

CANCELLATION OF SYSTEMATIC WITHDRAWAL PLAN

Date: DD / MM / YYYY

To
Reliance Mutual Fund

Dear Sir,

I/We, 1st Applicant, 2nd Applicant & 3rd Applicant
Had given instructions for Systematic Withdrawal Plan as per following.

Folio No: _____

Scheme _____ Plan _____ Option _____

Frequency* : Monthly Quarterly

Amount : _____.

I/We wish to discontinue my Systematic Withdrawal Plan (SWP) in the above mentioned scheme. I/We request you to cancel/ stop the SWP registered with you from my/our above account from the ensuing month MM / YYYY.

Yours truly,

SIGN HERE	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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INSTRUCTIONS

- 1) Investors can use the SWP Cancellation form to discontinue SWP registered in a given scheme in a given folio/account with Reliance Nippon Life Asset Management Limited. Please use separate cancellation forms for different schemes in the same folio or different folios.
- 2) The investors can discontinue SWP facility by providing a written notice to the DISC at least 7th calendar days (excluding day of submission) prior to the due date of the next transfer date. If the cancellation form is not received 7th calendar days prior to the due date of the next transfer date then the SWP will get cancelled from the next eligible cycle date falling after the 7th calendar day.
- 3) Investor needs to ensure that the details mentioned in the SWP Cancellation form are correctly filled in. In case of any ambiguity the SWP cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at back office of the Registrar.
- 4) In case of joint holders in the folio the form needs to be signed by either one of the holder or all the holders depending upon the mode of holding.

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Received from Mr./Mrs./Ms. 1st Applicant, 2nd Applicant & 3rd Applicant,

An application for cancellation of Systematic Withdrawal Plan from Scheme _____

Amount ₹ _____ with effect from _____.

Signature, Date & Stamp
Of receiving office