

Deutsche Mutual Fund

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

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

BROKERAGE INFORMATION	
Broker Name & ARN	Sub-Broker ARN
ARN-98078	

Application Date & Time

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.

APPLICANT'S INFORMATION (Please fill in Block Letters)	
Folio No. (for existing Unit holder)	<input type="text"/>
Name of Sole / First Applicant	<input type="text"/>
Name of Second Applicant	<input type="text"/>
Name of Third Applicant	<input type="text"/>
Name of Guardian (in case Sole / First Applicant is a Minor)	<input type="text"/>

KYC Yes No

PAN** Enclosed (Please ✓) PAN Card copy** KYC Compliance proof

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*W.e.f. 03 March, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant. If KYC is recorded in the Folio No., No further proof needs to be submitted. ** Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please submit photocopy of PAN Card (alongwith the original for verification, which will be returned across the counter. Please see instruction 2b on page 12.

SYSTEMATIC TRANSFER PLAN (STP) DETAILS	
Transfer From	Transfer To
Scheme <input type="text"/>	Scheme <input type="text"/>
Plan <input type="text"/> Option <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Transfer Options (Please ✓) (Refer instruction No. 6 overleaf)	
Fixed Amount (Rs.) per installment <input type="text"/>	OR Capital Appreciation <input type="checkbox"/> OR Dividend* <input type="checkbox"/>
Period of Enrollment From <input type="text"/>	To <input type="text"/> * Subject to minimum of Rs. 1000/-

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS	
Scheme <input type="text"/>	Plan <input type="text"/>
Option <input type="text"/>	Sub-option <input type="text"/>
Withdrawal Options (Please ✓) (Refer instruction No. 5 overleaf) <input type="checkbox"/> Fixed Amount (Rs.) <input type="text"/>	<input type="checkbox"/> Capital Appreciation
Transfer Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly	Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th
Period of Enrollment From <input type="text"/>	To <input type="text"/>

DECLARATIONS & SINGATURE/S	
<p>I/We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) of Deutsche Mutual Fund and the instructions overleaf. I/We hereby apply to the Trustees of Deutsche Mutual Fund for enrolment under the SIP of the above Scheme(s)/Plan(s), as indicated above and agree to abide by the term, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme(s) and I/We have not been induced nor been induced by any rebate or gifts, directly or indirectly, in making this enrolment. I/We do confirm that in the event I/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, I/We authorise 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 undertaking such other action with such funds that may be required by law. **I/We hereby confirm that I/We am/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.</p> <p>The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.</p>	
SIGNATURE/S	
<input type="text"/>	<input type="text"/>
First/Sole Account Holder	Second Account Holder
<input type="text"/>	<input type="text"/>
	Third Account Holder

**Applicable to persons mandated by SEBI to obtain Unique Identification Number.

Please turn overleaf for instructions.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)	
Received from Mr./Ms./M/s. _____	an application for following enrolment (Please ✓ and filled in)
<input type="checkbox"/> STP From the Scheme _____ Plan _____ Option _____	
To the Scheme _____ Plan _____ Option _____	
Total Amount (Rs.) _____ OR _____	Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis <input type="checkbox"/> Weekly
<input type="checkbox"/> SWP From the Scheme _____ Plan _____ Option _____	
Total Amount (Rs.) _____ OR _____	Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis

ISC Stamp & Signature