SYSTEMATIC TRANSFER PLAN / SYSTEMATIC WITHDRAWAL PLAN

WHITEOAK CAPITAL MUTUAL FUND

Please read the Terms and Conditions carefully and strike off any sections that are not relevant or not applicable.

Application No.:

1. DISTRIBUTION INFORMATION*

ARN code	RIA /PMRN code**	ARN / RIA / PM Name	Sub broker ARN code	Sub broker code	EUIN*
ARN-106392 BLUECHIP STOCKS					E-107715

** ☐ By mentioning RIA /PMRN code, I/We authorize you to share with the Investment Adviser/ Portfolio Manager the details of my/our transactions in the scheme(s) of WhiteOak Capital Mutual Fund. (Please • if applicable)
*Incase the EUIN box has been left blank, please refer the point related to EUIN in the Declaration & Signatures section overleaf. Upfront commission "if any applicable" shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION

Investor Name Mr. Ms. M/s.

Folio No.

PAN/PEKRN*

Enclosed: ☐ KYC Compliance

3. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 3 business days before the 1st due date for transfer) (Refer STP

From Scheme _____ Plan _____

Option (Please • any one) ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

IDCW Frequency (In case of IDCW Option) Please specify

To Scheme _____ Plan _____

Option (Please • any one) ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

IDCW Frequency (In case of IDCW Option) (Please specify)

☐ FIXED SYSTEMATIC TRANSFER PLAN (FSTP) Please • if applicable

FSTP Frequency: ☐ Daily ☐ Weekly (Any day from Monday to Friday) ☐ Monthly* ☐ Quarterly (*Default)

FSTP Amount: Rs_____ No. of Installments :_____

FSTP Date D D FSTP Start M M Y Y Y Y FSTP End M M Y Y Y Y

(You may select any date from 1st to 28th of the month)

☐ CAPITAL APPRECIATION SYSTEMATIC TRANSFER PLAN (CASTP) Please • if applicable

CASTP Frequency: ☐ Monthly ☐ Quarterly

No. of Installments :_____

CASTP Date: D D CASTP Start M M Y Y Y Y CASTP End M M Y Y Y Y

(You may select any date from 1st to 28th of the month)

4. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 5 business days before the due date for transfer) Refer SWP

Scheme _____ Plan _____

Option (Please • any one) ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

*IDCW Frequency_____ (In case of IDCW Option)

SWP Instalment ` _____

No. of Instalments _____

SWP Frequency: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

SWP Date: D D SWP Start: M M Y Y Y Y SWP End: M M Y Y Y Y

(You may select any date from 1st to 28th of the month)

5. DECLARATION AND SIGNATURE(S)

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme.I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding `50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

☐ 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.

SIGNATURE(S)

✓ Sign of 1st Applicant / Guardian / Authorised Signatory / POA	Sign of 2nd Applicant / Authorised Signatory / POA	Sign of 3rd Applicant / Authorised Signatory / POA

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No.:

Folio No.

From

Scheme Plan

Amount Cheque No. Date D D M M Y Y Y Y

Signature, Stamp & Date

Please read the Terms and Conditions and refer to SID, SAI, KIM and Addendums issued for the respective schemes

TOLL FREE NUMBER: 1800 3000 3060 | EMAIL: clientservice@whiteoakamc.com | WEBSITE: https://mf.whiteoakamc.com

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