Application Form: Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP)

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

MIRAE ASSET Mutual Fund

Distributor Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code RIA No.	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp, Sign, Reference No.
ARN-106392 BLUECHIP STOCKS			E-107715		

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN box is left blank). Please refer instruction 12 of KIM for complete details on 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. RIA Declaration: "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

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

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

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

Folio No.: ☐☐☐☐☐☐☐☐☐☐☐ **CKYC Identification No. (KIN)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of 1st Unit Holder:

2. SYSTEMATIC TRANSFER PLAN (STP) (For instructions please refer the next page)

From Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth | ☐ Div. Payout ☐ Div. Reinvestment | ☐ Div frequency* .....

To Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth (Default) | ☐ Div. Payout ☐ Div. Reinvestment (Default) | ☐ Div frequency* .....

Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund. Default option will be daily frequency if not selected any dividend frequency.

Please (✓) STP Frequency from the below options (Please refer over leaf Instruction point no.:3) Please use multiple forms for multiple dates.

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

For Daily, Weekly, Fortnightly, Monthly & Quarterly option minimum 5 transfers of ₹ 1000 each.

Please (✓) STP date: ☐ 1st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th

Amount per transfer (₹ In Figures): **STP Start Date from:** D D M M Y Y Y Y **To:** D D M M Y Y Y Y

3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (For instructions please refer the next page)

Scheme ☐ Regular Plan ☐ Direct Plan | ☑ Growth **SWP is allowed only under Growth option**

Please (✓) SWP Frequency from the option (Transactions will be triggered after 5 days from the date of submission) Minimum 5 transaction and ₹ 1000 each and above

☐ Monthly (Default) ☐ Quarterly ☐ Semi Annually ☐ Annually

Start Date from: D D M M Y Y Y Y **To:** D D M M Y Y Y Y **Fixed Withdrawal Amount Per installment ₹:**

Withdrawal Date: Please (✓) ☐ 1st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th

4. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f) of KIM]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID/SAI/KIM of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) 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 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. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited* (AMC)/ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) 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. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online 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. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) 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 and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA /CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio. * Securities and Exchange Board of India ("SEBI") vide its letter dated November 20, 2019 bearing reference no. SEBI/HO/IMD/DF5/OW/P/2019/30719/1 ("SEBI NOC") had granted their non-objection to transfer the AMC Business from 'Mirae Asset Global Investments (India) Pvt Ltd' to 'Mirae Asset Investment Managers (India) Private Limited', in this regard we request you to refer to our notice cum addendum no. AD/28/2019 dated November 25, 2019 to know in detail.

✓ 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

02-2021

ACKNOWLEDGEMENT SLIP

Received Application from _____ **Folio No.:** _____ **as per details below:**

Scheme Name and Plan	Details	Date & Stamp of Collection Centre / ISC
	☐ SWP Amount (₹) _____ ☐ STP Amount (₹) _____	

Cheque / DD is subject to realisation