEMATIC TRANSF	•	noto that the value o	f the unit balance i	n the source so	homo should	ho at loast Ps 2	5 000
Scheme Name L&T		e note that the value o		_	_	_	
Dividend Frequency (√where	aver applicable) O Daily	Weekly Monthly		O Annual^ C			Reinvestment O Bonus [^]
Dividence requency (* where					- Geni-Annua		
To Scheme L&T			Option	ı (✓) ○ Growth	 Dividend Pa 	ayout O Dividend	Reinvestment O Bonus^
Dividend Frequency (✓ where	ever applicable) \bigcirc Daily	O Weekly O Monthl	y* O Quarterly	○ Annual^ ○	Semi-Annual	٨	
Transfer preference (\checkmark) \bigcirc Am	ount (₹)OF	Capital Appreciation (A	vailable for GROWTH	plan only) From	M Y Y Y		\bigcirc \bigcirc \bigcirc \bigcirc Till balance
	Daily	_	_	_	_		
	Weekly O Mon		⊖ Wed	⊖ Thu	⊖ Fri		
	Fortnightly O 1st	○ 15th*		○ 45%	0.0011	0.05%	0.001
	Monthly* O 1st Quarterly O 1st	 ○ 5th ○ 5th 	 10th* 10th* 	 ○ 15th ○ 15th 	 20th 20th 	 ○ 25th ○ 25th 	 28th 28th
*Default option if not selecte		elect schemes only		O ISUI	0 2001	0 2501	0 2001
4. DECLARATION & SIGN		•					
I/We have read and understood th			nt of Additional Inform	nation and Key Int	ormation Memo	prandum, I/We have	e neither received nor beer
induced by any rebate or gifts, dir	rectly or indirectly in making the	nis transaction. I/We unde	erstand that the upfro	nt commission wil	I be paid direct	y by me/us to the A	AMFI registered distributors
based on my/our assessment of commission or any other), payable	e to him for different schemes	of mutual funds from amo	ngst which the scher	ne is being recom	mended to me/	US.	
Applicable for AADHAAR SUBM accounts maintained with CAMS s							
		,		·			
🛋 (Sole/First	Unit Holder)	ø (Se	econd Unit Holder)			🛋 (Third Unit	Holder)

ACKNOWLEDGEMEN	SLIP (To be filled in	n by the Applicant)	L&T Financial Services
Folio No Scheme/Plan/Option	Received from	Name of the Sole/First Unit Holder	For Office Use Only
 SWP Instalment amount STP Instalment amount 		Frequency(✓) ○ Monthly ○ Quarterly ○ Semi Annual ○ Annual Frequency(✓) ○ Daily ○ Weekly ○ Fortnightly ○ Monthly ○ Quar	Acknowledgement Stamp & Date