

# **Common Transaction Slip**

Kindly read the KIM, SID and SAI carefully before investing Please read the instructions before completing this Application form and fill the sections in CAPITAL

| DISTRIBUTOR CODI   | E/ARN SUB-   | BROKER CODE                  | REGISTRAR /BAN  | K SR NO  | DATE & TIME OF RECEIPT   |  |  |
|--|--|------------------------------|---|--|--|--|--|
| ARN - 098  |  |                              |   | OR OFFICE US   |  |  |  |
|  | 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.  |                              |   |  |  |  |  |
| EXISTING INVESTORS   |  |                              |   |  |  |  |  |
| Folio No   |  | Name                         |   |  |  |  |  |
| _  | ADDITIONAL PURCHASE REQUEST (Cheque/DD favoring 'Scheme Name')   |                              |   |  |  |  |  |
| Scheme Name  |  |                              |   |  |  |  |  |
| Plan/Option  | -:   |                              |   |  |  |  |  |
| Mode of Payment  | Cheque DD  | Fund Transfer                | Cheque<br>Drawn on Bank and Branch  | /DD No.  |  |  |  |
| Cheque/DD Dated  |  |                              |   |  |  |  |  |
| Gross Amount (Rs.) DD Charges (Rs.) Net Amount (Rs.)   |  |                              |   |  |  |  |  |
| REDEMPTION REQUES Scheme Name  | ST .   |                              |   |  |  |  |  |
|  |  |                              |   |  |  |  |  |
| Plan/Option  |  |                              |   |  | AU 11 %  |  |  |
| Amount (Rs)  |  | Number of I                  | Jnits   |  | All Units  |  |  |
| SWITCH REQUEST   |  |                              |   |  |  |  |  |
| From : Scheme  |  |                              |   |  |  |  |  |
| Plan/Option  |  |                              |   |  |  |  |  |
| To: Scheme   |  |                              |   |  |  |  |  |
| Plan/Option  |  |                              |   |  |  |  |  |
| Amount (Rs.)   |  | Number of                    |   |  | All Units  |  |  |
|  | FACT DETAILS (Address up   | dation only for Non-KYC hold | ers. KYC compliant custome  | r please contact   | CVL)   |  |  |
| Address  |  |                              |   |  |  |  |  |
|  |  |                              |   |  |  |  |  |
| City   | Pin  |                              | State   |  | Country  |  |  |
| Email Tel Mobile   |  |                              |   |  | NA. 1.9.   |  |  |
|  |  |                              | Tel   |  | Mobile   |  |  |
|  | C DETAILS (Please attach ca  | ncelled cheque )             | Tel   |  | Mobile   |  |  |
|  | C DETAILS (Please attach ca  | ncelled cheque )             |   | ranch  | Mobile   |  |  |
| UPDATION OF BANK   | C DETAILS (Please attach ca  | ncelled cheque )  Bank Acco  | E   |  | NRE   NRO   FCNR   |  |  |
| UPDATION OF BANK<br>Bank Name  | C DETAILS (Please attach ca  | . ,                          | E   |  |  |  |  |
| Bank Name Bank Account No.   | C DETAILS (Please attach ca  | . ,                          | Eunt Type Saving  |  |  |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any reserves.   | node of payment as deemed appropriate. W   | Bank Acco                    | unt Type Saving MICR Code   | Current  |  |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any right.  | node of payment as deemed appropriate. W   | Bank Acco                    | unt Type Saving  MICR Code  onsible if transaction through DC/RTGS/   | Current   REFT could not be carrie   | NRE NRO FCNR  ed out because of incomplete or incorrect information.   |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any r  NOMINATION DETA  | node of payment as deemed appropriate. W   | Bank Acco                    | unt Type Saving  MICR Code  possible if transaction through DC/RTGS/l   | Current   REFT could not be carrie   | NRE   NRO   FCNR   |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any r  NOMINATION DETA  | node of payment as deemed appropriate. IW  AILS  nate the under mentioned nomin  | Bank Acco                    | unt Type Saving  MICR Code  possible if transaction through DC/RTGS/l   | Current   REFT could not be carrie   | NRE NRO FCNR  ed out because of incomplete or incorrect information.   |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any r  NOMINATION DETA  I/We hereby nomin settlements made to the settlement of Nominee   | node of payment as deemed appropriate. IW  AILS  nate the under mentioned nomin  | Bank Acco                    | unt Type Saving  MICR Code  possible if transaction through DC/RTGS/M  my/our credit in event of my/ ual Fund/Trustee Company.  %           | Current  NEFT could not be carrie  Dur death. I/We a   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and  the If Nominee Is Minor   |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any right t | node of payment as deemed appropriate. IW  AILS  nate the under mentioned nomin  | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/oul Fund/Trustee Company.  %  %  | Current   BEFT could not be carried  Dur death. I/We a  Date of Bit  Date of Bit   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  also understand that all payments and Fig. 1. Fi |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any | node of payment as deemed appropriate. IWAILS nate the under mentioned noming such Nominee shall be a valid  | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % % %   | Current  Dur death. I/We a  Date of Bil  Date of Bil   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and  the If Nominee Is Minor  the If Nominee Is Minor  |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any right t | node of payment as deemed appropriate. IWAILS nate the under mentioned noming such Nominee shall be a valid  | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % % %   | Current   BEFT could not be carried  Dur death. I/We a  Date of Bit  Date of Bit   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  also understand that all payments and Fig. 1. Fi |  |  |
