PPFAS Mutual Fund

SWP Frequency Monthly

Systematic Withdrawal Plan (SWP) Form



				act" in ABN column)			
KEY PARTNER/AGEN	NT INFORMATION (II	nvestors applying under	Direct Plan must mention "Dir	ect in Arn Colonnia.)			
ARN		ARN / D	istributor Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)
ARN-18	1211						E528682
New Registro		Cha	e option the form is lice ange in withdrawal of Change in withdrawa	amount:	P facility	Cancellation For cancella	n: tion of SWP facility
KISTING UNIT H	IOLDER'S INFO	DRMATION					
olio No.	Fo	or Existing Investor	rs				
ame			Ben	neficial Investor			
PAN					(RA Compliant		
				Enclosed F	KRA Compilani		
YSTEMATIC WIT	HDRAWAL PL	AN					
cheme Name					Dire	ect Plan Re	gular Plan
Option							
ixed Withdrawa				Amount (in words)			
ixed Withdrawa	al Frequency	[Please tick]	Monthly (Minimum	12 months)			
Date (Only One)	[Please tick]	1st 5tl	h 10th (Default)	15th 20th 25th	(For Parag Parikh Flexi	Cap fund only 1st an	d 10th dates available)
Vithdrawal Perio	od From	M/YYYY		To /////////			
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