Transaction Form For STP & SWP



Please refer to the general instructions for assis	stance and complete all sections in I	English. For legibility, ple	ase use BLOCK LETT	ERS in black or da	rk ink.		Time Stamp
Distributor/RIA Code	Sub-Distributor ARN	Sub-Di	stributor Code		EUIN		Branch Code
ARN-167174				E326	6136		
Initial Commission will be paid by the inve	stor directly to the distributor, ba	ised on assessment o	f various factors inc	luding the servic	e rendered by the	Distributor.	
Transaction Charges: SEBI (Mutual Fund) Reg investments sourced by him. The transaction ch No transaction charges would be levied if you a	ulations allow deduction of transaction	on charges of Rs. 100/- f	rom your investment f	or payment to you	r distributor if your of	listributor has opted to	receive transaction charges for
No transaction charges would be levied if you a Investor's Declaration where EUIN is not furnished							
person of the above distributor and/or notwithstan	ding the advice of inappropriateness, if	any, provided by the emplo	yee/relationship manage	er/sales person of dis	stributor and the distrib	outor has not charged any	advisory fees on this transaction.
	<i>⊯</i> 2nc	I Applicant				t	
1. APPLICANT INFORMATIO	ON						
Name of Sole/1st Unit Holder	First Name	Middle	e Name		ast Name	Folio No.	
PAN/PEKRN**	t Unit Holder		Şecorld Unlit Hold	der		[Third] Unit -	lolder
Aadhaar No.	First Unit Holder		Second	nit Hol¢er		Thito	l Uhit Holder
KIN*	Holder		Se¢on¢ Ur it Hþld	er		Third Unit	Holder
Date of Birth* (1st Unit Holder)	M M Y Y Y Y Date of	of Birth* (2nd Unit Hole	der) D D M M	ΥΥΥΥΥ	Date of Birth*	(3rd Unit Holder)	DMMYYYYY
Mobile No. +91-		E-ma	ail ID				
KYC is mandatory. Please enclose copies ^ 14 digit KYC Identification Number (KIN							
2. SYSTEMATIC WITHDRAWA	L PLAN (SWP) - Please	note that the value	of the unit bala	nce in the sou	urce scheme sh	ould be at least F	Rs. 25,000
Scheme Name L&T			Optio	n (✓) _ Growth	n O Dividend Pa	yout O Dividend F	Reinvestment O Bonus^
Dividend Frequency (✓ wherever a	pplicable) O Daily O	Weekly O Mont	hly* Quart	erly O Ann	ual^ 🔿 Semi-A	nnual^	
Withdrawal preference (✓) ◯Amo	ount (₹)	OR	⊖ Capita	al Appreciatio	n (Available for C	ROWTH plan only)
Withdrawal frequency (✓) ○ Mon	-	O Semi-Annu			(,
				1			
Withdrawal date (\checkmark) \bigcirc 1st \bigcirc 5th \bigcirc ^Available in select schemes only		5th O 28th Withdi	rawal period From	m [M M Y	Y Y Y TO	M M Y Y Y	✓ OR ○ Till balance
3. SYSTEMATIC TRANSFER P	PLAN (STP) - Please note	that the value of t	he unit balance	in the source	scheme should	l be at least Rs. 2	5,000
Scheme Name L&T			Option	n (✓) ○ Growt	h O Dividend Pa	avout O Dividend	Reinvestment O Bonus^
Dividend Frequency (✓ wherever a	pplicable) O Daily O We	eklv O Monthlv*		-	O Semi-Annua		
	, , , , , , , , , , , , , , , , , , ,	, ,	,				
To Scheme L&T			Option	n (✓) ○ Growt	h O Dividend Pa	ayout O Dividend	Reinvestment O Bonus [^]
Dividend Frequency (✓ wherever a	pplicable) O Daily O We	ekly O Monthly*	 Quarterly 	O Annual [^]	 Semi-Annua 	lv	
Transfer preference (\checkmark) \bigcirc Amount (₹)OR Ca	pital Appreciation (Ava	ailable for GROWTH	plan only) From	MMYYY	TO MMYY	OR O Till balance
Transfer frequency O Daily							
(Please (✓) anyone) ○ Week	,	○ Tue	\bigcirc Wed	⊖ Thu	⊖ Fri		
 ○ Fortni ○ Monti 	• •	○ 15th* ○ 5th	○ 10th*	○ 15th	○ 20th	○ 25th	○ 28th
⊖ Quarte	•	⊖ 5th	○ 10th*	○ 15th	○ 20th	○ 25th	○ 28th
*Default option if not selected	^Available in select s						
4. DECLARATION & SIGNATU	RES (To be signed as per M	lode of Holding)					
IWe have read and understood the resp induced by any rebate or gifts, directly or based on my/our assessment of vario commission or any other), payable to hi Applicable for AADHAAR SUBMISSIO accounts maintained with CAMS service	or indirectly in making this tran ous factors including the servic m for different schemes of muti ON : I/We hereby give you my/or	saction. I/We unders are rendered by the c ual funds from among ur consent to validate	tand that the upfro listributor. Also, the gst which the schere Aadhaar with UID.	ent commission e AMFI register me is being reco Al and for updat	will be paid direct ed distributor has ommended to me ing/linking my Aa	ly by me/us to the A s disclosed the con us. dhaar number based	AMFI registered distributors amissions to me/us (in trai d on the PAN given in all my

ACKNOWLEDGEMEN	SLIP (To be filled in	by the Applicant)	L&T Financial Services
Folio No Scheme/Plan/Option	Received from	Name of the Sole/First Unit Holder	For Office Use Only
 SWP Instalment amount STP Instalment amount 		Frequency(✓) ○ Monthly ○ Quarterly ○ Semi Annual ○ Annual Frequency(✓) ○ Daily ○ Weekly ○ Fortnightly ○ Monthly ○ Quarterl	Acknowledgement Stamp & Date