## TAURUS MUTUAL FUND



## Systematic Withdrawal Plan or Systematic Transfer Plan or Dividend Sweep Option (Please read instructions carefully before filling up the form)

Please (✓) any one.	Systematic Withdrawal P	lan 🗌 Systematic Transfer Pla	n Dividend Sweep Option
1. DISTRIBUTOR / BROKER INFOR	MATION	FOR OFFICE USE ONLY	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code	Date a	nd Time of Receipt
ARN-167174			
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.			
2. UNIT HOLDER INFORMATION			
FOLIO NO.			
Name of First/Sole Applicant Mr.	Ms. M/s.		
PAN		Enclosed (please ✓)	KYC Acknowledgement
Name of Second Applicant Mr.	Ms.		
Name of Third Applicant Mr.			
NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder/Name of the Contact Person (For Non Individual Applicant)			
Mr. Ms. M/s.			
Designation of Contact Person		Enclosed (please ✓)	KYC Acknowledgement
3. SYSTEMATIC WITHDRAWAL PLAN (SWP)			
I/We wish to redeem units through Systematic Withdrawal Plan in above-referred folio as per details below			
Scheme Name	Plan	Option	
Withdrawal preference Fixed Amount Fixed No. of Units			
Withdrawal Amount/Units X No. of Installments = Total Withdrawal			
Frequency (Please ✓)			
Period of enrolment (MM / YY)  From MM Y Y Y Y Y  To MM Y Y Y Y Y			
4. SYSTEMATIC TRANSFER PLAN (STP)  5. DIVIDEND SWEEP OPTION (DSO)			
I/We wish to switch units through a Systematic Transfer Plan I/We wish to Transfer the dividends declared as per the details below in above-referred folio as per details below			
From SchemeFrom Scheme			
Plan Option			
To SchemePlan			Option
Plan         Option         To Scheme			
T ( ( DE IA ) DE IA (U)			
Transfer Amount/Units No. of Instalments Plan Option Option			
Frequency (/) Daily Weekly (Friday) Monthly Quarterly			
STP Date (/) Monthly / Quarterly 1st 5th 10th 15th 28th			
Enrolment From MM Y Y Y Y Y To MM Y Y Y Y Y			
DISCLAIMER			
I / We have read and understood the contents of the Scheme Information Document(s) of the respective Scheme(s) and Statement of Additional Information and the terms & conditions overleaf. I /We hereby apply to the Trustee of Taurus Mutual Fund for enrolment under the SWP / STP / Dividend Sweep of the Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective said Scheme(s) / Plan(s) / Option(s). The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.			
Please Sign here		Please Sign here	Please Sign here
First / Sole Applicant/ Guardian / PO	=	ond Applicant / Auth. Sign	Third Applicant Sign
¥		GEMENT - SWP/STP/DSO Form	
TAURUS Mutual Fund	IAURU	JS MUTUAL FUND	
Folio No. Acknowledgement Stamp/			
Received from Mr./Ms./M/s			
Received for SWP STP Dividend Sweep			
Scheme / Plan / Option —			
Amount or Units			