SYSTEMATIC WITHDRAWAL PLAN

S SYSTEM	ATIC	Escorts Mutual Fund					Ciii		
WITHDR	AWAL S	ystematic V	Vithdrawal Pla	n – Enrollment F	orm		ESCO	KIS MUTUA	AL FUNL
P PLAN				D	ate	DD I	MM	YYYY	
ARN	ARN NAME	Sub Agent ARN/ Bank Branch Code	Internal Code For Sub-Agent Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)				
9992									
ndered by the dist ECLARATION for "ex We hereby confirm to lationship manager,	ributor". <u>Recution-only" transaction (o</u> that the EUIN box has been in	nly where EUIN box is le itentionally left blank by i stributor or notwithstand	ft blank) me /us as this is an "execution ing the advice of inappropriate	ed on the investor's assessment of v only" transaction without any intera eness, if any, provided by the employe	ction or a	advice by	the emp	loyee /	son of
gnature (s)									
Il Holder to sign in node of holding is i		count Holder	Secon			Third A	ccount H	lolder	
<i>5</i> , ,									
olio:		_ Scheme:			H	امان _			
Unit Holder	Information (Mai	ndatory)							
ame of First H	Holder:			PAN					_
Name of Second Holder:				PAN					_
ame of Third	Holder:			PAN					
requency:		nly 🔲 Qu	arterly Ha	alf Yearly					
WP Date:	1 st	<u> </u>	th						
Fixed Amo	ount (Rs.)	(in words	5)			_ Cap	ital Ap	precia	tion
Minimum Rs.	1000/- Period from: M	I/Y	Λ	1/Y		_			
In case of Appro	eciation withdrawal O	ption please note t	hat first withdrawal wo	ould be effected after a mon	th/qua	rter fro	om the	start do	ate.
s destination scheme onfirm that this inves	nderstood the contents of the e and the terms/conditions ov stment has been duly authori	verleaf. I/We hereby appl sed by appropriate autho	y for enrolment under SWP ar prities in terms of all relevant d	tion Memorandum (KIM), addenda is ad agree to abide by the terms and co ocuments and procedural requireme to me/us all the commissions (in the	onditions nts. I / W	of SWP. e have n	I / We un ot receive	dertake to ed nor beo	o en

2.Declaration & Signature

I/We have read and understood the cont as destination scheme and the terms/co confirm that this investment has been du induced by any rebate or gifts, directly or mode), payable to him for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Signature (s)			
All Holder to sign in case mode of holding is joint)	First Account Holder	Second Account Holder	Third Account Holder
>			>\$

ACKNOWLEDGEMENT



(To be filled by Unit holder) [TIMESTAMP (FOR OFFICE USE ONLY] Folio No _____ Received From ______ SWP application for transfer of units Transfer from (Scheme):_____Option:____Sub Option____

Total Amount(Rs): ______OR _____Units on ___ Monthly ___ Quarterly basis

Systematic Withdrawal Plan (SWP) Guidelines

- All correction / changes (if any) made on the registration form, needs to be authenticated by canceling the re-writing the correct details and Countersigned by the sole/all applicants.
- 2. Unit holders are advised to read the Scheme Information Document of the respective scheme(s) and Statement of Additional Information carefully.
- 3. Existing unit holders are required to submit only the SWP registration form duly completed. Unit holders name should match with the details in the existing folio number, failing which the registration form is liable to be rejected. New unit holders who wish to register for SWP are required to fill the SWP registration form along with the Scheme Application Form.
- 4. The AMC reserves the right to change / modify the terms and conditions of SWP.
- 5. The provision for 'Minimum Redemption Amount' specified if any, in the respective Scheme Information Document will not be applicable for SWP.
- 6. In order to protect the interest of unit holders from fraudulent encashment of redemption cheques, SEBI has made it mandatory for Unit holders to provide their bank details viz. name of bank, branch, address, account type and number, etc. to the Mutual Fund. Unit holders should note that redemption / withdrawal proceeds under the SWP will be paid by forwarding a cheque or by directly crediting the Bank Account registered in the Scheme on the date of each withdrawal. In case an unit holder wishes to change the Bank Account/address, the unit holder may fill up the change in the bank/ Address form.
- 7. Unit holders must use separate 'SWP' enrolment forms for different Scheme / Plan / Option.
- 8. **Methodology:** The amount of monthly / quarterly/ half yearly/ annual payment desired by the unit holder would have to be indicated in the application form subject to the following minimum limits.

Option	Minimum SWP	Thereafter in multiples of	Minimum no of installments
Monthly	1000	100	12
Quarterly	1000	100	4
Half Yearly	1000	100	2

If the value of investment fails to such an extent that if it is not eligible for SWP, Escorts may, at its discretion, repurchase the outstanding amount at one go.

- 9. **Withdrawal of SWP:** Investor wish to withdraw the SWP facility by giving the letter in writing clearly specifying the details of the scheme and folio no., at least 15 days prior to the next SWP date.
- 10. Termination of SWP:

SWP will automatically get terminated under the following conditions.

- (a) The unit holding under the scheme becomes nil.
- (b) In the case of the death of the first unit holder.
- 11. The unit holder should submit the duly filled in SWP Enrolment Form at least 30 days before the first withdrawal date.
- 12. Systematic Withdrawal Plan (SWP) is available in the Growth Option of the following schemes.

All Equity Schemes (except ELSS), All Debt Schemes

The above list is subject to change from time to time. Please contact the nearest Escorts Centre for updated list.

- 13. **SWP Date:** 1st business day of every month. In case of the date falls on a holiday/book closure period, the next day will be considered for this purpose.
- 14. **Redemption of Units:** Based on the option opted by investor appropriate no. of units equivalent to the amount specified by the investor will be redeemed on **FIFO basis** (First in First Out).
- 15. Redemption of units under SWP will be at NAV after deducting the applicable exit load, TDS etc. for respective scheme.



Address of the Registrar

Escorts Mutual Fund, 11, Scindia House, KG Marg, Connaught Place, New Delh-110001

Tel: 011-43587415 / 420