| Bank Account No.  IFSCode  Bank Address  AMC reserves the right to use any | node of payment as deemed appropriate. WAILS nate the under mentioned nomin to such Nominee shall be a valid   | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % % %   | Current  Dur death. I/We a  Date of Bil  Date of Bil   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  also understand that all payments and Fig. 1. Fi |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any r  NOMINATION DETA  I/We hereby nomin settlements made to Name of Nominee  Name of Nominee  Name of Nominee  * Name of the Guardian  Address of the Nominee/   | node of payment as deemed appropriate. WAILS nate the under mentioned nomin to such Nominee shall be a valid   | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % % %   | Current  Dur death. I/We a  Date of Bil  Date of Bil   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  also understand that all payments and Fig. 1. Fi |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any r  NOMINATION DETA  I/We hereby nomin settlements made to the settlement of Nominee  Name of Nominee  Name of Nominee  * Name of the Guardian Address of the Nominee/  I/We hereby cand  | node of payment as deemed appropriate. IWAILS  nate the under mentioned nomin to such Nominee shall be a valid light of the such that the such | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % % %   | Current  Dur death. I/We a  Date of Bil  Date of Bil   | NRE NRO FCNR  ed out because of incomplete or incorrect information.  also understand that all payments and Fig. 1. Fi |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | node of payment as deemed appropriate. IWAILS  nate the under mentioned nomin to such Nominee shall be a valid light of the such that the such | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/oual Fund/Trustee Company.  % % Relationshi  | Current  Dur death. I/We a  Date of Bil  Date of Bil   | NRE NRO FCNR  and out because of incomplete or incorrect information.  Also understand that all payments and better the second of the second o |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If No Guardian Seel the nomination made by me filled in by the investor)   | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % % Relationshi                                       | Current  Description  Date of Big  Date of B | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and Figure 1. If Nominee Is Minor |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If No Guardian Seel the nomination made by me filled in by the investor)   | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % Relationshi  Scheme s Nomination KYC U              | Current  Description  Date of Big  Date of B | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and the lif Nominee Is Minor  If Nominee Is Minor  The lif Nominee Is Minor  The lif Nominee Is Minor  |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If No Guardian  Cel the nomination made by me filled in by the investor)   | Bank Acco                    | unt Type Saving  MICR Code  my/our credit in event of my/our Fund/Trustee Company.  % % Relationshi  Scheme s Nomination KYC U              | Current  Description  Date of Big  Date of B | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and Figure 1. If Nominee Is Minor |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If N Guardian  cel the nomination made by me  filled in by the investor)   | Bank Acco                    | unt Type  Saving    MICR Code    my/our credit in event of my/our Fund/Trustee Company.  %  %  Relationshi  Scheme s  Nomination  KYC URS.) | Current   Description  Date of Bir Date of | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and Figure 1. If Nominee Is Minor |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If N Guardian cel the nomination made by me filled in by the investor) pdation of contact details Cheque No. No. of Units  | Bank Acco                    | unt Type  Saving    MICR Code    my/our credit in event of my/our Fund/Trustee Company.  %  %  Relationshi  Scheme s  Nomination  KYC URS.) | Current   Description  Date of Bir Date of | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and Figure 1. If Nominee Is Minor |  |  |
| Bank Name Bank Account No.  IFSCode Bank Address  AMC reserves the right to use any reserves the | If N Guardian  cel the nomination made by me  filled in by the investor)  pdation of contact details Cheque No. No. of Units  Amount (Rs) / Unit   | Bank Acco                    | unt Type  Saving    MICR Code    my/our credit in event of my/our Fund/Trustee Company.  %  %  Relationshi  Scheme s  Nomination  KYC URS.) | Current   Description  Date of Bir Date of | NRE NRO FCNR  ed out because of incomplete or incorrect information.  Ilso understand that all payments and Figure 1. If Nominee Is Minor |  |  |

