COMMON TRANSACTION FORM

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable. please ensure that this form will cover transaction as per our need & industry practices All sections should be filled in English and in BLOCK LETTERS only.



1. DISTRIBUTOR INFO	RMATION			
ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN- 64917	ARN-		E- (Of Individual ARN E-1434 563 of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund. Declaration for "execution-only" transaction (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 is an "execution-only" transaction

First/Sole Applicant PAN / PEKRN K Guardian (if applicable) PAN / PEKRN K Second Applicant PAN / PEKRN K	ctions)
Folio No. Legal Entity Identification (LEI) Code \$ PAN / PEKRN	ctions)
First/Sole Applicant PAN / PEKRN K Guardian (if applicable) PAN / PEKRN K Second Applicant PAN / PEKRN K	
PAN / PEKRN	
Second Applicant PAN / PEKRN DK	.YC
	YC
Third Applicant PAN / PEKRN PKRN	YC
	YC
PoA (if applicable)	YC
LEI is applicable for non-individual investor including HUF, not applicable to individuals, minor & NRI investor	
3. DEMAT ACCOUNT DETAILS (OPTIONAL)	
Please ensure that the sequence of Names as mentioned in the Application form matches with that of the account held with any one of the Depository Participa	nt.
National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)	
DP ID No.	
Beneficiary Account No.	
Enclosure (Please tick any box) Client Master List (CML) Transaction cum holding Statement Cancelled Delivery Instruction Slip (DIS) Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application F-	orm.
4. ADDITIONAL PURCHASE REQUEST	
Scheme Name:	Direct
Option: □ Growth □ IDCW* Payout □ IDCW* Re-Investment Dividend Frequency:	
Mode of Payment: Cheque Demand Draft RTGS/NEFT Transfer One Time mandate Others	
Amount: Cheque/DD/UTR/UMR No.: Cheque Date: D D M M	
Account No.:	cify)
Bank & Branch Name:	
*IDCW- Income Distribution cum Capital Withdrawal option	
5. REDEMPTION REQUEST	
□ Partial Redemption OR □ Full Redemption	
Amount ₹ or Units Amount (in words)	
Scheme TRUSTMF Plan □ Option □	
Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank a in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.	ccount
Bank Name:	
Account No.:	
6. SWITCH	
□ Partial Switch OR □ Full Switch	
Amount ₹ or Units	
From Scheme TRUSTMF Plan: (Please ✓) □ Regular □ Direct	
Option ☐ Growth ☐ IDCW* Payout ☐ IDCW* Re-Investment Dividend Frequency	
To Scheme TRUSTMF Plan: (Please ✓) □ Regular □ Direct	
Option □ Growth □ IDCW* Payout □ IDCW* Re-Investment Dividend Frequency	

