



Mutual Fund

APP No.:

AUTO SWITCH FORM

Please read the instructions carefully. before filling up the application

1. DISTRIBUTOR/BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code

*Please sign below in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE First / Sole Unit Holder / Guardian Second Unit Holder Third Unit Holder

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.

2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO.

3. PARTICULARS OF APPLICANT

Name of Sole / 1st applicant/Minor/Karta of HUF/ Non-Individual Mr. / Miss / Master / M/s. Date of Birth **

(** Date of birth mandatory only if applicant is minor)

Name of Parent / Guardian in case of Minor / or Contact Person for Non-Individual applicants Mr. Mrs. Miss Relation with Minor/Designation
 M A N D A T O R Y

Name of 2nd applicant Mr. Mrs. Miss Date of Birth

Name of 3rd applicant Mr. Mrs. Miss Date of Birth

4. PERMANENT ACCOUNT NUMBER (PAN) & KYC Compliant

PAN/PEKRN 1st applicant		Attached <input type="checkbox"/> PAN Proof	Attached <input type="checkbox"/> KYC Acknowledgement Copy
PAN/PEKRN 2nd applicant		Attached <input type="checkbox"/> PAN Proof	Attached <input type="checkbox"/> KYC Acknowledgement Copy
PAN/PEKRN 3rd applicant		Attached <input type="checkbox"/> PAN Proof	Attached <input type="checkbox"/> KYC Acknowledgement Copy

5. AUTO SWITCH FACILITY (Refer Instruction No. 3. Please refer respective SID/KIM for product labelling)

Name of 'Transferor' Scheme/Plan/Option _____

I/ We would like to Auto Switch Rs. _____ OR Units. On _____

Name of 'Transferee' Scheme/Plan/Option _____

6. MATURITY INSTRUCTION

Switch to Scheme/Plan : _____ Proceeds to be dispatched / Credit to Bank A/c (as may be applicable.) (Default)

As a default mechanism, the Scheme shall be fully redeemed on the date of maturity and redemption proceeds shall be dispatched to / credited in the bank account of the unitholders within 10 Business Days from the date of redemption or repurchase.

7. DECLARATION & SIGNATURE/S

I/We would like to invest in Reliance Fixed Horizon Fund - XXVIII - Series 3 subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/ We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

- I confirm that I am resident of India.
- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

✗ First / Sole Applicant / Guardian ✗ Second Applicant ✗ Third Applicant

Acknowledgement Receipt of Auto Switch Application Form (To be filled in by the Unit holder)

	Folio No. 	APP No. :
	Received from _____	Stamp of receiving branch
Auto Switch Rs. _____ OR _____ Units on _____		
From Scheme _____ Plan _____ Option _____		
to Scheme _____ Plan _____ Option _____		& Signature