

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 INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN- 64917	ARN-		E- (Of Individual ARN) / (Of Employee/ Relationship Manager/Sales Person of the Distributor) E434563	

#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 EUIIN box is left blank) – I/We hereby confirm that the EUIIN 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status)(Refer section 2 under instructions)

Folio No.	Legal Entity Identification (LEI) Code [§]		
First/Sole Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
Guardian (if applicable)	PAN / PEKRN		<input type="checkbox"/> KYC
Second Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
Third Applicant	PAN / PEKRN		<input type="checkbox"/> KYC
PoA (if applicable)	PAN / PEKRN		<input type="checkbox"/> KYC

[§] 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 Participant.

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
DP ID No.	I N	DP ID	
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 Form.

4. ADDITIONAL PURCHASE REQUEST

Scheme Name: **TRUSTMF** Plan: (Please ✓) Regular 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	Y	Y
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Account No.: _____ Account Type: Saving Current NRO NRE FCNR Others (Please specify) _____

Bank & Branch Name: _____

*IDCW- Income Distribution cum Capital Withdrawal option

5. REDEMPTION REQUEST

<input type="checkbox"/> Partial Redemption	OR	<input type="checkbox"/> Full Redemption
Amount ₹ _____ or Units _____		
Amount (in words) _____		
Scheme TRUSTMF	Plan <input type="checkbox"/> _____	Option <input type="checkbox"/> _____

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 account 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.

Bank Name: _____

Account No.: _____

6. SWITCH

<input type="checkbox"/> Partial Switch	OR	<input type="checkbox"/> Full Switch
Amount ₹ _____ or Units _____		
From Scheme TRUSTMF	Plan: (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Payout <input type="checkbox"/> IDCW* Re-Investment	Dividend Frequency _____	
To Scheme TRUSTMF	Plan: (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Payout <input type="checkbox"/> IDCW* Re-Investment	Dividend Frequency _____	

*Income Distribution cum Capital Withdrawal option

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.



Folio No.

ARN-64917 E434563

1. Investor Details

Name of First / Sole Applicant:

Name of Guardian (in case of Minor):

Name of Second Applicant:

Name of Third Applicant:

2. Change / Updation of Contact details of Sole / First Applicant

Mobile No.: Tel.No.STD Code: Office: Res:

Email ID:

Investors providing Email ID would mandatorily receive only E-Statement of Accounts in lieu of physical Statement of Accounts and other statutory documents over email.

I hereby authorize the representative of Trust Asset Management Company and its Associates to contact me through any mode of communication. This will override registry on DND/ DNDC, as the case may be.

Email ID provided pertained to Self Family Member

(Note:If Email ID pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children Dependent Siblings

Mobile No provided pertained to Self Family Member

(Note:If Mobile No pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children Dependent Siblings

3.Change in Mode of Operation (Applicable only if there are more than one applicant in the folio)

Joint Any One or Survivor(s)

4.Change of Status (Please refer the instructions for the documents to be submitted)

Resident Indian to Non Resident Indian Non Resident Indian to Resident Indian

Bank Account Details (Applicable only if investor has given Change of Status from RI to NRI or vise versa)

Account No.: A/c. Type (✓) SB Current NRO NRE FCNR Others _____

Name of Bank: Bank Branch:

IFSC Code: 9 Digit MICR Code: PIN:

Please ensure name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

5.Registration of Power of Attorney (POA) (Please refer the instructions for the documents to be submitted)

Name of POA holder: PAN:

6.Cancellation of Power of Attorney (POA)

Name of POA holder:

7.Nomination/Change in Nomination/Cancellation of Nomination

Nominate the person/s more particularly described hereunder Change in Nomination Do not wish to nominate

Sr. No	Name of Nominee	Address of Nominee (Guardian's address in case of minor)	In case of Minor,Date of Birth of Minor & Guardian Name	Allocation %	Relationship with Investor	Nominee's Signature (Optional)/In case of Minor-Guardian's Signature (Mandatory)
1						
2						
3						

The percentage of allocation/share in favour of each of the nominees should be indicated against their name and such allocation/share should be in whole numbers without any decimals making a total of 100 percent.

Declaration

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in case of non submission of any of the documents or in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected.

Signature/s

First / Sole Unitholder / Guardian Second Unitholder Third Unitholder

Acknowledgement Slip

(To be filled by the Investor)

Date

Folio No:

Received from Mr./Mrs. _____

Change/Updation of Contact Details
 Cancellation of Power of Attorney (POA)

Change in Mode of Operation
 Nomination/Change/Cancellation of Nomination

Change of Status

Registration of Power of Attorney (POA)

