

SYSTEMATIC TRANSFER PLAN (STP)/SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM Please use separate SWP/STP Form for investing in each Scheme/Plan

BROKER INFORMATION

| BROKER NAME & ARN | SUB-BROKER ARN | EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN) |
|-------------------|----------------|---|
| ARN-97821 | | E113814 |

Application No.

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.

[illegible]

2. SYSTEMATIC TRANSFER PLAN (STP) DETAILS

| Transfer From | | | | Transfer To | | | |
|---------------|--|--------|--|-------------|--|--------|--|
| Scheme | | | | Scheme | | | |
| Plan | | Option | | Plan | | Option | |

Transfer Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Weekly Date (Please ✓) ☐ 7th ☐ 15th ☐ 21st ☐ 28th

Transfer Options (Please ✓) Fixed Amount (Rs.) per installment OR Capital Appreciation ☐ OR Dividend* ☐

Period of Enrollment From M M Y Y Y Y To M M Y Y Y Y *Subject to minimum of Rs. 1000/-

3. SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS

Scheme Plan
Option Sub-option
Withdrawal Options (Please ✓) ☐ Fixed Amount (Rs.) ☐ Capital Appreciation
Transfer Frequency (Please ✓) ☐ Monthly ☐ Quarterly ☐ Weekly Date (Please ✓) ☐ 7th ☐ 15th ☐ 21st ☐ 28th
Period of Enrollment From To

4. DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information 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 received nor been induced by any rebate or gifts, directly or indirectly, in making this enrolment. I/We 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 declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP investors only). I/We hereby declare that the amount being invested by me/us in the Scheme of Deutsche Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority 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/We declared that I/We shall update change to my/our KYC information as required under the law or requirements under your policies.

SIGNATURE/S

First/Sole Account Holder Second Account Holder Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____ **ARN-97821**
an application for following enrolment (Please ✓ and fill in)

☐ STP From the Scheme _____ Plan _____ Option _____
 To the Scheme _____ Plan _____ Option _____
 Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly ☐ Weekly

☐ SWP From the Scheme _____ Plan _____ Option _____
 Total Amount (Rs.) _____ OR _____ Units on ☐ Monthly ☐ Quarterly

Collection Centre Stamp
& Signature