## **Common Transaction Slip**



| 9    | KYC UPDATION (Please a   | attach proof)             |                            |                              |                 |                           |                     |
|------|--|---------------------------|----------------------------|------------------------------|-----------------|---------------------------|---------------------|
| · ·  | □ First Holder   | attach proof)             | ☐ Second Holder            |                              | □ Th            | ird Holder                |                     |
| 10   | SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit Form)  |                           |                            |                              |                 |                           |                     |
|      | Name of the Scheme/Plan/Option   |                           |                            |                              |                 |                           |                     |
|      | SIP Date   | ☐ 1st ☐ 7th               | □ 10th □ 15th              | □ 20th                       | 25th            |                           |                     |
|      | Frequency  | ☐ Monthly ☐ Qu            | arterly                    | SIP From M M                 | Y               | SIP To M                  | M Y Y               |
|      | Cheque(s) Details  | No . of Cheque(s)         | SIP Amo                    | unt (in figures)             | Cheq            | ue(s) No.                 |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      | Cheque(s) drawn on   | Name of Bank and Branch   |                            |                              |                 |                           |                     |
|      | New Investors are requested to   | fill in the common applic | ation form                 |                              |                 |                           |                     |
| 11   | SYSTEMATIC WITHDRAN  | WAL PLAN (SWP)            |                            |                              |                 |                           |                     |
|      | Name of the Scheme/Plan/<br>Option   |                           |                            |                              |                 |                           |                     |
|      | Frequency  |                           |                            |                              |                 | M Y Y                     |                     |
|      | Amount per Withdrawal (Rs)   |                           | No o                       | f Installments               |                 |                           |                     |
| 12   | SYSTEMATIC TRANSFEI  | R PLAN (STP)              |                            |                              |                 |                           |                     |
|      | From Scheme  | Plan                      | Option                     | To Scheme                    |                 | Plan                      | Option              |
|      |  |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      | STP Dates  | ☐ 1st ☐ 7th               | □ 10th □ 15th              | 20th                         |                 |                           |                     |
|      | Frequency  | □ Weekly □ Fortn          | ightly   Monthly           | STP from M M                 | YY              | STP To M                  | M Y Y               |
|      | Amount Per Installment (Rs)  |                           | No of Instal               | Iments                       |                 |                           |                     |
|      | Please see the Plans & Options   | and Dividend policy deta  | ails in the Scheme Informa | tion Document before filling | in the above of | details.                  |                     |
| 13   | DECLARATION AND SIG  | NATURES                   |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      | I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme (s). I/We hereby apply fo units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements o SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Options under the Scheme (s). I/We agree that in case my/our investment in the Scheme is   |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           | have understood the |
|      | equal to or more than 25% of the corpus of the scheme, then Peerless Funds Management Co Ltd, has full right to refund the excess to me/us to bring my/our investme below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We undertake that these investments a my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with KYC norms. I/We declar that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or arother applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further |                           |                            |                              |                 | ing my/our investment     |                     |
|      |  |                           |                            |                              |                 | norms. I/We declare       |                     |
|      |  |                           |                            |                              |                 | .I/We hereby, further     |                     |
|      | agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels of from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (in the form of train commission)  |                           |                            |                              |                 |                           |                     |
|      | or any other mode), payable to   |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
|      |  |                           |                            |                              |                 |                           |                     |
| Sole | /1st applicant/Guardian/Authorised Sig   | natory/POA Holder         | 2nd Applicant/Authorised   | Signatory/POA Holder         | 3rd A           | pplicant/Authorised Signa | atory//POA Holder   |
|      | Poorloss   |                           |                            |                              |                 |                           |                     |

All future communication in connection with this application should be addressed to the Registrar of the scheme or Customer Service Cell of Peerless Mutual Fund.

