

Application Form STP / SWP

BARODA PIONEER MUTUAL FUND



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required. Please refer the STP / SWP : Terms & Conditions while filling up the Form. Tick (✓) whichever is applicable, strike out whichever is not required.

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of the schemes of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
127182			E206630		For Office use only	For Office use only

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

☐ I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filling up the Application Form - VIII)

☐ I confirm that I am a First time investor across Mutual Funds.
(₹ 150 deductible as Transaction Charge and payable to the Distributor)

☐ I confirm that I am an existing investor across Mutual Funds.
(₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

Please note that the applicant details and mode of holding are as per the existing Folio Number

Folio No.	
Name of Sole / First Unit Holder	

SYSTEMATIC TRANSFER PLAN (STP)

<input type="checkbox"/> No. of units	<input type="checkbox"/> Dividend	<input type="checkbox"/> Capital Appreciation	<input type="checkbox"/> Fixed Amount (Please tick one option only).
Folio No.	PAN	Enclosed (please ✓)	<input type="checkbox"/> PAN copy <input type="checkbox"/> KYC
Mobile No.	Email ID		
Amount ₹ (in figures)	₹ (in words)		OR
Units			
STP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	STP Period	Start From D D M M Y Y Y Y End On D D M M Y Y Y Y
STP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th		
FROM Scheme	Option	Sub-Option	
TO Scheme	Option	Sub-Option	

SYSTEMATIC WITHDRAWAL PLAN (SWP)

<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Capital Appreciation	(Please tick one option only)	
Folio No.	PAN	Enclosed (please ✓)	<input type="checkbox"/> PAN copy <input type="checkbox"/> KYC
Mobile No.	Email ID		
Amount ₹ (in figures)	₹ (in words)		OR
Units			
SWP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	SWP Period	Start From D D M M Y Y Y Y End On D D M M Y Y Y Y
SWP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th		
FROM Scheme	Option	Sub-Option	

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/we hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

Signature / Thumb Impression of Sole /
1st Applicant / POA Holder / Guardian

Signature / Thumb Impression of 2nd Applicant /
POA Holder / Guardian

Signature / Thumb Impression of 3rd Applicant /
POA Holder / Guardian

INSTRUCTION

- An STP will be treated like an SWP from the outgoing scheme and an SIP into the incoming scheme.
- Exit Load, as applicable from time to time, will be levied on STP/SWP.
- In the case of STP/SWP, the request to start the STP/SWP must reach the ISC at least 7 working days prior to the first STP/SWP.
- For SWP - In case the payout date is not mentioned, the payroll will continue till the balance units are reduced to zero.
For STP - In case the period or end date is not given, STP units / amounts will get switched out till it meets the minimum investment amount in switched in scheme.
In case the from date is not mentioned, it will be treated as the 1st day of the following month.

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Investor Name	
Folio No.	Dated D D M M Y Y Y Y
<input type="checkbox"/> STP / <input type="checkbox"/> SWP	
Scheme / Plan / Option / Sub-Option	To (for STP Only)
Amount ₹	

Signature, Stamp & Date