



# GOAL SIP REGISTRATION & OTM DEBIT MANDATE FORM



Name & Broker Code/ ARN / RIA / PMRN Code**	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-64917			E434563		

\*\*  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 WhiteOak Capital Mutual Fund. (Please  if applicable) Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

## 1. UNIT HOLDER INFORMATION

Existing Folio Number \_\_\_\_\_ Name FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Use Existing One Time Debit Mandate (If already registered in the Folio) (Please  if applicable and provide the existing bank details)

Bank Name \_\_\_\_\_ Bank A /c No. \_\_\_\_\_

## 2. GOAL SIP INVESTMENT & PAYMENT DETAILS

SIP Scheme - WhiteOak Capital SCHEME NAME \_\_\_\_\_ (Pls  Regular Plan  Direct Plan  Growth SIP Frequency  Monthly (Default)

SIP Date\*           SIP Start         (\*You may select any date from 1st to 28th of the month. Incase if no date is selected, 10th would be the default SIP Date)

Tenure of SIP - (Please  any one)  8 Years  10 Years  12 Years (Default)  15 Years  20 Years  25 Years  30 Years

SIP Amount (₹ in figures) \_\_\_\_\_ (₹ in words) \_\_\_\_\_

Investors/unit holders subscribing for this facility are required to submit the request at least 30 days prior to the SIP date. (Refer point P)

SWP Scheme - Please Specify \_\_\_\_\_ (Pls  Regular Plan  Direct Plan  Growth)

SWP Amount (₹ in figures): \_\_\_\_\_ (₹ in words): \_\_\_\_\_

SIP Top Up Facility (Optional) ( to avail facility)  Fixed<sup>#</sup> OR  Variable<sup>§</sup> (Please fill the applicable section below) SIP Top Up Frequency  Half Yearly OR  Yearly

<sup>#</sup>Fixed Top Up Amount: ₹ \_\_\_\_\_ OR <sup>§</sup>Variable Top Up Percentage:  5%  10%  15%  20%  Others (Multiple of 5% only)

<sup>#</sup>SIP Top Up amount has to be in multiple of ₹500/- only <sup>§</sup>If the Variable Top Up percentage is not selected the default shall be 5%. (Investor has to choose only one option either CAP amount or CAP month - year)

SIP Top Up Cap Amount\*: ₹ \_\_\_\_\_ OR  SIP Top Up Cap Month         (In case of multiple selection, Top Up Cap amount will be considered as a default selection)

## 3. DECLARATION(S) & SIGNATURE(S) should be as it appears in the Folio / on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

I/We hereby authorise WhiteOak Capital Mutual Fund and their authorised service provider to debit the above bank account by NACH/ Auto Debit Clearing for collection of SIP payments. I/We understand that the information provided by me/us may be shared with third parties for facilitating transaction processing through NACH/ Auto Debit Clearing or for compliance with any legal or regulatory requirements. I/We hereby declare that the particulars given above are correct and complete and express my/our willingness to make payments referred above through participation in NACH/ Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold WhiteOak Capital AMC/MF or their appointed service providers or representatives responsible. I/We will also inform, about any changes in my bank account immediately. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have read and agreed to the terms and conditions mentioned overleaf. 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. \*I / We acknowledge that the RIA has entered into an agreement with the AMC / MF for accepting transaction feeds under the code. I / We hereby indemnify, defend and hold harmless the AMC / MF against any regulatory action, damage or liability that they may suffer, incur or become subject to in connection therewith or arising from sharing, disclosing and transferring of the aforesaid information.  
For Micro SIP only: I hereby declare that I do not have any existing Micro SIPs which together with the current application in rolling 12 month period or in financial year i.e. April to March will result in aggregate investments exceeding ₹ 50,000 in a year.

Sign of 1st Applicant / Authorised Signatory / POA \_\_\_\_\_  
Sign of 2nd Applicant / Authorised Signatory / POA \_\_\_\_\_  
Sign of 3rd Applicant / Authorised Signatory / POA \_\_\_\_\_

## 4. OTM DEBIT MANDATE FORM (Applicable for Lumpsum additional purchases as well as SIP Registrations)

WHITEOAK UMRN \_\_\_\_\_ Bank use \_\_\_\_\_ Date

Sponsor Bank Code \_\_\_\_\_ Bank use \_\_\_\_\_  CREATE  MODIFY  CANCEL

Utility Code \_\_\_\_\_ Bank use \_\_\_\_\_ I/We hereby authorize WhiteOak Capital Mutual Fund

To Debit (tick  )  SB  CA  CC  SB-NRE  SB-NRO  Other Bank A/c \_\_\_\_\_

With Bank \_\_\_\_\_ Name of customers bank \_\_\_\_\_ IFSC / MICR \_\_\_\_\_

An Amount Of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

DEBIT TYPE  Fixed Amount  Maximum Amount FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented

