

**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
<b>ARN-87761</b>	

**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	X No. of Installments	= Total Withdrawal
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"/> <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"/> <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		No. of Instalments	
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"/> <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"/> <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 &amp; 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


  
**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**