

Common Transaction Slip

(For existing unit holders only)

ARN Number	ARN Name	Sub Broker Code	EUIN
76994	Wealth Care Financial Advisors		

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction.

To _____ **Mutual Fund**

First Holder Name - _____

Folio No - _____

I/We wish to make an Additional Purchase of Rs. _____ Scheme _____ Option _____ Cheque / RTGS No. _____ dated _____ drawn on Bank _____ Branch _____ is enclosed.
I/We wish to Redeem Rs. _____ or _____ UNITS From Scheme _____ Option _____
I/We wish to Switch Rs. _____ or _____ UNITS From Scheme : _____ Option _____ To Scheme : _____ Option _____
Change of Bank Details Name of Bank _____ Branch _____ City _____ Account No _____ Account Type _____ MICR No _____ IFSC Code _____

Declaration & Signature(s)

I/we have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addendums issued of respective scheme(s). I/We hereby apply to the Trustee of Mutual Fund and agree to abide by terms and conditions, rules and regulation of the relevant scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder [My Broker] 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 hereby confirm that I/we have not been offered / communicated any indicative portfolio and / or any indicative yield for this investment.

Sole / First Unit Holder _____

Second Unit Holder _____

Third Unit Holder _____

All Applicants must sign in case of joint holding.

Acknowledgement

Folio No: _____

Applicant Name: _____

Scheme Name: _____

For AMC Use

Check Option Addl Pur Redemption Switch
Change of Bank.

Signature & Stamp