### **Customer Service Cell:**

Peerless Funds Management Co. Ltd. Ground 03, Churchgate Chambers, Sir. Vithaldas Thackersay Marg, New Marine Lines, Mumbai - 400 020.

Web site www.peerlessmf.co.in

### Registrar:

Karvy Computershare Pvt. Ltd., (Unit: Peerless Mutual Fund), 8-2-596 Karvy Plaza, Avenue 4, Street No.1, Banjara Hills, Hyderabad 500034.

You can reach us in three ways



Toll Free: 1800 200 9995 Non Toll Free: 022 61779922



connect@peerlessmf.co.in

# SYSTEMATIC INVESTMENT PLAN (SIP) SIP AUTO DEBIT FORM

**New Investors are requested to fill in the Common Application form.** First SIP Cheque and subsequent via Auto Debit in selected cities only.



| REGISTRATION CUM MA                                   | NDATE FORM FOR ECS (D                                       | ebit Clearing/Auto Debit)                    |                               |   |
|---|---|--|-------------------------------|---|
| (Please 🗹 )   | New Registration  | Renewal of SIP                               | Change in I                   | Bank Details  |
| INVESTOR AND INVESTM                                  | IENT DETAILS  |  |                               |   |
| Sole/First Investor Name                              |   |  |                               |   |
| Folio/Application No.                                 |   | Existir                                      | ng Investors please mention   | Folio No. New applicants please mention the application form N  |
| Scheme  |   |  |                               |   |
| Plan  |   |  |                               |   |
| Option  |   |  |                               |   |
| SIP DETAILS   |   |  |                               |   |
| Each SIP Amount (Rs)                                  |   |  |                               |   |
| First SIP Cheque No.                                  |   | Cheque Amount (Rs)                           |                               | Cheque Dated  |
| SIP Auto Debit dates                                  | 1st 7th   | 10th 15th                                    | 20th 25                       | ith Frequency - Monthly Quarte  |
| SIP Period  |   | P From M M Y                                 | Y SIP To                      | M M Y Y   |
|   |   |  |                               | be drawn on bank details provided below also please   |
|   |   | for Auto Debit to register and sta           |                               | 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.  |
| I/We hereby , authorise Peerless M                    | Nutual Fund and their authorised ser                        | vice providers, to debit my/our following ba | ank account ECS (Debit Cleari | ng) /Auto debit to account for collection of SIP payment  |
| BANK DETAILS (please atta                             | ch a copy of the cheque of below                            | mentioned bank account)                      |                               |   |
| Account Holder Name                                   |   |  |                               |   |
| Bank Name   |   |  |                               |   |
| Branch Name   |   |  |                               | City  |
| Account Type  | Saving  | Current NRO                                  | NRE Other                     | Please Specify  |
| MICR Code   |   |  | IFSCode                       |   |
| First Account Holder                                  | (As in Bank Records)  | Second Account Holder (As                    | s in Bank Records)            | Third Account Holder (As in Bank Records)   |
| Place :   |   |  |                               | Date: DD/MM/YY  |
| FOR BANK USE ONLY                                     |   |  |                               |   |
| I/We hereby certify that the p                        | articulars furnished above are                              | correct as per our records and we h          | ereby declare that the cop    | by of this form, duly completed, has been submitted to us.  |
| Recorded On   |   | Red  | corded By                     |   |
| Mandate reference No.                                 |   |  |                               |   |
| Branch :  |   |  |                               | Date: DD/MM/YY  |
| Diditori .  |   |  |                               | Date. DD/WWW/TT   |
| Signature of the authori                              | sed official from the bank                                  |  |                               | Bank Stamp  |
| AUTHORISATION OF THE                                  | BANK ACCOUNT HOLDE  | ?  |                               |   |
| This is to inform that I/W installments of Peerless N | e have registered for the F<br>futual Fund shall be made fr | RBI's Electronics Clearing Servi             | account with your bank.       | to debit facility and that my payment towards my S<br>I/We authorise the representative carrying this ECS/A<br>account. |
|   |   |  |                               |   |
| First Account Holder                                  | (As in Bank Records)  | Second Account Holder (As                    | s in Bank Records)            | Third Account Holder (As in Bank Records)   |
|   | be filled in by the investor)                               | SIP through ECS /Au                          | to Debit Form                 | Peerles MUTUAL FUN for you, fore  |
| Received from Mr./Ms./M/s.                            |   | DI .   |                               | Collection Centre 's Stamp & Receip   |
| An application for Scheme :                           |   | Plan :                                       | Option :                      | Date and Time   |
| Amount  | Frequency   | Date of Commencement                         | ent                           |   |
|   |   | Toll Free No.                                |                               |   |



