

# SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM



Please read instructions before filling this form

**Sponsors:** The Investment Trust of India Limited and Fortune Credit Capital Limited  
**Trustee Company:** ITI Mutual Fund Trustee Private Limited

**Investment Manager:** ITI Asset Management Limited  
 ITI House, Building no. 36, Dr. R. K. Shirodkar Marg, Parel, Mumbai 400 012. CIN : U67100MH2008PLC177677

Enrolment Form No. \_\_\_\_\_

| DISTRIBUTOR INFORMATION |                      |                                       |       |          | FOR OFFICE USE ONLY      |
|-------------------------|----------------------|---------------------------------------|-------|----------|--------------------------|
| Distributor Name & Code | Sub-Distributor Code | Internal Code for Sub-Broker/Employee | EUIN* | RIA Code | Date and Time of Receipt |
| ARN-                    | ARN-                 |                                       |       |          |                          |

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor. 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. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

|                                  |                             |                            |
|----------------------------------|-----------------------------|----------------------------|
| First/Sole Unit Holder/ Guardian | Second Unit Holder/Guardian | Third Unit Holder/Guardian |
|----------------------------------|-----------------------------|----------------------------|

## UNITHOLDER INFORMATION

1st/Sole Unit Holder Name \_\_\_\_\_  
 Folio No. \_\_\_\_\_ Aadhaar Card No. \_\_\_\_\_ PAN \_\_\_\_\_

## STP / SWP FREQUENCY [Please tick (✓) in the appropriate box]

|                                 |   |  |  |
|---------------------------------|---|--|--|
| <input type="radio"/> Daily STP | <input type="radio"/> Weekly STP                  | <input type="radio"/> Monthly STP/SWP (Default)  | <input type="radio"/> Quarterly SWP  |
| All Business Days               | (Please mention any day between Monday to Friday) | <input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> 28th | <input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> 28th |

Default Frequency will be Monthly, in case frequency not selected or in case of any ambiguity.

## SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Not applicable for ELSS Scheme)

From Scheme: ITI Plan:  Regular  Direct Option:  Growth  IDCW# Reinvest  IDCW# Payout  
 IDCW# Frequency: (Please ✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly  Half Yearly  Annually.

To Scheme: ITI Plan:  Regular  Direct Option\*:  Growth  IDCW# Reinvest  IDCW# Payout  
 IDCW# Frequency: (Please ✓)  Daily  Weekly  Fortnightly  Monthly  Quarterly  Half Yearly  Annually.

Amount per instalment ₹ \_\_\_\_\_ Amount (in words) \_\_\_\_\_

Transfer Period From [D][D][M][M][Y][Y][Y][Y] No of Transfers \_\_\_\_\_ OR  Till Further Instruction

### IDCW Frequency Options Available:

ITI Liquid Fund and ITI Overnight Fund: Daily, Weekly, Fortnightly, Monthly & Annually. ITI Dynamic Bond Fund: Monthly, Quarterly, Half Yearly & Annually. ITI Conservative Hybrid Fund: Quarterly, Half Yearly & Annually.

\* Default Option will be Growth in case option not selected or in case of any ambiguity. IDCW# Frequency is not applicable for Equity Schemes. # Income Distribution cum Capital Withdrawal

## SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (Not applicable for ELSS Scheme) (Only Monthly and Quarterly Options available)

From Scheme: ITI Plan:  Regular  Direct Option:  Growth  IDCW# Reinvest  IDCW# Payout

Amount per instalment ₹ \_\_\_\_\_ Amount (in words) \_\_\_\_\_

Enrolment Period From Date [M][M][Y][Y][Y][Y] To Date [M][M][Y][Y][Y][Y] OR  Perpetual (99 years) (Default)

# Income Distribution cum Capital Withdrawal

## DECLARATION & SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto, I/ We hereby apply to the Trustee of ITI Mutual Fund for enrolment under the STP/SWP of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme(s). I/We further declare, I am/we are authorised to invest the amount and that the amount invested by me/us is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any Regulation, including SEBI. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/ We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments.

I/We declare that the particulars furnished here are correct. 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.

| Date                     | SIGNATURE(S) as per ITI Mutual Fund records |                    |                   |
|--------------------------|---|--------------------|-------------------|
| [D][D][M][M][Y][Y][Y][Y] |   |                    |                   |
|                          | Sole/First Unit Holder/Guardian             | Second Unit Holder | Third Unit Holder |

## ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Enrolment Form No. \_\_\_\_\_

Received from: Mr./Ms./M/s. \_\_\_\_\_

Folio No. \_\_\_\_\_

an application for (please ✓)

STP From Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

SWP From Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

STP/SWP amount per instalment ₹ \_\_\_\_\_ per  Day  Week  Month  Quarter

ISC Stamp, Date & Signature