## Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP)

Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form



			Broker / ARN Code Sub Agent Code		EUIN*	IS	ISC Date Time Stamp Reference No.	
Declaration for "Execution Only" Transaction (where EUIN box is left blank). Please refer Instruction (E) for complete details on EUIN. 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 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.								
Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta			Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA			Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA		
1. E	XISTING UNIT HOLDER INFORMATI	ON (The deta	ils in our recor	ds under the folio number m	entioned will apply f	or this application.)		
Folio N	o.:			CKYC Identification No.	. (KIN)			
Name o	of 1⁵t Unit Holder:							
AADHA	AAR No.:					Aadh	naar Copy (Please ✓) ○ Enclosed	
2. SYSTEMATIC TRANSFER PLAN (STP) (For instructions please refer the next page)								
From	Scheme			-	_	Div. Payout Div. Reinvestment	Oiv frequency*	
To Sch	neme		_	Regular Plan   Growth		Payout Reinvestment (Defau	lt) Div frequency*	
*Divider	nd frequency is applicable only for Mira	ae Asset Cash	Management F	und & Mirae Asset Savings Fu	nd.			
_	(✓) STP Frequency from the below		ransactions will	_	n the date of submissi		nthly Quarterly	
	y, Weekly, Fortnightly, Monthly & Quarter		· · · · · · · · · · · · · · · · · · ·					
Please	(✓) STP date:	○ 1 <sup>st</sup>	(	10 <sup>th</sup> (Default)	○ 15 <sup>th</sup>	○ 2 <sup>-</sup>	1 <sup>st</sup>	
Amour	nt per transfer (₹ In Figures):			STI	P Start Date from:	D D M M Y Y Y	Y To: D D M M Y Y Y Y	
3. S	YSTEMATIC WITHDRAWAL PLAN (S	SWP) (For ins	tructions pleas	e refer the next page)				
Schen	ne			Regular Plan Direct Plan		Div. Payout Div. Reinvestment	Oiv frequency*	
*Divide	nd frequency is applicable only for Mira	ae Asset Cash	Management F	und & Mirae Asset Savings Fu	nd.			
Please (✓) SWP Frequency from the below options (Transactions will be triggered after 5 days from the date of submission)  ○ Monthly  ○ Quarterly								
Withdr Please	awal Option: (V) (Min. 12 Months / 4	○Fixed Quarters of ₹	1000 and above	OI II	withdrawal (1st of each ths / 4 Quarters of ₹ 10		nmount Per Vithdrawal ₹:	
Withdr	awal Date: Please (✓)	O 10 <sup>th</sup> (Defau	ult) 0 15 <sup>th</sup>	○ 21 <sup>st</sup> ○ 28 <sup>th</sup> <b>SW</b>	/P Start Date from:	DDMMYYY	Y To: D D M M Y Y Y Y	
4. D	ECLARATION AND SIGNATURES / 1	THUMB IMPRI	ESSION OF AP	PLICANT(s) [Refer Instructio	ns 2(e) of KIM]			
the schem Laws or ar with this a Transfer A RTA and o any other indicative availing th Indian Nat (I) Applica per the sai the AMC, i and usage	ustees, Mirae Asset Mutual Fund (The Fund) - (A) Ie (B) IWe hereby declare that the amount invested in yother applicable laws enacted by the Government c pplication form is true and correct and further agrees gent (RTA) from time to time. IWe hereby confirm that the intermediaries in case of any dispute regarding the mode), payable to him for the different competing portfolio and/ or any indicative yield by the Fund en online facility: IWe have read, understood and stionality/Origin and IWe hereby confirm that the fun ble to Foreign Resident's Residing in India: I We do FEMA regulations and other applicable laws and reg in which event the AMC reserves the right to redee (ii) validating/authenticating and (ii) updating my/our remographic information with the asset management of	n the scheme(s) is it of India from time to s to furnish additionat the AMC/Fund shahe are eligibility, validity is Schemes of various AMC/its distribut hall be bound by the dis for subscription confirm that IWe sigulations. (J) I / We mm my / our invests	hrough legitimate sour time. (C) Signature of all information sought to all have the right to sha and authorization of my sus Mutual Funds fro for for this investment terms & conditions of and for all additional stiffy the Residency tec- confirm that I am / We ments in the Scheme!	zes only and does not involve and is not de the nominee acknowledging receipts of myl- py Mirae Asset Global Investments (India) are my information and other details with thy your transactions. (E) IWe further declare m amongst which the Scheme is being rt. IWe have not received nor have been in the PIN agreement available on the AMC w purchases have been remitted from abro st as prescribed under FEMA provisions. IM, et are not United States person(s) under s). (K) Aadhaar: IWe hereby provide my/c Aadhaar Act. 2016 (and regulations made !	signed for the purpose of the cour credit will constitute full disc Limited (AMC)/ Fund and unde le regulatory and government a that "The ARN holder has dis- recommended to me/us. (F) I/ nduced by any rebate or gifts, ebsite for transacting online. (H ad through normal banking of Me further declare that I/We am the laws of United States or no ur consent in accordance with. Hereunder) and PMLA. I/We he	contravention of any provisions charge of liabilities of Mirae Ass ertake to update the informatic authorities as and when needed closed to melus all the comm We hereby confirm that I/We directly or indirectly in making 1) Applicable for NRIs only: -1 nannels or from funds in my/oure "Person Resident in India" resident(s) of Canada. In case Aadhaar Act, 2016 and regulating preby provide my/our consent for provident of the property of the property provide my/our consent for the provident of the property provide my/our consent for the provident of the property provide my/our consent for the provident of the property provident of the provident of the pr	of the Income Tax Act, Anti Money Laundering set Mutual Fund. (D) The information given in / on/details with the AMC / Fund/Registrars and d. I/We will indemnify the Fund, AMC, Trustee,	
	Signature of 1st Applicant / Guardian Authorised Signatory /PoA/Karta	n/	Si	ignature of 2nd Applicant / Guardia Authorised Signatory /PoA	in /		Applicant / Guardian / d Signatory /PoA	
T SLIP	Received Application from				Folio No.:	as per details below:		
N W W	Scheme Name and P		Details			Date & Stamp of	of Collection Centre / ISC	
WLEDGEMENT SLIP			○ SWP	Amount (₹)				