Web site www.peerlessmf.co.in



Toll Free No. 1800 200 9995 Non Toll Free: 022 61779922



connect@peerlessmf.co.in

### **INSTRUCTIONS**

- 1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors,
- Load and other information of the Scheme / Plan before investing.

  2. In case you would like to Invest, Redeem, Transfer, Switch, effect a transaction in more than one folio please use separate Transaction Slip for each transaction.
- 3. For Additional Purchase: a) Purchase amount should be greater than or equal to Minimum Investment / Minimum Additional Investment amount b) Following particulars should be clearly filled in the Purchase / Additional Purchase Request i) Scheme, Plan & Option. ii) The choice between Payout or Re-investment of Dividend, if dividend Option is chosen iii) Instrument Details (Cheque / DD No., Date of Instrument, Drawee Bank & Branch) c) The investment Cheque / Demand Draft should be drawn in favour of the Scheme / Plan and payable at the location where this request is being submitted. i) Investment Amount should match with the Cheque / DD Amount.
- 4. For Switch: a) The present value of investment in the scheme from which the switch out is requested should be greater than to the minimum investment / minimum additional investment requirement of the scheme to which the investment is proposed to be switched in. b) following should be indicated clearly in the switch request i) Scheme, Plan & Option from which the investment is to be switched out. Scheme, Plan & Option to which the investment is to be switched in. ii) If Dividend Option is chosen for the scheme in which the investment is being switched in, the choice between Payout or Re-investment of Dividend.
- 5. For Redeeming units: a) The redemption amount should be greater than or equal to 100 units or Rs. 1000/- b) Following should be indicated clearly in the redemption request i) Scheme, Plan & Option from which the redemption is required. ii) The amount or the number of units to be redeemed. (For entire unit balance redemption in a scheme, please tick the 'All Units' box in the redemption panel. Units or Amount need not be indicated in this case). If the redemption payout is required in a different bank account, please mention the new bank details or in a different mode / mechanism. In the absence of any indication, redemption proceeds would be paid out into the Bank Account last furnished and taken on record.
- Incorrect / Incomplete applications are liable to be rejected.

### Terms and Conditions For SIP,STP and SWF

- 1. If any chosen day falls on a non business day, the next business day will be considered as the transaction date.
- An Account statement will be dispatched within 10 working days for the first investment. The subsequent account statement will be dispatched once every quarter ending March, June, September and December within 10 working days of the end of the respective quarter or after completion of the tenure whichever is earlier. In case of specific request received from unit holder, Mutual Fund endeavor to provide the account statement within 5 working days from the receipt of such request without any charges.
   The unit holders can choose to opt out from the SIP/STP/SWP at any point of time by submitting a written request to the nearest designated Investor Service Center. Such
- The unit holders can choose to opt out from the SIP/STP/SWP at any point of time by submitting a written request to the nearest designated Investor Service Center. Such
  request for discontinuation should be received at least 30 working days for SIP,7 working days for STP,15 working days for SWP days prior to the next due date of the SIP/
  SWP/STP.
- Peerless AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP/SWP/STP
- 5. For mandatory requirements like Bank account details, Know Your Customer (KYC) and required documents please refer KIM/SID.

