

SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

EXISTING UN	NIT HOLDER'S INFORMATION								
Folio No.									
Name Sole/Firs	et Applicant								
New Regis	stration: For enrollment under SWP	P facility		Cancellati	on: For can	cella	tion of SWP facility		
SYSTEMATIC	WITHDRAWAL PLAN								
Scheme Name							Direct Plan	Regular Plan	
Option									
Amount (₹)			Ar	nount (in wo	rds)				
Frequency	[Please tick any one] Weekly (week day) Fortnightly (1st or 16						s applicable) M	1onthly Quarterly	
SWP Date:	(for Fortnightly, Monthly and Quarterly Frequency)								
Tenure:	From M M Y Y Y Y To M M Y Y Y Y								
DECLARATION	TION								
disclosed to me/us which the Scheme complete. I/We he by me/us to the Fu submission, any li intimation/advice t investment. If the	at / Regulations / Rules / Notifications / Dir s all the commissions (in the form of trail ce e is being recommended to me/us. I/We have preby authorize you to disclose, share, remi und, its Sponsor/s, Trustees, Asset Manage indian or foreign statutory, regulatory, judicity to me/us. I/we hereby confirm that I/we have balance in my/our account does not cover	commission or any of nereby declare that it it in any form/manne ement Company, its ital, quasi-judicial aut ve not been offered/ the amount/units of r	ther mo the aboral r/mode employe thorities commun redempt	de), payable to ve information in the above information in the above informes, agents and lagencies inclunicated any indicion request, I/w	him for the diff s given by the mation and/or a third party ser ding but not lin cative portfolio e authorize you	ferent under any parvice profited and/	competing Schemes of va ersigned and the particular art of it including the chang roviders, SEBI registered in to Financial Intelligence Ur or any indicative yield by the end the entire such (lesser	arious Mutual Funds from amors given by me/us are correct jes/up- dates that may be provintermediaries for single upda nit-India (FIU-IND) etc withou ne Fund/AMC/its distributor fo) balance to me/us.	ongst et and vided ation / ut any
Signature	Signature of Sole/First Applicant/Guardian Signature of Second Applicant					Signature of Third Applicant			
	To be si	igned by all applic	cants/U	nitholders if I	node of hold	ing i	s "Joint".		
		Те	rms 8	& Condition	าร				
	VITHDRAWAL PLAN (SWP)	nit accounts in the S	chomo /	at poriodio intor	vals through a	ono t	ime request. The withdraw	als can be made as follows:	
Frequency	I	an investor to withdraw sums from their Unit accounts in the Sch Date of transfer		Tierre at periodic intervals through a or			inimum amount of transfe	Minimum No. of	
Weekly	Any day (Monday to Friday) (If n		onday w	ill be the default	day)			instalments	
Fortnightly*	1st and 16th day of each month, as appli	•		onth will be the	default date)	Rs.	1000/- and in the multiples	of 1 6	
Monthly Quarterly**	· · ·	10th will be the defau 10th will be the defau							
	Frequency is available for Helios Overnigh Frequency is not available for Helios Overn								
on which such w The request for such request wi The request for execution / com The request for the execution / com	s will commence from the start date mention withdrawals are sought. enrollment / processing of SWP will only build be processed on the next following Busin enrollment of SWP in the prescribed form someonement date. discontinuation of SWP in the prescribed for commencement date. The provision for Mire P / SWP will be treated as a request for Red	e on a Business Day ness Day's applicable should be received a orm should be receiv nimum Application Ar	at the a e NAV. at any off red at an mount w ription in	applicable NAV. ficial point of ac y official point c vill not be applic to the respectiv	In case during ceptance / Inverse facceptance / able under SW e Option(s)/Pla	the to estor: Inves /P Inv n(s) c	erm of SWP processing dat Service Center at least 7 Bo stor Service Center at least restments. of the Scheme(s) as opted b	te falls on a non-Business Day usiness Days in advance befo 7 Business Days in advance I	y, then ore the before
Scheme Name							Registration	Cancellation	
Folio No.			Date			L			
Received from M	1r. / Ms.			l					
SWP Frequency		Fortnightly (1st or 1	6th as a	applicable)	Month	lv	Quarterly	SWP Date:	D

customercare@helioscapital.in

 $\bigoplus {\it www.heliosmf.in}$

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