

SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

Application No. _____

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

| | | | | | | | | | | | | | | | | | |
|-------------------------------------------------|-----------------------|-----------------------------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|---|---|---|
| Broker Name & ARN ARN-3852 | Sub-Broker ARN | Registrar Serial No. | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| | | | | | | | | | | d | d | m | m | y | y | y | y |

| |
|--------------------------------------------------------------------------|
| Name of Sole / First Applicant |
| Name of Second Applicant |
| Name of Third Applicant |
| Name of the Guardian (in case of First/Sole Applicant is a minor) |

| | |
|--------------------|---------------------------------------------|
| Scheme Name | Folio No. (for existing Unit holder) |
| Plan | Investment Option |

PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PAN / Form 60 / 61 for an application of or above Rs. 50,000. Application without this information will be rejected (please ✓) | | Unique Identification Number (UIN) (See Instruction 2c) |
| First / Sole Applicant / Guardian Second Applicant Third Applicant | PAN <input type="text"/> or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached or <input type="checkbox"/> PAN Card Proof / Form 60 / 61 attached | <input type="text"/> |

SYSTEMATIC INVESTMENT PLAN (SIP)

Mode of SIP (please ✓) Cheques SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.)

Period of Enrolment FROM TO **Frequency (Please ✓)** Monthly Quarterly All Dates **No. of Transactions**

| Cheque Number(s) | Dated (7th / 15th / 21st of every month/quarter as applicable) | Amount (Rs.) | Cheque Number(s) | Dated (7th / 15th / 21st of every month/quarter as applicable) | Amount (Rs.) |
|------------------|----------------------------------------------------------------|--------------|------------------|----------------------------------------------------------------|--------------|
| 1. | | | 7. | | |
| 2. | | | 8. | | |
| 3. | | | 9. | | |
| 4. | | | 10. | | |
| 5. | | | 11. | | |
| 6. | | | 12. | | |

Total Cheques **Total Amount** Rs. **Drawn on Bank & Branch**

SYSTEMATIC WITHDRAWAL PLAN (SWP)

Withdrawal Options (Please ✓) (Refer instruction No. 5) Fixed Amount Rs. Capital Appreciation

Withdrawal Frequency (Please ✓) Monthly Quarterly

Date 7th 15th 21st (Please ✓)

Period of Enrolment FROM TO

SYSTEMATIC TRANSFER PLAN (STP)

| | | | |
|----------------------|---------------|--------------------|---------------|
| Transfer From | | Transfer To | |
| Scheme | Option | Scheme | Option |
| Plan | Option | Plan | Option |

Transfer Frequency (Please ✓) Monthly Quarterly All Dates

Transfer Options (Please ✓) (Refer instruction No. 6) Fixed Amount Rs. OR Capital Appreciation OR Dividend*

Date (Please ✓) 7th 15th 21st

Period of Enrolment FROM TO * Subject to minimum of Rs. 1000/-

DECLARATIONS & SIGNATURE/S

We have read and understood the contents of the Offer Documents of the respective Schemes of Deutsche Mutual Fund and the instructions overleaf. We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP/STP/SWP of the above Scheme(s)/Plan(s), as indicated above and agree to abide by the term, conditions, rules and regulations of the Scheme. (We have understood the details of the Scheme(s) and (We have not received or been induced by any rebate or gifts, directly or indirectly, in making this enrolment. (We confirm that in the event (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 Customer' process is not completed by me/us to the satisfaction of the fund, (We authorize 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 undertake such other action with such funds that may be required by law. ** We hereby confirm that (We are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued thereunder from time to time. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number

| | | |
|--------------------|-----------------------------------|----------------------|
| SIGNATURE/S | First / Sole Applicant / Guardian | <input type="text"/> |
| | Second Applicant | <input type="text"/> |
| | Third Applicant | <input type="text"/> |

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____ Application No. _____

an application for following enrolment (Please ✓ and filled in) in the Scheme _____

SIP Total Amount Rs. _____ Cheque Nos. From _____ To _____ drawn on _____ on Monthly Quarterly basis.

STP From above mentioned Scheme to Scheme / Plan / Option _____ Total Amount Rs. _____ OR _____ Units on Monthly Quarterly basis.

SWP Total Amount Rs. _____ OR _____ Units on Monthly Quarterly basis.

ISC Stamp & Signature