#### Systematic Investment Plan

- 1. New investors, who wish to enroll for SIP, should fill the Common Application Form & SIP Auto Debit form /Common Transaction Slip.
- Direct Debit/ECS instructions will take minimum 30 days for registration with the bank and hence the first auto debit will be carried out only after 30 days on the SIP date. The AMC reserves the right to modify the SIP registration period.
- 3. First SIP cheque could be submitted on any business day.
- 4. Investors opting for SIP investment can subscribe to this facility subject to the condition that each of the SIP installments including the initial cheque should be of the same amount.
- 5. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted. The cheque should be drawn in favor of the scheme chosen scheme name & crossed "A/c Payee Only".
- 6. For payments by ECS/Auto Debit mode, investors/unit holders are required to give SIP Auto Debit form to debit their bank accounts at periodic intervals & credit the subscription proceeds to Peerless Mutual Fund Bank Account.
- 7. For change in bank mandate, the request must be submitted 30 days prior to be SIP dates
- 8. Returned/Dishonored cheque/ECS Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/registration will be rejected.
- 9. SIP enrollment will be discontinued in case the SIP installment is not honored consecutively for 3 SIP installments.
- 10. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be the minimum number of installments of the respective schemes as specified in the Scheme Information Document.
- The default date will be considered as 7th of the month for Monthly & Quarterly option.
- 12. Additional SIP: If an investor wants to enroll in another scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP form along with the first cheque (if investment is in the new scheme) & ECS /Auto Debit form.
- 13. After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP form & ECS Mandate Form.

  14. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant while making an application for a subscription of units amounting to Rs.
- 14. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant while making an application for a subscription of units amounting to Rs. 50,000 & above. Thus application for SIP installment of value Rs. 50,000 & above without a valid KYC compliance may be rejected.
- 15. ECS facility is offered to all customers of all banks in the following cities :

| List of Cities for Auto Debit facility Via ECS |            |           |            |             |            |  |
|--|------------|-----------|------------|-------------|------------|--|
| Agra   | Bikaner    | Gadag     | Jammu      | Mysore      | Sholapur   |  |
| Ahmedabad                                      | Calicut    | Gangtok   | Jamnagar   | Nagpur      | Siliguri   |  |
| Allahabad                                      | Chandigarh | Goa       | Jamshedpur | Nasik       | Surat      |  |
| Amritsar                                       | Chennai    | Gorakhpur | Jodhpur    | Nellore     | Thirupur   |  |
| Asansol  | Cochin     | Gulbarga  | Kakinada   | Patna       | Tirupati   |  |
| Aurangabad                                     | Coimbatore | Guwahati  | Kanpur     | Pondicherry | Trichur    |  |
| Bangalore                                      | Cuttack    | Gwalior   | Kolhapur   | Pune        | Trichy     |  |
| Bardhaman                                      | Dargeeling | Haldia    | Kolkata    | Raichur     | Trivandrum |  |
| Baroda   | Davangere  | Hubli     | Lucknow    | Raipur      | Tumkur     |  |
| Belgaum  | Dehradun   | Hyderabad | Ludhiana   | Rajkot      | Udaipur    |  |
| Bhilwara                                       | Delhi      | Indore    | Madurai    | Ranchi      | Udipi      |  |
| Bhopal   | Dhanbad    | Jabalpur  | Mandya     | Salem       | Varanasi   |  |
| Bhubaneshwar                                   | Durgapur   | Jaipur    | Mangalore  | Shimla      | Vijaywada  |  |
| Bijapur  | Erode      | Jalandhar | Mumbai     | Shimoga     | Vizag      |  |

16. The cities mentioned above may be modified/updated/changed/removed at any time in future at the discretion of the AMC without assigning any reason or prior notice. If any city, bank/branch is removed, SIP (ECS/Auto debit) instructions for investors in such cities, bank branch will be discontinued without prior notice.

### Systematic Transfer Plan /Systematic Withdrawal Plan

- 1. All valid requests for STP/SWP forms from one scheme to the other scheme would be treated as switch-out/redemption & switch-in/purchase at the applicable NAV of the respective Scheme (s). The difference between the NAV of two schemes will be reflected in the number of units allotted.
- 2. Minimum Investment Amount in Transfer Out scheme should be as per the respective SID/ Addendum.
- B. Units marked under Lien, Pledge or Lock-in Period in the Transfer Out scheme will not be eligible for STP/SWP.
- 4. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective scheme SID.
- A Unit holder who has opted for STP/SWP under a specific Scheme can also redeem or switch his Units to any other eligible Scheme provided he has sufficient balance in his account on the date of such a request.
- 5. STP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.