

SWP OR STP / OptiSTP OR DSO FORM
(Please read instructions carefully before filling up the form)

ARN Code & Name ARN-146822	Sub-Broker's ARN Code	Employee Unique Identity Number* E254833	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
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Unfront 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. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

1. EXECUTION ONLY (To be signed when EUIN is left blank)

*I/We hereby 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 or notwithstanding the advice of in-appropriateness, if provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advises on this transaction.

Please sign here First Account Holder/Guardian Signature	Please sign here Second Account Holder's Signature	Please sign here Third Account Holder's Signature
<input type="checkbox"/> Registrations <input type="checkbox"/> Cancellations	<input type="checkbox"/> Systematic Withdrawal Plan <input type="checkbox"/> OptiSystematic Transfer Plan	<input type="checkbox"/> Systematic Transfer Plan <input type="checkbox"/> Dividend Sweep Options

2. INVESTOR DETAILS

Name of Sole/First Applicant	Mr. Ms. M/s																			
Name of Second Applicant	Mr. Ms.																			
Name of Third Applicant	Mr. Ms.																			
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant)																				
Mr. Ms.																				

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -

From → Folio No.																					
Scheme Name															Plan/Option						
Fixed SWP Amount / No. of Units																					
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																				
SWP date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th																				
Enrolment Period	Start From	M	M	/	Y	Y	Y	Y	End on	M	M	/	Y	Y	Y	Y	No. of installments				

4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through STP / OptiSTP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS										<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS																					
Fixed STP installment Amount (₹)										Fixed Min. installment Amt.										Fixed Max. installment Amt.											
																				(Amount greater than Fixed Min. installment amount by ₹500/- & multiple of ₹1/- thereof)											
From → Folio No.										Scheme Name															Plan/Option						
To → Folio No.										Scheme Name															Plan/Option						
Transfer Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																														
Transfer date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th ((amlicable ONL for Monthly/Quarterly transfers))																														
Enrolment Period	Start From	M	M	/	Y	Y	Y	Y	End on	M	M	/	Y	Y	Y	Y	No. of installments														

5. DIVIDEND SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

I/We wish to transfer the Dividends declared through Dividend Sweep Options as per the details below -

From → Folio No.																					
Scheme Name															Plan/Option						
To → Folio No.																					
Scheme Name															Plan/Option						

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme 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, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. Applicable for NRI's 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 / Non-Resident Ordinary / FCNR account. 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 confirm that details provided by me/us are true and correct. Please Rematriation basis Non-Rematriation basis * Please strike out whichever is not applicable.

Please sign here First Account Holder/Guardian Signature	Please sign here Second Account Holder's Signature	Please sign here Third Account Holder's Signature
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ACKNOWLEDGEMENT - SWP/STP or OptiSTP / DSO Form
TAURUS MUTUAL FUND

Folio No.

Received from Mr./Ms./M/s. _____

Received for SWP STP OptiSTP DSO Frequency

Scheme / Plan / Option _____

Amount or Units _____

Collection Centre / AMC Stamp / Signature