

APP No.:

SYSTEMATIC WITHDRAWAL PLAN APPLICATION FORM

Use this form if you wish to withdraw your investment systematically.

Please read the instructions carefully, before filling up the application

1. DISTRIBUTOR / BROKER INFORMATION	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-3852	

FOR OFFICE USE ONLY	
Date and Time of Receipt	Bank / Register Serial No.

The Trustee, Reliance Mutual Fund,

I/We have read and understood the contents of the offer document & the instructions printed overleaf for the Systematic withdrawal Plan (RWP), I / We hereby apply for the same and agree to abide by the terms, conditions rules & regulations of the plan.

2. EXISTING UNIT HOLDER INFORMATION
FOLIO NO.

3. APPLICANT INFORMATION
Name of First / Sole applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.
Name of Guardian <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (in case of First / Sole Applicant is a Minor) / Contact Person - Designation (in case of non-individual Investors)
Name of Second Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Name of Third Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.

4. PARTICULARS FOR REGULAR WITHDRAWAL
Scheme Name _____ Plan _____ Option _____ Amount _____
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Enrolment Period From D D M M Y Y Y Y To D D M M Y Y Y Y (Min. Rs. 500/- & any amount thereafter per withdrawal)

Sole / 1st applicant / Guardian
Authorised Signatory

2nd applicant /
Authorised Signatory

3rd applicant
Authorised Signatory

APP No.:

TRIGGER APPLICATION / CANCELLATION FORM

Please read the instructions carefully, before filling up the application

1. DISTRIBUTOR / BROKER INFORMATION	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-3852	

FOR OFFICE USE ONLY	
Date and Time of Receipt	Bank / Register Serial No.

The Trustee, Reliance Mutual Fund,

I/We have read and understood the contents of the offer document & the instructions printed overleaf for the Trigger Plan. I / We hereby apply for the same and agree to abide by the terms, conditions rules & regulations of the plan.

2. EXISTING UNIT HOLDER INFORMATION
FOLIO NO.

3. APPLICANT INFORMATION
Name of First / Sole applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.
Name of Guardian <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (in case of First / Sole Applicant is a Minor) / Contact Person - Designation (in case of non-individual Investors)
Name of Second Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Name of Third Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.

4. OPTION - A	OPTION - B
Please tick any one of the following situation which will activate the Trigger. <input type="checkbox"/> NAV reaches or crosses Rs. _____ <input type="checkbox"/> NAV appreciates or depreciates by _____ % <input type="checkbox"/> NAV depreciates by _____ % <input type="checkbox"/> NAV appreciates by _____ %	Please tick any one of the following actions to be initiated on encountering the situation applied in section A <input type="checkbox"/> Redemption to the extent of capital appreciation only <input type="checkbox"/> Switch-out of only the capital appreciation portion to (Scheme, Plan and Option) _____ or folio No. _____ <input type="checkbox"/> Full switch-out of units to (Scheme, Plan and Option) _____ or folio No. _____

Sole / 1st applicant / Guardian
Authorised Signatory

2nd applicant /
Authorised Signatory

3rd applicant
Authorised Signatory