*Income Distribution cum Capital Withdrawal option

7. SYSTEMA	TICAL WITHDRAW	VAL PLAN (SWP) (to	be submitted a	tleast 7 days	before the	due date	for withdrawal)	
Scheme Name:	: TRUSTMF						Plan: (Please ✓) □ Regular □	l Direct
Option:	Growth □ IDCW* F	Payout ☐ IDCW* Re-Ir	nvestment	Dividend Frequ	iency:		1	
Withdrawal Am	ount:			Frequency of V	۔ ا :Vithdrawal	☐ Monthly	☐ Quarterly ☐ Half Yearly ☐ A	nnually
	ent:			Withdrawal Fro			To	
Date: □1 □ 7 □] 10 🗆 15 🗆 21 🗆 25	□ 28 □ all 7 dates			1° ins	stalment	Last Instalment	
*Income Distrib	oution cum Capital With	ndrawal option						
		LAN (STP)# (To be su		ŭ	ays before	the due d	ate of transfer)	
•	1	r the commencement of 2	2nd scheme of Tru	st Mutual Fund.	l pu	lana (Diana	() El Danviller El Direct	
From Scheme	TRUSTMF					,	✓) □ Regular □ Direct	
Option	☐ Growth	□ IDCW* Payout	□ IDCW* Re-I	nvestment	Dividend Fr	equency		
To Scheme	TRUSTMF				PI	an: (Please	✓) □ Regular □ Direct	
Option	☐ Growth	□ IDCW* Payout	□ IDCW* Re-I	nvestment	Dividend Fr	equency		
*Income Distrib	oution cum Capital With	ndrawal option						
FIXED STP (Refer Instruction No.	3 of Section 8)		CAPITAL A	APPRECIA	TION STP	(Refer Instruction No. 4 of Section	n 8)
		Transfer Freque	ncy (Please tick (√) any one of th	he below fre	quencies)		
□ Daily		e on or after 7 calendar da	ays from the date	□ Monthly (Default)	Transfer w	vill execute or	n 1st of every month	
□ Weekly	1	on 1st, 8th, 15th & 22nd	of every month	□ Quarterly	Transfer w	vill execute o	n 1st of the starting month of every o	nuarter
				Guarterry	Transier w	THE EXECUTE OF	Trist of the starting month of every c	- danter
☐ Fortnightly		on 1st &15th of every mo		_				
☐ Monthly (Default)		ferred Transfer Date	n month)	_				
	` '	day from 1st to 28th of the		_				
☐ Quarterly		ne starting month of every from 1st to 28th of the fire starter)						
Amount per Tra	ansfer							
No. of Instalme	ents		OR Transfer	Period From D	D M M	Y Y - D	D M M Y Y	
					(First Instalr	ment)	(Last Instalment)	
NOTE - In Daily installments has	•	e for transfer should be	1 month. For all	other frequencie	es of Fixed S	STP and Ca	pital Appreciation STP, minimum nu	ımber o
9. Cancellati	ion of STP/SWP							
Scheme Name			Amount:				er/Withdrawal Date:	
,	eme: TRUSTMF Scheme: TRUSTMF							
,								
I/We have read TRUST Mutual I rules and regula directly or indire to him for the di particulars giver Asset Managem that the amount contravention or	and understood the cor Fund. I/We hereby app ations of the Scheme. actly, in making this investifferent competing Sch an above are correct. If thent Private Limited (In-	oly to the Trustees of TRU I/We have understood to estment. The Distributor I/emes of various Mutual I the transaction is delayed vestment Manager to TRU E/Us in the Scheme of TRU	cheme Information ST Mutual Fund for the details of the state as disclosed to mreunds from among of or not effected JST Mutual Fund) UST Mutual Fund	n Document, Sta or units of the Scl Scheme and I/W le/us all the com gst which the Sc at all for reasons , their appointed is derived throu	tement of Ad heme as indi /e have not i missions (in heme is beir s of incomple service provi	ditional Information distribution distributi	mation and Key Information Memora and agree to abide by the terms, con have been induced by any rebate rail commission or any other mode), nded to me/us. I/We hereby declare act information, I/We would not hold esentatives responsible. I/We hereby d is not held or designed for the puts, Directions issued by any government.	or gifts, payable that the TRUST declare
			SIGNATURE	S(S) In case of Jo	int Holders, all	unit holders m	ust sign this form.	
Date D D	M M Y Y Y	/						
Place		Sole/First Unit Holde		Second Uni			Third Unit Holder	
TRUST MUTU FUND CLEAR - CASEMBE - COR	AL		KNOWLEDGEI	MENT SLIP				
Folio No.			al Purchase □ Ration of STP/SWP	-	Switch □ S	WP □STP	Stamp & Signature	
Received from	Mr. / Ms			Date :	_//			
				2				

NON COMMERCIAL TRANSACTION FORM To be filled in CAPITAL LETTERS

Please strike of the irrelevant fields in the form wherever details are not updated Investor can opt for multiple requests in a single application form.



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Name of Secon	nd Applicant:					Π																														
Name of Third	Applicant:							Ť																												
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