**TRANSACTION FORM** For Existing Investors Only



| 1. DIST  | RIBUTOR INFORMATI   | ION (Refer  | Section 1 un  | der instru   | ctions)   |  | FOR OFFICE USE ONLY  |  |   |  |  |  |  |  |  |  |
|--|---|---|---|--|---|--|--|--|---|--|--|--|--|--|--|--|
|  | Broker Code   | Sub B   | roker Code / AR   | N  | EUIN No.  | MO Code  | CO Code  | Bank Serial No. /B   | ranch Stamp/Receipt Date  |  |  |  |  |  |  |  |
| ARN -  |   |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
|  | distributor or notwithstanding  |   |   |  |   |  |  |  | tionship manager/sales person of<br>as not charged any advisory fees on   |  |  |  |  |  |  |  |
|  |   |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1 <sup>st</sup> a  | applicant/Guardian/Autl   | horised Sign  | atory/POA   | 0  | 2 <sup>nd</sup> applicant/Autho   | orised Signatory   |  | 3 <sup>rd</sup> applicant/Autho                                | orised Signatory  |  |  |  |  |  |  |  |
|  | ommission shall be paid direct  |   |   |  |   |  | ousfactors including th  |  | 0,000   |  |  |  |  |  |  |  |
|  | T HOLDER DETAILS*   |   | -   |  |   |  | ÷  | ,  |   |  |  |  |  |  |  |  |
| Nam  | e of Sole /First Applica  | ant 🗌   | Mr. 🗌 Ms.   | M/s.   |   | EXI  | STING FOLIO NO   | ).   |   |  |  |  |  |  |  |  |
|  |   |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
|  | ADDITIONAL PURCHA   | ASE REQU  | EST (Refer S  | ection 3   | under instructio  | ons)   |  |  |   |  |  |  |  |  |  |  |
|  | CHEME DETAILS   | - I - I   |   |  |   | <u> </u>   |  |  |   |  |  |  |  |  |  |  |
| -  | e Name  |   |   | ntion  |   |  |  |  | ase the additional nurchase is  |  |  |  |  |  |  |  |
| Plan   |   |   |   | ption  |   |  |  |  | ase the additional purchase is<br>continuation of existing STP)   |  |  |  |  |  |  |  |
|  | IVESTMENT & PAYM  |   |   | DD Ch  | ardes   |  | Net  | Amount   |   |  |  |  |  |  |  |  |
|  | e/DD No   |   | Cheque/D  |  |   | Draw   | /n on Bank   |  |   |  |  |  |  |  |  |  |
| Branch   | Name  |   |   |  |   | A/c Type [p  | lease√] _ Saving   | s Current N  | RO NRE FCNR   |  |  |  |  |  |  |  |
|  | e should be in favour of th SID/ SAI. • Investment s  |   |   |  |   | epted and transactio   | on is liable to be reje  | cted.  |   |  |  |  |  |  |  |  |
| 4.   | SWITCH REQUEST (R   | lefer Secti   | on 4 under i  | nstruction   | ıs)   |  |  |  |   |  |  |  |  |  |  |  |
| From   | Scheme  |   |   |  |   | To Scheme  |  |  |   |  |  |  |  |  |  |  |
|  | Plan  |   |   |  |   | Plan   |  |  |   |  |  |  |  |  |  |  |
|  | Option  |   |   |  |   | Option   |  |  |   |  |  |  |  |  |  |  |
|  | Dividend Sub Option   |   |   |  |   | Dividend S   | ub Option  |  |   |  |  |  |  |  |  |  |
|  | Dividend Frequency  |   |   |  |   | Dividend F   | requency   |  |   |  |  |  |  |  |  |  |
| Amoun  | t   |   |   |  | R Number of Uni   | ts   |  |  | ☐ All units (Please √)  |  |  |  |  |  |  |  |
| 5. 🔤   | REDEMPTION REQUE  | EST (Refer  | Section 5 u   | nder instr   | uctions)  |  |  |  |   |  |  |  |  |  |  |  |
