

# CHANGE IN DISTRIBUTOR/BROKER : REQUEST FORM

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.

All sections should be filled in English and in BLOCK LETTERS only.



Date:

Please update the following distributor/broker in my/our folio number/s and scheme/s mentioned below :

Folio Number/s \_\_\_\_\_

Name of the Sole/ First Holder \_\_\_\_\_

**Schemes for Distributor/Broker code change** (Other than investments in Direct Plans)

All Schemes       Specific Schemes as mentioned hereunder

If no option is ticked or specific schemes not mentioned then the default option is all scheme)

<<Full Scheme/Plan/Option/Sub-Option>>
<<Full Scheme/Plan/Option/Sub-Option>>
<<Full Scheme/Plan/Option/Sub-Option>>
<<Full Scheme/Plan/Option/Sub-Option>>

**Distributor / Broker Code to be updated**

ARN Code	ARN- _____	Distributor /Broker Name	
EUIIN Details (Mandatory) Please tick		<input type="checkbox"/> EUIIN	E- _____
		EUIIN Number	OR <input type="checkbox"/> Execution only#
<p>#I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as the transaction(s) with the Distributor are "execution-only" transaction(s) 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.</p>			

**Declaration & Signatures**

I/We wish to change the distributor/ broker and request TRUST Mutual Fund (the Fund) to update the ARN code in my/our folio number/s mentioned above. I/We understand that distributor/broker code change is applicable for all schemes and investments at the folio level if specific schemes are not mentioned clearly and will be processed on a prospective basis only. I/We hereby authorise to share/provide the relevant transactions data feed in respect of my/our investments to the above mentioned Distributor.

Date	D D M M Y Y Y Y		
Place		<b>Sole/First Unit Holder/Guardian</b>	<b>Second Unit Holder</b>
			<b>Third Unit Holder</b>

In case of Joint Holders, all unit holders must sign this form.



**ACKNOWLEDGEMENT SLIP**

Received request for updation of new broker code in:

Date 

D	D	M	M	Y	Y	Y	Y
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Folio No. _____	Official Acceptance Point Stamp & Sign
Name of the Sole/ First Holder _____	
Please retain this Acknowledgement Slip for future reference	

<b>Toll Free Number</b>	<b>E-mail ID</b>	<b>Website</b>
1800 267 7878	investor.service@trustmf.com	www.trustmf.com