Application Form For Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP)

IDBI mutual

Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 Website: www.idbimutual.co.in

Form No. I 0001995

ARN Code & Name	Sub Distributor / Branch Code	EUIN	Bank Serial No. / Bank Stamp / Receipt Date
83671		E100500	

☐ 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.

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. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductable as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

Please ✓ any one only ☐ SIP ☐ Micro SIP ☐ Change in Bank Mandate ☐ SIP Cancellation

1. Investor and Investment details. Please ✓ wherever applicable.

Sole / First Investor Name (as appearing in ID proof)

PAN No. **Folio No. (For Existing Investor)**

Scheme Name: _____

Plan: ☐ Regular ☐ Direct

Option: ☐ Growth ☐ Dividend **Sub-option / Frequency of Dividend:** _____

Mode of dividend: ☐ Payout ☐ Re-investment ☐ Sweep

Sweep: To Scheme_____Plan_____Option_____

☐ **IDBI Monthly Income Plan**

☐ Growth	☐ Growth with Regular Cash Flow Plan (RCFP) ☐ On completion of _____Years (Minimum of 5 years and in multiples of 1 year thereafter) ☐ On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter) ○ Monthly Dividend Payout ○ Quarterly Dividend Payout ○ SWP Rs. _____Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)	☐ Dividend ☐ Monthly ☐ Quarterly ☐ Payout ☐ Reinvestment ☐ Sweep

Only for IDBI Gilt Fund:

Fixed Tenor Trigger (FTT) Plan :

Automatic redemption after ☐ 1 year ☐ 3 years ☐ 5 years ☐ 7 years ☐ 10 years

2. Systematic Investment Plan (SIP) details. Refer point no. I of SIP/SWP/STP instruction.

Each SIP Amount (Rs.)_____ Frequency: ☐ Daily (only for IDBI Ultra Short Term Fund)^ ☐ Monthly / ☐ Quarterly

SIP Frequency Date: ☐ 5th / ☐ 15th / ☐ 25th of the month (1st month of the quarter for quarterly frequency)

From D D M M Y Y Y Y To D D M M Y Y Y Y **or** No. of installments _____ **or** ☐ perpetual.

(Direct Debit /ECS instructions will take minimum 30 days for registration with the Bank and hence the first auto debit will be carried out after 30 days on the SIP date. The AMC reserve the right to modify the SIP registration period)

Photo identification proof in case of Micro SIP _____ **(Note: Please allow minimum one month for auto debit to register and start)**

^ The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days.

3. Systematic Transfer Plan (STP). Refer point no. II of SIP/SWP/STP instruction.

I/We would like to switch: From Scheme _____ Plan _____ Option _____

switch: To Scheme _____ Plan _____ Option _____

Each STP Amount (Rs.) Frequency: ☐ Daily (All business days)# ☐ Weekly (1st business day of the week)

Date: ☐ 5th / ☐ 15th / ☐ 25th of the month / quarter ☐ Monthly ☐ Quarterly

Enrolment Start D D - M M - Y Y Y Y End D D - M M - Y Y Y Y or No. of installments _____

Daily STP facility will be available for transferring the units from IDBI Liquid Fund / IDBI Ultra Short Term Fund to any open-ended schemes of IDBI Mutual Fund.

4. Systematic Withdrawal Plan (SWP). Refer point no. III of SIP/SWP/STP instruction.

Each SWP Amount Rs.

Enrolment Start Month D D M M Y Y Y Y End Month D D M M Y Y Y Y or No. of installments _____

5. Particulars of bank account

Accountholder Name as in Bank Account

Bank Name Branch

City PIN code

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR Account No.

9 Digit MICR Code (Please enter the 9 digit number that appears after your cheque number)

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform IDBI Mutual Fund about any changes in my bank account I/We have read and agreed to the terms and conditions mentioned overleaf.

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize to IDBI Mutual Fund/ representative carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

First Account Holder's Signature | Second Account Holder's Signature | Third Account Holder's Signature