Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP) Systematic Investment Plan (SIP)* - *Through Post dated cheques

MIRAE ASSET Mutual Fund

Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN- 108058		E 147299	

"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".
EUIN is mandatory for all transactions routed through a broker. **For details on Employee Unique Identification Number (EUIN), please refer Point No.5 given in the instructions.**
If the Employee Unique Identification Number (EUIN) box is left blank please refer Point No.5 related to EUIN and Instruction No.5(E) related to EUIN.
"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."

Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No. ☐☐☐☐☐☐☐☐☐☐ Name of 1st Unit Holder _____

2. SYSTEMATIC TRANSFER PLAN (STP)

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

Please (✓) STP Frequency from the below options:- (Transactions will be triggered after 7 working days from the date of submission)

For Daily option min. 5 transfers of Rs. 1000 each; for Weekly, Fortnightly and Monthly option min. 6 transfers of Rs. 1000 each and for Quarterly option min. 4 transfers of Rs. 1500 each

☐ Daily (Monday to Friday)
☐ Weekly (Every Wednesday) ☐ Fortnightly (Alternate Wednesday)

☐ Monthly # ☐ Quarterly #
Please (✓) STP date
☐ 01st ☐ 10th (default) ☐ 15th ☐ 21st ☐ 28th

Fixed Amount per transfer (Rs. In Figures) _____ STP Start Date from DD / MMM / YYYY To DD / MMM / YYYY

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

From Scheme _____ Plan _____ Option _____

Withdrawal Option (Please ✓) ☐ Fixed (Min. 12 Months/4 Quarters of Rs. 1000 and above) OR ☐ Appreciation withdrawal (1st of each Month/Quarter) (Min. 12 Months/4 Quarters of Rs. 1000 and above) Fixed Amount Per Withdrawal Rs. in figures

Withdrawal Date (Please ✓) ☐ 01st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th SWP Period From DD / MMM / YYYY To DD / MMM / YYYY

4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS - Facility through Post Dated Cheques (PDCs)

Scheme / Plan/: Option

Frequency Please (✓) From ☐ Monthly (Min. 6 installments of Rs. 1,000/- each) To ☐ Quarterly (Min. 4 installments of Rs. 1,500/- each)

SIP Date Please (✓) ☐ 01st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th

Period of enrolment * Default End Date would be 12 months from the 1st installment M M - Y Y Y Y M M - Y Y Y Y

SIP Amount (Rs.) _____ Amount (Rs.) (in words) _____

Details of PDCs:- All PDCs must be dated as per respective SIP date chosen

Cheque Number(s) - From _____ To _____ = Total Cheques _____

Drawn on Bank _____ Branch Name _____

A/c. Type Please (✓) NRE*◯ CURRENT◯ SAVINGS◯ NRO◯ *Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds

Third Party Cheque / Transfer will not be accepted for Investment **(Refer Instruction No. 6)**

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The detail of the cheque provided above pertains to my/our own bank account in my/our name ☐ Yes ☐ No*
*If No, my relationship with the bank account holder is (Please specify) (Application Form without this information may be rejected)

5. DECLARATION & SIGNATURES

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. 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 the contravention of any Act, Rules, Regulations, Notifications or Directions of the Provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions fornomination.I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that **"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. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000/- in a rolling twelve month period or in a financial year". Applicable for 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 normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct.

⊗ Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	⊗ Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	⊗ Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA

MIRAE ASSET Mutual Fund

ACKNOWLEDGEMENT SLIP

DATE AND STAMP OF COLLECTION CENTRE/ISC

Received From _____ an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer facility as per below details-

Application / Folio No. ARN-108058

Scheme _____ SIP ☐ Date DD / MM / YYYY Amount (Rs) _____
Plan _____ SWP ☐ Date DD / MM / YYYY Amount (Rs) _____
Option _____ STP ☐ Date DD / MM / YYYY Amount (Rs) _____

21-06-2013