

S	SYSTEMATIC
W	WITHDRAWAL
A	ADVANTAGE
P	PLAN



Enrolment Form

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

Date :

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I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms and conditions mentioned overleaf of Systematic Withdrawal Advantage Plan and of the relevant Scheme(s) and hereby apply for enrolment under the Systematic Withdrawal Advantage Plan of the following Scheme(s)/Plan(s)/Options(s). **The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.**

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

<input type="checkbox"/> New Registration: For enrolment under SWAP facility	<input type="checkbox"/> Change in withdrawal amount: For Change in withdrawal amount under SWAP facility	<input type="checkbox"/> Cancellation: For cancellation of SWAP facility
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FOLIO NO. OF EXISTING UNIT HOLDER / APPLICATION NO. (New Investor)	
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1) UNIT HOLDER INFORMATION	
First / Sole Unit holder	Name <input style="width: 60%;" type="text"/>
PAN <input style="width: 20%;" type="text"/>	or PEKRN <input style="width: 20%;" type="text"/>
Guardian <small>(in case of First / Sole Unit holder is a minor)</small>	Name <input style="width: 60%;" type="text"/>
PAN <input style="width: 20%;" type="text"/>	or PEKRN <input style="width: 20%;" type="text"/>

2) SCHEME DETAILS (If the SWAP is to be registered from Direct Plan of the Scheme, please mention so clearly.)	
SCHEME NAME #	<input style="width: 95%;" type="text"/>
PLAN	<input style="width: 95%;" type="text"/>
OPTION	<input style="width: 95%;" type="text"/>

Please note that one SWAP Form must be used for one Scheme / Plan / Option only. Unit holder(s) need to fill in Separate SWAP Form for each Scheme / Plan / Option.

3) WITHDRAWAL DETAILS (Please ✓ choice of Plan)	
<input type="checkbox"/> Fixed Plan (Refer item 8(ii) & (iii) overleaf)	<input type="checkbox"/> Variable Plan (Capital Appreciation, if any) (Refer item 9(ii) overleaf)
<input type="radio"/> MONTHLY@ <input type="radio"/> QUARTERLY <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)	<input type="radio"/> QUARTERLY@ <input type="radio"/> HALF-YEARLY <input type="radio"/> YEARLY (@ Default Frequency)
Rs. (in figures) <input style="width: 90%;" type="text"/>	
Rs. (in words) <input style="width: 90%;" type="text"/>	

4) ENROLMENT DETAILS (refer item 7, 8, 9 & 10 overleaf)							
Commencement Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th @
Last Withdrawal Date : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	(@ Default Date)						

5) PAYMENT OF SWAP PROCEEDS (refer item 14)	
Redemption proceeds through SWAP will be credited to the default bank account registered in the Scheme/Folio. If you wish to receive the redemption proceeds into any other bank account registered in the Scheme/Folio, please mention the Bank Account No. and Name below:	
ACCOUNT NO. <input style="width: 65%;" type="text"/>	
BANK NAME <input style="width: 95%;" type="text"/>	

(If the above mentioned bank details do not match with the registered bank account in your the Scheme/Folio, proceeds will be credited to the default bank account registered in the the Scheme/Folio.)

6) SIGNATURES ^		
_____	_____	_____
First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

^ **Please note:** Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)	
Date :	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.
Received from Mr. / Ms. / M/s. _____	ISC Stamp & Signature
a 'SWAP' application for redemption of Units of Scheme / Plan / Option _____	