

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

Please read the Instructions before filling this form

**Sponsors:** The Investment Trust of India Limited [erstwhile, Fortune Financial Services (India) Ltd.] and ITI Credit Limited (formerly known as Fortune Credit Capital Ltd.)  
**Trustee Company:** ITI Mutual Fund Trustee Private Limited

**Investment Manager:** ITI Asset Management Limited  
ITI House, Building no. 36, Dr. R. K. Shirodkar Marg,  
Parel, Mumbai 400 012. CIN: U67100MH2008PLC177677



Long-term wealth creators

Enrolment Form No.

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY
Distributor Name & Code	Sub-Distributor Code	Internal Code for Sub-Broker/Employee	EUIN*	RIA Code	Date and Time of Receipt
<b>ARN-181211</b>	ARN-		<b>E528682</b>		

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

First/Sole Unit Holder/ Guardian	Second Unit Holder	Third Unit Holder
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## UNITHOLDER INFORMATION

Folio No.	PAN
1st/Sole Unit Holder Name	

☐ STP / ☐ SWP FREQUENCY [Please tick (✓) in the appropriate box]

<input type="radio"/> Daily STP	<input type="radio"/> Weekly STP	<input type="radio"/> Monthly STP/SWP (Default)	<input type="radio"/> Quarterly STP/SWP
All Business Days	(Please mention any day from Monday to Friday)	<input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> 28th	<input type="radio"/> 1st <input type="radio"/> 7th <input type="radio"/> 14th <input type="radio"/> 21st <input type="radio"/> 28th

Default Frequency will be Monthly, in case frequency not selected or in case of any ambiguity.

## SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Not applicable for ELSS Scheme)

From Scheme: ITI	Plan: <input type="radio"/> Regular <input type="radio"/> Direct	Option: <input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout
IDCW# Frequency: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annually		
To Scheme: ITI	Plan: <input type="radio"/> Regular <input type="radio"/> Direct	Option*: <input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout
IDCW# Frequency: <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half Yearly <input type="radio"/> Annually		

Amount per instalment ₹ Amount (in words)

Transfer Period From D D M M Y Y Y Y Y Y No of Transfers OR ☐ Till Further Instruction

IDCW Frequency Options Available:

ITI Liquid Fund and ITI Overnight Fund: Daily, Weekly, Fortnightly, Monthly & Annually. ITI Dynamic Bond Fund: Monthly, Quarterly, Half Yearly & Annually. ITI Conservative Hybrid Fund: Quarterly, Half Yearly & Annually.

\* Default Option will be Growth in case option not selected or in case of any ambiguity. IDCW# Frequency is not applicable for Equity Schemes. # Income Distribution cum Capital Withdrawal

## SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (Not applicable for ELSS Scheme) (Only Monthly and Quarterly Options available)

From Scheme: ITI	Plan: <input type="radio"/> Regular <input type="radio"/> Direct	Option: <input type="radio"/> Growth <input type="radio"/> IDCW# Reinvest <input type="radio"/> IDCW# Payout
Amount per instalment ₹	Amount (in words)	
Enrolment Period From Date M M Y Y Y Y Y Y To Date M M Y Y Y Y Y Y	OR <input type="radio"/> Perpetual (99 years) (Default)	

# Income Distribution cum Capital Withdrawal

## DECLARATION & SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto, I/ we hereby apply to the Trustee of ITI Mutual Fund for enrolment under the STP/SWP of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme(s). I/We further declare, I am/we are authorised to invest the amount and that the amount invested by me/us is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any Regulation, including SEBI. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/ We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments.

I/We declare that the particulars furnished here are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible.

Date	SIGNATURE(S) as per ITI Mutual Fund Records.		
D D M M Y Y Y Y Y Y	Sole/First Unit Holder/Guardian	Second Unit Holder	Third Unit Holder

## ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

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

Enrolment Form No.

Folio No.

an application for (please ✓)

☐ STP From Scheme Plan Option  
To Scheme Plan Option  
☐ SWP From Scheme Plan Option

STP/SWP amount per instalment ₹ per ☐ Day ☐ Week ☐ Month ☐ Quarter

ISC Stamp, Date & Signature