| Schem  | e   |   |   | P  | Plan  |  | 0  | ption  |   |  |  |  |  |  |  |  |
| Amoun  |   |   |   |  | R Number of Uni   |  |  |  | $\Box$ All units (Please $$ )   |  |  |  |  |  |  |  |
|  | LARATION AND SIGNA  |   |   |  |   |  |  |  | l)<br>ncluding the section on "Who  |  |  |  |  |  |  |  |
| cannot i<br>I/We he<br>designe<br>AXA Mu<br>Advisor.     | "nyoct" and "Provention of  | Money Laund<br>/are authori<br>ontravention<br>Manager and<br>ed nor been in        | doring" 1/Maha  | coby apply fo  | or Allotmont / Durobo   | co of Unite in the Sel   | home and adree to a  | hido by the terms and a  | conditions applicable thereto.<br>nd does not involve and is not<br>a. I/We hereby authorise BOI<br>tributor /Broker / Investment<br>given in this application form |  |  |  |  |  |  |  |
| Applicat<br>through<br>Folio wil<br>I/ We co<br>differen | ble to NRI only: I /We con<br>approved banking chann<br>I also be from funds receiv<br>onfirm that the ARN holder<br>t competing Schemes of v | firm that I an<br>els or from fu<br>red from abroa<br>has disclosed<br>arious Mutua | n/we are Non-Re<br>nds in my/our N<br>ad through appro<br>d to me/us all the<br>I Funds from am | esident India<br>RE/NRO/FC<br>oved banking<br>e commissic<br>ongst which | an/Person of Indiar<br>CNR Account. I/We t<br>g channels or from fi<br>ons (in the form of tra<br>the Scheme is being | o Origin and that I/V<br>undertake that all ac<br>unds in my/our NRE,<br>ail commission or ar<br>grecommended to n | Ve have remitted fu<br>dditional purchases<br>/NRO/FCNR Accoun<br>ny other mode), paya<br>ne/us. | nds from abroad<br>made under this<br>t.<br>ble to him for the | TE D D M M Y Y  |  |  |  |  |  |  |  |
| SIGN   | ATURE(S)*   |   |   |  |   | -  |  |  |   |  |  |  |  |  |  |  |
|  |   |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| 1 <sup>st</sup> a  | applicant/Guardian/Aut  | horised Sign  | atory/POA   | 2  | 2 <sup>nd</sup> applicant/Autho   | orised Signatory   |  | 3 <sup>rd</sup> applicant/Autho                                | orised Signatory  |  |  |  |  |  |  |  |
|  |   |   |   |  | – — — TEAR HI   | ERE — — —  |  |  |   |  |  |  |  |  |  |  |
|  |   |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| BO   | ent Managers  |   | TR  | ANSACT   | To be filled in by  |  | GEMENT   |  |   |  |  |  |  |  |  |  |
| Folio N  | o.  |   |   |  |   |  |  |  |   |  |  |  |  |  |  |  |
| Name   | of Sole /First Applican   | t   |   | TRANSAC  | TION DETAILS  |  |  |  | Stamp Signature & Date  |  |  |  |  |  |  |  |
|  | ITIONAL PURCHASE REQUEST<br>the additional purchase is for<br>g STP)  |   |   | _  | PTION REQUEST   | SWITCH REQUE   | ST   |  |   |  |  |  |  |  |  |  |
| Cheque/  |   |   | From  |  |   | То   |  |  | 1   |  |  |  |  |  |  |  |
| Date   |   |   | Scheme  |  |   | Scheme   |  |  |   |  |  |  |  |  |  |  |
| Amount   | (Rs.)   |   | Plan  |  |   | Plan   |  |  |   |  |  |  |  |  |  |  |

