Deutsche Mutual Fund

SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM

Deutsche Asset & Wealth Management

Please use separate SWP/STP Form for investing in each Scheme/Plan

BROKER INFORMATION			
BROKER NAME & ARN	SUB-BROKER ARN	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)	SUB-BROKER CODE
ARN - 30156			

Application No.

Application Date & Time

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

☐ 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.

First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder

EXISTING FOLIO NUMBER ☐☐☐☐☐☐☐☐☐☐ **KYC** ☐ Yes ☐ No **Common Application Form No.** (for New Investor) ☐☐☐☐☐☐☐☐☐☐

SYSTEMATIC TRANSFER PLAN (STP) DETAILS

	Transfer From		Transfer To
Scheme		**Scheme**	
Plan	**Option**	**Plan**	**Option**

Transfer Frequency (Please ✓) ☐ Daily** ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Perpetual **Date** (Please ✓) ☐ 1st ☐ 7th ☐ 15th ☐ 21st ☐ 28th

Transfer Options (Please ✓) Fixed Amount (Rs.) per installment **OR** ☐ Capital Appreciation **OR** ☐ Dividend*

Period of Enrollment From m m y y y y To m m y y y y or ☐ Perpetual##

*Subject to minimum of Rs. 1000/-

** For Daily STP refer to Key Scheme Features. ## Please refer to page no 34 for more details.

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme **Plan** **Option**

Sub-option **Withdrawal Options** (Please ✓) ☐ Fixed Amount (Rs.) ☐ Capital Appreciation

Transfer Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Weekly **Date** (Please ✓) ☐ 7th ☐ 15th ☐ 21st ☐ 28th

Period of Enrollment From m m y y y y To m m y y y y

FOR DETAILS UNDER FATCA / FOREIGN TAX LAWS# (Refer to separate form) (# Mandatory)

DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the respective Scheme(s) of Deutsche Mutual Fund and the instructions overleaf. I/We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP of the above Scheme(s)/Plan(s), as indicated above and agree to abide by the term, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this enrolment. I/We donfirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this Enrolment Form, I am/we are not required to obtain a PAN under the provisions of the Income Tax Act, 1961. In the event "Know Your Customeer" process is not completed by me/us to the satisfaction of the fund, I/We authorise the Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV on the date of such redemption and undertaking such other action with such funds that may be required by law.

I/We declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I / We hereby declare that the amount being invested by me/us in the Scheme of Deutsche Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies.

SIGNATURE/S

First/Sole Account Holder | Second Account Holder | Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____

an application for following enrolment (Please ✓ and fill in)

☐ **STP** From the Scheme _____ Plan _____ Option _____

To the Scheme _____ Plan _____ Option _____

Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly ☐ Weekly ☐ Daily ☐ Perpetual

☐ **SWP** From the Scheme _____ Plan _____ Option _____

Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly ☐ Weekly

Collection Centre Stamp & Signature