Reference 1 \_\_\_\_\_ Folio No. \_\_\_\_\_ Reference 2 \_\_\_\_\_ Scheme Name \_\_\_\_\_

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD  
From          
To

(End date cannot exceed 30 years) Signature Of Primary Account Holder \_\_\_\_\_ Signature Of Joint Account Holder \_\_\_\_\_ Signature Of Joint Account Holder \_\_\_\_\_

Phone No. \_\_\_\_\_ 1. Name Of Primary Account Holder \_\_\_\_\_ 2. Name Of Joint Account Holder \_\_\_\_\_ 3. Name Of Joint Account Holder \_\_\_\_\_

Please read the Terms and Conditions and refer to SID\_SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

Version : 01.11.2023



# ADDITIONAL SYSTEMATIC WITHDRAWAL PLAN APPLICATION FORM



Please read the instructions carefully and strike off any sections that are not relevant or not applicable.

**Please Note: All field marked with asterisk (\*) to be mandatorily filled**

Application No.:

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

1. DISTRIBUTION INFORMATION* (Refer Section 1 under instructions)					
ARN code	RIA/PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN - 64917	RIA -		ARN -		E434563

\*\*  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 WhiteOak Capital Mutual Fund. (Please tick  if applicable) In case the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION	
Investor Name	Mr. Ms. M/s. <input type="text"/>
Folio No.	<input type="text"/> PAN/PERN* <input type="text"/>

3. Additional Systematic Withdrawal Plan (To be submitted atleast 5 business days before the due date for transfer)	
Existing Scheme	Plan
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	*IDCW Frequency <input type="text"/> (In case of IDCW Option)

Additional SWP Instalment Amount ₹  Existing SWP Date:  Additional SWP Start Date:

**Note:** Please note your additional SWP date will be same as existing SWP date running in the scheme.  
**Note:** Please note that the additional SWP should meet the minimum amount criteria as mentioned in terms and conditions.

**5. DECLARATION AND SIGNATURE(S)**

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that

I /We hereby confirm that the EUIN 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 person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)

*1st Applicant/Guardian/Authorised Signatory/POA/Karta	2nd Applicant/Authorised Signatory/POA	3rd Applicant/Authorised Signatory/POA
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## Terms and Conditions – Additional SWP Application Form

- This facility is an add-on feature for investors to their existing Systematic Withdrawal Plan (SWP). This additional facility enables investors to withdraw a single sum from Unit holder's accounts in the Scheme at periodic intervals rather multiple amounts withdrawals through various SWPs in the Scheme.
- Additional SWP date/frequency will remain same as specified in existing/running SWP scheme.
- Additional SWP will commence from next SWP installment date if same is registered prior from the SWP date selected by investor.

Particulars	Monthly	Quarterly	Half-Yearly	Yearly
Additional SWP Transaction Dates	Any date of every month (between 1st & 28th)	Any date of every Quarter between 1st & 28th	Any date of every half-year between 1st & 28th	Any date of every year (between 1st & 28th)
Minimum amount of additional SWP installment	Rs. 500/- each and in multiples of Re. 1/- thereafter			

- The Units will be redeemed at the Applicable NAV of the respective dates on which such withdrawals are sought.
- The request for enrollment / processing of Additional SWP will only be on a Business Day at the applicable NAV. In case during the term of Additional SWP processing date falls on a non-Business Day, then such request will be processed on the following Business Day's applicable NAV.
- The request for enrollment of additional SWP in the prescribed form should be received at any OPA / ISC at least 5 Business Days in advance before the execution /commencement date.
- In case the balance in the scheme goes below the total SWP installment amount (including additional SWP), then the SWP shall be processed for the available balance. In case of 3 consecutive reversals of SWP installments on account of NIL balance in the scheme, the SWP in the scheme shall be discontinued.
- The request for discontinuation of SWP shall be given in writing and should be received at any official point of acceptance / Investor Service Center at least 5 Business Days in advance before the execution / commencement date.
- Please note that the discontinuation of addition SWP will be considered as cancellation of entire SWP.
- A request for additional SWP will be treated as a request for Redemption from/Subscription into the respective Option(s)/Plan(s) of the Scheme(s) as opted by the Investor, at the applicable NAV.
- In case the investor wishes to register Additional SWP in multiple schemes under the same folio, then the investor should fill a separate registration form.
- Please note WhiteOak Capital Mutual Fund reserves the right to reject the application in case of any discrepancy or ambiguity in the information provided in the Application Form.



## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Folio No.	<input type="text"/>
From	<input type="text"/>
Scheme	<input type="text"/>
Plan	<input type="text"/>
Amount	<input type="text"/>
Cheque No.	<input type="text"/>
Date	<input type="text"/>

Signature, Stamp & Date