Option

(INWORDS)

Option

Drawn on

Amount

## **TRANSACTION FORM** For Existing Investors Only



| 7. UNIT HOLDER DETAILS* (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 7 under instructions)       |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|---|------------------------|------------------------------|-----------|---------------|---------|------------|--------------------------------|----------|---------------------|----------|--------|-----------------------|-------------|-----------------------|--------|--------|---|---------|-------------------|-----------|--|------------------|----------------|----------------|--|--|
| Name of Sole / F  | nt                     | 🗌 Mr                         | . 🗆       | Ms.           | M/s.    |            |                                |          |                     |          |        | EXISTING FOLIO NO.    |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 8. CHANGE IN NOMINATION# (FRESH / ADDITION / CANCELLATION OF NOMINATION) (Refer Section 8 under instructions) |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Name & Address of Nominee(s) Date of Birth  |                        |                              |           |               |         |            | Name & Address of the Guardian |          |                     |          |        |                       |             | Signature of Guardian |        |        |   |         |                   |           | Proportion (%) by which the unit will be shared by |                  |                |                |  |  |
|   |                        | (To be furnished in case the |           |               |         |            |                                |          | Nominee is a Minor) |          |        |                       |             |                       |        |        | each Nominee (should aggregate to 100%) |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| # In and of SID S   | biold only t           | bo fire                      | + nom     | inco          | chall   | ha aan     | aidoro                         | 4        |                     |          |        |                       | L           |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| # In case of SIP Shield, only the first nominee shall be considered.  |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 9. EMAIL COMMUNICATION (Refer Section 9 under instructions)   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| I/We wish to receive the following document via   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| e-mail in lieu of physical document(s) [Please ( )]   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 10. CHANGE OF ADDRESS (Refer Section 10 under instructions)   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Local   |                        |                              |           |               | 1 1     |            |                                |          |                     |          |        |                       |             |                       |        |        |   | 1 1     |                   |           |  | 1 1              |                |                |  |  |
| #Address of   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 1st Applicant   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Landmark  |                        |                              |           |               |         |            |                                |          | City                |          |        |                       |             |                       |        |        |   |         |                   | Pir       | ۱  |                  |                |                |  |  |
| State   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        | #                                       | Pleas   | e pro             | vided se  | elf atte   | ested            | proof          | of adress      |  |  |
|   |                        |                              |           |               | ~       |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   | OF CONTAC              |                              | AILS (I   | Refe          | r Sec   | tion 11    | L unde                         | er inst  | tructio             | ons)     |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Tel No.<br>1 <sup>st</sup> Applicant  | STD Code<br>Mobile No. |                              |           | _             |         | Res.       |                                | nail ID  |                     | +        | 0      | ff.                   | _           |                       | _      |        |   | Fa      | ix 🛛              |           |  | $\left  \right $ | _              |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 12. DECLARATION   | AND SIGN               | ATURE                        | (S)* (I   | Mand          | atory   | - If left  | t blank                        | , appl   | icatio              | n will I | be re  | jecte                 | d) (R       | lefer S               | Secti  | ion 6  | unde                                    | er ins  | truc              | tions)    |  |                  |                |                |  |  |
| I/We have read and cannot invest" and "F  |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| I/We hereby declare<br>designed for the purp  | that I/We am           | /are aut                     | thorised  | d to m        | ake thi | is investi | ment ar                        | nd that  | the amo             | ount inv | /este  | d in the              | e Sche      | eme is t              | hrou   | gh leg | itimat                                  | e sour  | rces o            | nly and   | does   | not in           | volve a        | and is not     |  |  |
| AXA Mutual Fund, its<br>Advisor. I/We have n  | Investment I           | Manage                       | r and it  | s age         | nts to  | disclose   | details                        | of my    | investm             | nent to  | my b   | ank(s)                | /BOI A      | XA Mu                 | itual  | Fund'  | s banl                                  | k(s) aı | nd /o             | r Distrik | outor /  | /Broke           | er / In        | vestment       |  |  |
| is correct, complete a  | ind truly stated       | ł.                           |           |               |         |            | 0                              |          |                     |          |        | 0                     |             |                       |        |        |   |         |                   | 0         |  |                  |                |                |  |  |
| Applicable to NRI only from funds in my/out   | r NRE/NRO/F            | CNR Acc                      | count. I, | /We u         | inderta | ake that   | all addi                       | tional p | ourchas             | es mad   |        |                       |             |                       |        |        |   |         |                   | ugh app   | roved  | bank             | ing ch         | annels or      |  |  |
| from abroad through<br>I/ We confirm that the   |                        | -                            |           |               |         |            |                                |          |                     |          | trailo | ommi                  | ission      | orany                 | othe   | er mo  | de) na                                  | avabl   | e to              | DATE      |  | DI               | и м            | Y Y            |  |  |
| him for the different   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         | 0.00              |           |  |                  |                |                |  |  |
| SIGNATURE(S)*   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 1 <sup>st</sup> applicant/Guardian/Authorised Signatory/POA   |                        |                              |           |               |         |            | - 54                           |          |                     |          |        |                       |             |                       |        |        | - 11                                    |         |                   |           |  |                  |                |                |  |  |
| 1° applicant/Gu   | lardian/Auth           | orised                       | Signato   | ory/P         | JA      |            | 2                              | applica  | ant/Au              | thorise  | ed Sig | gnator                | у           |                       |        |        | 3~ a                                    | applic  | ant//             | Authori   | sed S  | ignat            | ory            |                |  |  |
|   |                        |                              |           |               |         |            |                                |          | TEAR                | HERE     | —      |                       |             |                       |        |        |   |         | —                 |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         | RANS       | ACTI                           |          |                     | ACK      |        |                       |             |                       | -      |        |   |         |                   |           |  |                  |                |                |  |  |
| Investment Managers   |                        |                              |           |               |         | MANS       |                                |          |                     | by the   |        |                       | JGE         |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Folio No.   |                        |                              |           |               |         |            |                                |          |                     | -        |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| ·   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
| 1st APPLICANT   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  | Sigr             | Star<br>nature | np<br>e & Date |  |  |
| SERVICE APPLICATIO  | N                      | CHAN                         | IGE OF    | BANK          | DETAI   | LS         |                                | CHAI     | NGE IN              | NOMIN    |        | N                     |             | EN                    | IAIL C | омм    | IUNICA                                  | TION    | INFO              | RMATIO    | N  |                  |                |                |  |  |
| FORM  |                        | CHAN                         | IGE OF    | ADDR          | ESS     |            |                                | CHAI     | NGE OF              | CONTA    | CT DI  | ETAILS                |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         |            |                                |          |                     |          |        |                       |             |                       |        |        |   |         |                   |           |  |                  |                |                |  |  |
|   |                        |                              |           |               |         | FO         | RN                             | 10R      | RE II               | NF0      | RI     | VIA1                  | 10          | N                     |        |        |   |         |                   |           |  |                  |                |                |  |  |
| Call us at (1   | foll F <u>ree)</u>     |                              |           |               | Alt     | ernate N   | lumber                         |          |                     |          |        |                       | <u>Emai</u> | l us at               |        |        |   |         |                   |           | W  | ebsite           |                |                |  |  |
| 1-800-1032-263  |                        |                              |           | 020-4011 2300 |         |            |                                |          |                     |          |        | service@boiaxa-im.com |             |                       |        |        |   |         | www.boiaxa-im.com |           |  |                  |                |                |  |  |