

Transaction Form



Time Stamp

Distributor/Broker Code ARN-3092 (stamp here)	Sub-Broker ARN Sub-Broker Code	Relationship Manager's Name Mobile EUIN E 0 7 5 4 3 9	Branch Code
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If Employee Unique Identification Number (EUIIN) details are not provided, the investor(s) agrees that: I/We hereby confirm that the EUIIN 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. Signature/s (To be signed by All Applicants) (See note 7)

(Sole/First Applicant) (Second Applicant) (Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors. Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

PERSONAL DETAILS (see note 1)

First Unit Holder: _____ Folio No. _____
 PAN: _____ (First Unit Holder) _____ (Second Unit Holder) _____ (Third Unit Holder)

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

PURCHASE (see note 2)

Scheme
 Option Growth* Bonus (available in select schemes only) Dividend Payout Dividend Reinvest
 Dividend Frequency _____
 Investment Amount (Rs.) _____ A DD Charges, if applicable (Rs.) _____ B Net Amount (Cheque/DD) (Rs.) _____ A minus B
 Mode of Payment (✓) Cheque DD Fund Transfer RTGS NEFT Payment made by (✓) (Please refer notes on 3rd party payments overleaf)
 First/Second/Third Unit Holder Guardian Others
 Cheque No. _____ Dated DD/MM/YYYY Drawn on Bank _____
 Branch _____ City _____
 NRI Investor, please specify account type (✓) NRE NRO FCNR Others (please specify) _____ Reason for your SIP (✓) Children's Education Children's Marriage House Car Retirement

REDEMPTION (see note 3)

Scheme _____ Dividend Frequency _____
 Option Growth Bonus Dividend Payout Dividend Reinvestment Amount (Rs.) _____ No. of Units _____ All Units
 If you have changed your bank and have not informed us of the change, your money will be credited to the bank account registered with us

SWITCH (see note 4)

From Scheme _____ Dividend Frequency _____ Option Growth Bonus Dividend Payout Dividend Reinvestment
 To Scheme _____ Dividend Frequency _____ Option Growth* Bonus Dividend Payout Dividend Reinvestment
 Amount (Rs.) _____ No. of Units _____ All Units

SYSTEMATIC WITHDRAWAL PLAN (SWP) (see note 5)

From Scheme _____ Dividend Frequency _____
 Option Growth Bonus Dividend Payout Dividend Reinvestment
 Withdrawal Preference Amount* Capital Appreciation Withdrawal Instalment x No. of Instalments _____ Total Withdrawal _____
 Withdrawal From (First Instalment) _____ To (Last Instalment) _____ Withdrawal Date _____ Withdrawal Frequency (✓) _____
MM/MM/YYYY MM/MM/YYYY 1st 5th 10th* 15th 25th Monthly* Quarterly

SYSTEMATIC TRANSFER PLAN (STP) (see note 6)

From Scheme _____ Option Growth Bonus Dividend Payout Dividend Reinvestment Dividend Frequency _____
 To Scheme _____ Option Growth* Bonus Dividend Payout Dividend Reinvestment Dividend Frequency _____
 Transfer Preference (✓) Amount* Capital Appreciation Transfer Instalment Rs. x No. of Instalments _____ Total Transfer Rs. _____ Transfer Period From (First Instalment) _____ To (Last Instalment) _____
MM/MM/YYYY MM/MM/YYYY
 Transfer Frequency (Please choose from the options mentioned here) (✓) Weekly Mon* Tue Wed Thu Fri Fortnightly Date 1st 15th*
 Monthly* Quarterly Date 1st 5th 10th* 15th 25th

*Default option if not selected

YOUR SIGNATURE/S (To be signed by all joint holders)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us. Date DD/MM/YYYY

(Sole/First Unit Holder) (Second Unit Holder) (Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) ARN-3092

Received from _____ Name of the Sole/First Unit Holder _____ Folio No. _____
 Scheme _____ Option _____ Amount _____
 Purchase Cheque No. _____ Dated DD/MM/YYYY Drawn on Bank _____
 Redemption Amount _____ Units _____ All Units _____
 Switch Amount _____ Units _____ All Units to _____ Scheme Name _____
 SWP Instalment Amount _____ No. of Instalments _____ Frequency (Please ✓) Monthly* Quarterly
 STP Instalment Amount _____ No. of Instalments _____ to _____ Scheme Name _____
 Frequency (Please ✓) Weekly Fortnightly Monthly Quarterly

L&T Mutual Fund

For Office Use Only

Acknowledgement Stamp & Date