Transaction Form For STP & SWP

L&T Mutual Fund

Please refer to the General Instructions for assistance. If you are not investing through a Distributor, write DIRECT in the Distributor Code.

Time Stamp

Distributor Code	Sub-Distributor ARN	EUIN	Branch Code	Relationship Manager's Name
ARN-	**Sub-Distributor Code**			Mobile +91-
				E-mail

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Transaction Charges	Investor's Declaration where EUIN is not furnished
SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs.10,000/-	I/We 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 and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

If this is the first time, you are investing in any mutual fund, please tick here ☐

✍ Sole/1st Applicant   ✍ 2nd Applicant   ✍ 3rd Applicant

1. APPLICANT INFORMATION

Name of Sole/1st Unit Holder _____ First Name _____ Middle Name _____ Last Name _____ 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.

Mobile No. +91- _____ E-mail ID _____

2. SYSTEMATIC WITHDRAWAL PLAN (SWP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name **L&T** _____ Option (✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout

Dividend Frequency (✓wherever applicable) ☐ Daily ☐ Weekly ☐ **Monthly*** ☐ Quarterly ☐ Annual^ ☐ Semi-Annual^

Withdrawal preference (✓) ☐ **Amount** (₹) _____ OR ☐ Capital Appreciation (Available for **GROWTH** plan only)

Withdrawal frequency (✓) ☐ **Monthly*** ☐ Quarterly ☐ Semi-Annual ☐ Annual

Withdrawal date (✓) ☐ 1st ☐ 5th ☐ **10th*** ☐ 15th ☐ 20th ☐ 25th **Withdrawal period** From M M Y Y Y Y To M M Y Y Y Y OR ☐ Till balance

3. SYSTEMATIC TRANSFER PLAN (STP) - Please note that the value of the unit balance in the source scheme should be at least Rs. 25,000

Scheme Name **L&T** _____ Option (✓) ☐ Growth ☐ Bonus^ ☐ Dividend Reinvestment ☐ Dividend Payout

Dividend Frequency (✓wherever applicable) ☐ Daily ☐ Weekly ☐ **Monthly*** ☐ Quarterly ☐ Annual^ ☐ Semi-Annual^

To Scheme **L&T** _____ Option (✓) ☐ **Growth*** ☐ Dividend Reinvestment ☐ Dividend Payout

Dividend Frequency (✓wherever applicable) ☐ Daily ☐ Weekly ☐ **Monthly*** ☐ Quarterly ☐ Annual^ ☐ Semi-Annual^

Transfer preference (✓) ☐ **Amount** (₹) _____ OR ☐ Capital Appreciation (Available for **GROWTH** plan only) From M M Y Y Y Y To M M Y Y Y Y OR ☐ Till balance

Transfer frequency (✓) ☐ Daily ☐ Weekly (✓) ☐ **Mon*** ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Fortnightly(✓) ☐ 1st ☐ **15th***

☐ **Monthly*** ☐ Quarterly (✓) ☐ 1st ☐ 5th ☐ **10th*** ☐ 15th ☐ 20th ☐ 25th

*Default option if not selected   ^Available in select schemes only

4. DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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

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

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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

L&T Mutual Fund

Folio No. _____ Received from _____ Name of the Sole/First Unit Holder _____

Scheme/Plan/Option _____

For Office Use Only

☐ SWP Instalment amount _____ Frequency(✓) ☐ Monthly ☐ Quarterly

☐ STP Instalment amount _____ Frequency(✓) ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Fortnightly

Acknowledgement Stamp & Date

23