SPECIAL FEATURES FORM - STP/SWP

Please read Product Labelling available on the Front Inside
Cover Page and instructions before filling this form
(all points marked * are mandatory)

Edelweiss MUTUAL FUND
Ideas create, values protect

APPLICATION NO.

☐ STP   ☐ SWP

1 DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code INTERNAL CODE	Employee Unique IDENTIFICATION NO. (EUIN)	E-Code	RIA CODE^ ONLY FOR DIRECT INVESTMENT
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 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".
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'.
^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

All sections to be filled in English and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form. All columns marked * are mandatory.

2 UNITHOLDER INFORMATION

Folio No. (For Existing Unit Holders)			
Sole / 1st Unit Holder			
PAN		Date of Birth	D D M M Y Y Y Y	Mobile No.
Aadhaar No.		CKYC No.	

3 TRANSACTION CHARGES [Please ✓]

☐ I am First Time Investor in Mutual Funds   ☐ I am Existing Investor in Mutual Funds

In case the subscription 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.

4 SCHEME DETAILS (STP/SWP from Scheme)

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)   Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)

SCHEMES OFFERED BY EDELWEISS MUTUAL FUND :

Equity Schemes		Debt Schemes
Edelweiss Arbitrage Fund	Edelweiss Mid Cap Fund	Edelweiss Liquid Fund
Edelweiss Balanced Advantage Fund	Edelweiss Multi-Cap Fund	Edelweiss Low Duration Fund
Edelweiss Large Cap Fund		Edelweiss Short Term Fund
Edelweiss Long Term Equity Fund (Tax Savings)		Edelweiss Banking and PSU Debt Fund
Edelweiss Multi-Asset Allocation Fund		Edelweiss Corporate Bond Fund
Edelweiss Large & Mid Cap Fund		Edelweiss Dynamic Bond Fund
Edelweiss Equity Savings Fund		Edelweiss Government Securities Fund

5 FREQUENCY DETAILS

☐ Daily (STP)	☐ Weekly (STP)	☐ Fortnightly (STP)	☐ Monthly (STP/SWP)	☐ Quarterly (STP/SWP)
All Business Day	7th, 14th, 21st, 28th of any month	10th, 25th	Any date except last 3 days of month Date : ____ / ____ / _____	Any date except last 3 days of month Date : ____ / ____ / _____

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS   (NOT APPLICABLE FOR ELSS SCHEME)

To Scheme _____ Option _____

STP Period : From Date ____ / ____ / _____   To Date ☐ Perpetual (99 years) (Default) or ☐ 10yrs or ☐ 5 yrs or ____ / ____ / _____

Amount Per Installment : _____ Amount (in words) _____

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS   (NOT APPLICABLE FOR ELSS SCHEME) (Only Monthly and Quarterly Options Available)

Amount Per Withdrawal : _____ Amount in words : _____

SWP Period :   From Date _____ / _____ / _____   To Date _____ / _____ / _____   or Perpetual (99 years) (Default) ☐

8 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*   DATE : ____ /____ /_____   PLACE : _____

Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
For NRIs/FIIs 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 Account/FCNR account/NRO/NRSR Account. (Please ✓) (Including amount of transactions made in future)
☐ Repatriation   ☐ Non Repatriation

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT