

SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM

Application No. _____

Please use separate Form for SIP / SWP / STP for investing in each Scheme / Plan

| | | | |
|-------------------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Broker Name & ARN | Sub-Broker ARN | Registrar Serial No. | Date |
| | | | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div> |

APPLICANTS' INFORMATION (Please fill in Block Letters)

| | |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| Name of Sole / First Applicant | |
| PAN | or (please ✓) <input type="checkbox"/> Form 60 / 61 attached |
| Name of Second Applicant | |
| PAN | or (please ✓) <input type="checkbox"/> Form 60 / 61 attached |
| Name of Third Applicant | |
| PAN | or (please ✓) <input type="checkbox"/> Form 60 / 61 attached |
| Name of Guardian (in case of Sole / First Applicant is a Minor) | |
| PAN | or (please ✓) <input type="checkbox"/> Form 60 / 61 attached |

| | |
|-------------|--------------------------------------|
| Scheme Name | Folio No. (for existing Unit holder) |
| Plan | Investment Option |

SYSTEMATIC INVESTMENT PLAN (SIP)

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------|
| Mode of SIP (please ✓) <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit Facility (In case of SIP through Auto Debit Facility attached SIP Auto Debit form needs to be filled up.) | | | | | |
| Period of Enrolment | FROM | TO | Frequency (Please ✓) | No. of Transactions | |
| | d d m m y y y y | d d m m y y y y | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates | | |
| Cheque Number(s) | Dated (7th / 15th / 21st of every month/quarter as applicable) | Amount (Rs.) | Cheque Number(s) | Dated (7th / 15th / 21st of every month/quarter as applicable) | Amount (Rs.) |
| 1. | | | 7. | | |
| 2. | | | 8. | | |
| 3. | | | 9. | | |
| 4. | | | 10. | | |
| 5. | | | 11. | | |
| 6. | | | 12. | | |
| Total Cheques | Total Amount | Rs. | Drawn on Bank & Branch | | |

SYSTEMATIC WITHDRAWAL PLAN (SWP)

| | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Withdrawal Options (Please ✓) (Refer instruction No. 5) | Withdrawal Frequency (Please ✓) |
| <input type="checkbox"/> Fixed Amount (Rs.) <input type="checkbox"/> Capital Appreciation | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |
| | Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st |
| Period of Enrolment FROM | TO |
| m m y y y y | m m y y y y |

SYSTEMATIC TRANSFER PLAN (STP)

| | | | |
|----------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|--------|
| Transfer From | | Transfer To | |
| Scheme | Option | Scheme | Option |
| Plan | | Plan | |
| Transfer Frequency (Please ✓) | | Transfer Options (Please ✓) (Refer instruction No. 6) | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates | | Fixed Amount (Rs.) OR Capital Appreciation OR Dividend* | |
| Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st | | Period of Enrolment FROM TO | |
| | | m m y y y y TO m m y y y y | |

DECLARATIONS & SIGNATURE/S

I/We have read and understood the contents of the Offer 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/STP/SWP 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 hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued thereunder from time to time. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.

| | |
|-------------|-----------------------------------|
| SIGNATURE/S | First / Sole Applicant / Guardian |
| | Second Applicant |
| | Third Applicant |

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Received from Mr./Ms./M/s. _____ an application for following enrolment (Please ✓ and filled in) in the Scheme _____

☐ SIP Total Amount Rs. _____ Cheque Nos. From _____ To _____ drawn on _____ on ☐ Monthly ☐ Quarterly basis.

☐ STP From above mentioned Scheme to Scheme / Plan / Option _____ Total Amount Rs. _____ OR _____ Units on ☐ Monthly ☐ Quarterly basis.

☐ SWP Total Amount Rs. _____ OR _____ Units on ☐ Monthly ☐ Quarterly basis.

Application No. _____

ISC Stamp & Signature

