Transaction Form

L&T Mutual Fund

Time Stamp

Distributor/Broker Code	Sub-Broker ARN	Relationship Manager's		Branch Code
ARN-52719 (ARN stamp here)		Name		
	Sub-Broker Code	Mobile		
		EUIN	E079989	

If Employee Unique Identification Number (EUIN) details are not provided, the investor(s) agrees that: 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 any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.
Signature/s (To be signed by All Applicants) (See note 7)

X (Sole/First Applicant) X (Second Applicant) X (Third Applicant)

Initial commission will be paid by the investor directly to the distributor, based on the service rendered and assessment of any other factors.
Please refer to the guidance notes for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

PERSONAL DETAILS (see note 1)

First Unit Holder _____ Folio No. _____

PAN _____

KYC is mandatory. Please enclose a copy of KYC acknowledgement letters for all applicants.

PURCHASE (see note 2)

Scheme _____

Option (✓) ☐ Growth* ☐ Bonus (available in select schemes only) ☐ Dividend Payout ☐ Dividend Reinvest

Dividend Frequency _____

Investment Amount (Rs.) A DD Charges, if applicable (Rs.) B Net Amount (Cheque/DD) (Rs.) A minus B

Mode of Payment (✓)
☐ Cheque ☐ DD ☐ Fund Transfer ☐ RTGS ☐ NEFT

Payment made by (✓) (Please refer notes on 3rd party payments overleaf)
☐ First/Second/Third Unit Holder ☐ Guardian ☐ Others

Cheque No. _____ Dated D D M M Y Y Y Y Drawn on Bank _____

Branch _____ City _____

NRI Investor, please specify account type (✓)
☐ NRE ☐ NRO ☐ FCNR ☐ Others _____ (please specify)

Reason for your SIP (✓)
☐ Children's Education ☐ Children's Marriage ☐ House ☐ Car ☐ Retirement

REDEMPTION (see note 3)

Scheme _____ Dividend Frequency _____

Option (✓) ☐ Growth ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment Amount (Rs.) _____ No. of Units _____ All Units (✓) ☐

If you have changed your bank and have not informed us of the change, your money will be credited to the bank account registered with us

SWITCH (see note 4)

From Scheme _____ Dividend Frequency _____ Option (✓) ☐ Growth ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment

To Scheme _____ Dividend Frequency _____ Option (✓) ☐ Growth* ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment

Amount (Rs.) _____ No. of Units _____ All Units (✓) ☐

SYSTEMATIC WITHDRAWAL PLAN (SWP) (see note 5)

From Scheme _____ Dividend Frequency _____

Option (✓) ☐ Growth ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment

Withdrawal Preference ☐ Amount* ☐ Capital Appreciation Withdrawal Instalment x No. of Instalments _____ Total Withdrawal _____

Withdrawal From (First Instalment) M M Y Y Y Y To (Last Instalment) M M Y Y Y Y

Withdrawal Date ☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 25th

Withdrawal Frequency (✓) ☐ Monthly* ☐ Quarterly

SYSTEMATIC TRANSFER PLAN (STP) (see note 6)

From Scheme _____ Option (✓) ☐ Growth ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency _____

To Scheme _____ Option (✓) ☐ Growth* ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency _____

Transfer Preference (✓) ☐ Amount* ☐ Capital Appreciation Transfer Instalment Rs. x No. of Instalments _____ Total Transfer Rs. _____ Transfer Period From (First Instalment) M M Y Y Y Y To (Last Instalment) M M Y Y Y Y

Transfer Frequency (Please choose from the options mentioned here) (✓)
☐ Weekly (✓) ○ Mon* ○ Tue ○ Wed ○ Thu ○ Fri ☐ Fortnightly Date ○ 1st ○ 15th*
☐ Monthly* ☐ Quarterly Date ○ 1st ○ 5th ○ 10th* ○ 15th ○ 25th

*Default option if not selected

YOUR SIGNATURE/S (To be signed by all joint holders)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. I/We understand that the upfront commission will be paid directly by me/us to the AMFI registered distributors based on my/our assessment of various factors including the service rendered by the distributor. Also, the AMFI registered distributor has disclosed the commissions to me/us (in trail commission or any other), payable to him for different schemes of mutual funds from amongst which the scheme is being recommended to me/us.

Date D D M M Y Y Y Y

X (Sole/First Unit Holder) X (Second Unit Holder) X (Third Unit Holder)

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

L&T Mutual Fund

Received from Name of the Sole/First Unit Holder Folio No. _____

Scheme _____ Option _____ Amount _____

☐ Purchase Cheque No. _____ Dated D D M M Y Y Y Y Drawn on Bank _____
☐ Redemption ☐ Amount _____ ☐ Units _____ ☐ All Units
☐ Switch ☐ Amount _____ ☐ Units _____ ☐ All Units to Scheme Name
☐ SWP Instalment Amount _____ No. of Instalments _____ Frequency (Please ✓) ☐ Monthly* ☐ Quarterly
☐ STP Instalment Amount _____ No. of Instalments _____ to Scheme Name
Frequency (Please ✓) ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

For Office Use Only

Acknowledgement Stamp & Date