

Transaction Form For STP & SWP

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Time Stamp

Distributor/RIA Code	Sub-Distributor ARN	Sub-Distributor Code	EJIN	Branch Code
OM FINANCIAL SERVICES ARN - 131906			E-121369	

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: 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/-. If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EJIN is not furnished: I/We confirm that the EJIN 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.

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/PEKRN** First Unit Holder Second Unit Holder Third Unit Holder

Aadhaar No. First Unit Holder Second Unit Holder Third Unit Holder

KIN* First Unit Holder Second Unit Holder Third Unit Holder

Date of Birth* (1st Unit Holder) Date of Birth* (2nd Unit Holder) Date of Birth* (3rd Unit Holder)

Mobile No. +91- E-mail ID

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year.

^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

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 Payout Dividend Reinvestment Bonus^

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 To OR Till balance

^Available in select schemes only

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 Dividend Payout Dividend Reinvestment Bonus^

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

To Scheme L&T Option Growth Dividend Payout Dividend Reinvestment Bonus^

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

Transfer preference (✓) Amount (₹) OR Capital Appreciation (Available for GROWTH plan only) From To OR Till balance

Transfer frequency Daily

(Please (✓) anyone)

- Weekly Mon* Tue Wed Thu Fri
- Fortnightly 1st 15th*
- Monthly* 1st 5th 10th* 15th 20th 25th
- 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)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Scheme/Plan/Option

- SWP Instalment amount Frequency(✓) Monthly Quarterly Semi Annual Annual
- STP Instalment amount Frequency(✓) Daily Weekly Fortnightly Monthly Quarterly