

TRANSFER OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL PLAN FORM - (IDCW TRANSFER PLAN)

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-			
<p>EUIN Declaration: 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 and the distributor has not charged any advisory fees on this transaction.</p> <p>RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA.</p> <p>Units will be allotted for the amount minus the transaction charges payable to distributor, if applicable.</p>			
Signature of Sole/First Applicant/Guardian		Signature of Second Applicant	
		Signature of Third Applicant	

EXISTING UNIT HOLDER'S INFORMATION

Folio No. (Mandatory) **Date**

Name Sole/First Applicant

New Registration: For enrollment of IDCW Transfer Plan **Cancellation:** For cancellation of IDCW Transfer Plan

IDCW TRANSFER PLAN

From Scheme (Source)	Plan	Option
To Scheme (Target)	Plan	Option

DECLARATION

I / We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). 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. 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 hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/we hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. If the balance in my/our account does not cover the amount/units of redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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To be signed by all applicants/Unitholders if mode of holding is "Joint".

TERMS & CONDITIONS

- TRANSFER OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL PLAN (IDCW Transfer Plan) is a facility wherein unitholder(s) can now opt for transfer the dividend earned under open ended Equity schemes of Helios Mutual Fund to the growth option of any open ended Equity schemes of Helios Mutual Fund.
- IDCW Transfer Plan facility is available to unit holder(s) only under dividend plan/option of the source scheme(s). However, the IDCW Transfer Plan facility will not be available to unitholder(s) under the daily dividend option in the source scheme(s).
- The request for enrolment for IDCW Transfer Plan must be submitted at least 7 (seven) business days prior to the Record Date for the dividend. In case of the condition not being met, the enrolment would be considered valid from the immediately succeeding Record Date of the dividend, the difference between the date of receipt of a valid application for enrolment under IDCW Transfer Plan and the next Record Date for dividend is not less than 7 (seven) business days.
- Unit holders will have the right to discontinue the IDCW Transfer Plan facility at any time by sending a written request to the Investor Service Centres (ISCs) of Helios Capital Asset Management (India) Private Limited. Notice of such discontinuance should be received at least 7 (seven) days prior to the Dividend Record Date.
- The Units allotted in the Target scheme against investment via IDCW Transfer Plan will be subject to the applicable Exit Load of the Target scheme
- The Trustee reserves the right to change/modify the terms and conditions of the IDCW Transfer Plan.

IDCW TRANSFER PLAN ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

From Scheme (Source)	<input type="checkbox"/> Registration	<input type="checkbox"/> Cancellation
To Scheme (Target)		
Folio No. <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Date <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Received from Mr. / Ms.		