

# SYSTEMATIC TRANSFER PLAN (STP) FORM

(Please refer SID, KIM, SAI and terms & conditions)



Distributor's ARN/RIA Code/PMRN <sup>#</sup>	ARN / RIA / PM Name	Sub-Broker's ARN	Sub-Broker's Code**	EUIN***

\*\* As allotted by ARN holder      \*\*\* Employee Unique Identification Number

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

### Declaration for "Execution-only" transactions (only where EUIN box is left blank)

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.

<sup>#</sup>By mentioning RIA/PMRN code, I/ We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of Unifi Mutual Fund.

### Signature(s) To be signed by all Applicants

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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EXISTING UNIT HOLDER'S INFORMATION	
Folio No.	<input type="text"/>
Name	Sole/First Applicant
<input type="checkbox"/> New Registration: For enrollment under STP facility	<input type="checkbox"/> Cancellation: For cancellation of STP facility

SYSTEMATIC TRANSFER PLAN (Available only for Monthly Option)	
1. From Scheme	To Scheme
Tenure	From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (For minimum STP instalments please refer terms & conditions)
STP Date	<input type="text"/> D <input type="text"/> D No. of Instalments
Amount (₹)	Amount (in words)
2. From Scheme	To Scheme
Tenure	From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (For minimum STP instalments please refer terms & conditions)
STP Date	<input type="text"/> D <input type="text"/> D No. of Instalments
Amount (₹)	Amount (in words)

DECLARATION		
I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) including the terms and conditions/instructions pertaining to the Systematic Transfer Plan Facility as on the date of this transaction. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible.		
Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

To be signed by all applicants/Unitholders if mode of holding is "Joint".

ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)	
From Scheme	<input type="checkbox"/> Registration <input type="checkbox"/> Cancellation
To Scheme	
Folio No.	<input type="text"/> Date <input type="text"/>
Received from Mr. / Ms.	
STP Frequency	<input type="checkbox"/> Monthly (All the days* of the month) STP Date <input type="text"/> D <input type="text"/> D
ISC Stamp	