

SIP PAUSE FACILITY FORM

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



EDELWEISS
MUTUAL FUND

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | Trustee Company: Edelweiss Trusteeship Company Limited | Investment Manager: Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra. Website: www.edelweissmf.com

DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY	
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^	Registrar/Bank Serial No.	Date & Time of Receipt
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT		

*Investors should mention the EUIIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor “I/We hereby confirm that the EUIIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker”.

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. For Direct investments, please mention ‘Direct’ in the column ‘Name & Distributor Code’.

^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE(s)			
	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

1 EXISTING UNIT HOLDER INFORMATION

Name

Folio No.

2 SIP PAUSE DETAILS

I / We wish to Pause my Systematic Investment Plan (SIP) for the below given details:

Scheme/Plan/Option

Edelweiss-

Scheme

Plan

Option

SIP Instalment Amount

SIP Date

D

D

Default Frequency

☒ Monthly

Debit Bank Name

SIP Pause Start Date

D

D

M

M

Y

Y

Y

Y

SIP Pause period – please (✓)

☐ 3 Months Period

☐ 6 Months Period

TERMS AND CONDITIONS OF SIP PAUSE FACILITY

1. Investor can Pause SIP at any time, by filling in the SIP Pause form and submitting the same at any POS Edelweiss MF / Kfintech ISC.
2. The facility can be availed by investor only twice during the entire tenure of Monthly SIP facility.
3. To avail the Facility a valid application should be submitted to AMC/Kfintech ISC at least 10 calendar days prior to the next Monthly SIP installment date (i.e. excluding the request date and the next SIP installment date).
4. Investor cannot cancel the facility once requested.
5. The facility is only available under monthly SIP frequency for investors with instalment amounts equal to or greater than ₹ 1,000/-.
6. The facility can only be availed by investors who has completed 6 valid SIP instalments.
7. The SIP shall restart automatically from the immediate next eligible instalment after the completion of specified pause period.
8. This facility is not available for the SIPs sourced/ registered through MF Utilities India Pvt. Ltd. (“MFUI”), Stock Exchange Platforms of NSE & BSE and Channel partner platforms, as the SIP mandates are registered with the respective entities by respective entities. Further, this Facility is also not available for SIP registered by investors as Standing Instructions with their respective Banks.
9. The facility is not available for investors availing Multi-Goal SIP, Combo SIP, Power SIP and Retirement Plan.
10. In case of multiple SIPs registered in a scheme, the facility will be made applicable only for those SIP instalments whose SIP date, frequency, amount and Plan is specified clearly in the form. If requisite information is not clearly filled, all SIP's in the scheme will be accepted for pause.

3 DECLARATION & SIGNATURE(s)

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM), and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Schemes is derived through legitimate sources.

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.

SIGNATURE(s)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE : ____ / ____ / ____ PLACE : _____



ACKNOWLEDGEMENT SLIP

To be filled in by the investor

NameFolioNo.

Scheme NamePlanOption

SIP Pause period – please (✓)

☐ 3 Months Period

☐ 6 Months Period

SIP Pause Start Date

Collection Center’s Stamp & Receipt Date and Time