

# SYSTEMATIC WITHDRAWAL PLAN (SWP)

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	RIA CODE ^	Serial No., Date & Time Stamp
ARN <b>118251</b>	ARN			<b>E</b>		

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.  
^ I/We, have invested in the scheme(s) of Axis Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all schemes of Axis Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:

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 above 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."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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## TRANSACTION CHARGES FOR APPLICATIONS ROUTED THROUGH DISTRIBUTORS/AGENTS ONLY

I confirm that I am a first time investor across Mutual Funds. **OR**  I confirm that I am an existing investor in Mutual Funds.  
In case the subscription (lumpsum) amount is ₹ 10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹ 150/- (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

### 1 Applicant Details

Folio No.

Sole / 1st Unitholder   
(as in PAN Card / KYC records)

Guardian's Name   
(as case of minor) First Name  Middle Name  Last Name

1st Holder PAN  1st Applicant  2nd Holder PAN  2nd Applicant  3rd Holder PAN  3rd Applicant

### 2 SWP DETAILS# (To be submitted atleast 15 days before 1st due date. Please (✓) the appropriate option)

SWP From Scheme

Plan  Regular  Direct

Option  Growth  Dividend Payout  Dividend Re-investment  Bonus

Withdrawal Amount ₹  in figures ₹  in words

Withdrawal Frequency  Monthly (minimum 6)  Quarterly (minimum 4)  Half Yearly (minimum 4)  Yearly (minimum 2)

Withdrawal Period From  To  OR No. of installments

SWP Date\*  1<sup>st</sup>  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup>

\*In the event that such a day is a holiday, the withdrawal would be affected on the next business day.

# Units completed three years of lock in period in Axis Long Term Equity Fund would be eligible for SWP facility. Minimum installment ₹ 500/- multiple ₹ 1/-.

### 3 DECLARATION AND SIGNATURES

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	POA Holder
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To be signed by All Applicants if mode of operation is "Joint"

### #INSTRUCTION & INFORMATION

- Please refer the Key Information Memorandum and Scheme information documents and Statement of additional information of the respective Schemes(s) for Applicable NAV, Risk Factors, Load Structure and other information on the Scheme(s).
- Contingent Deferred Sales Charge (CDSC)/Exit Load if any is applicable to SWP.
- The AMC reserves the right to accept SWP applications of different amounts, dates and frequency.
- You can choose to discontinue any of these facilities by giving 15 days prior notice in writing to our Registrar Karvy and it will terminate automatically if all the Units are liquidated, or withdrawn from the account or the holdings fall below the SWP amount.
- The Default bank account as mentioned in the above folio would be considered for such credits. In case you wish to change the bank account fill in a Change of Bank Account form available at www.axismf.com.
- Incorrect, incomplete, ambiguous forms will be rejected.
- If SWP date and frequency is not mentioned by investor, default date & frequency would be considered as 10th of every month and monthly respectively.

### ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Folio No.  Investor Name

From Scheme

Amount  Frequency

Stamp & Signature