

Deutsche Mutual Fund

COMMON APPLICATION FORM



Deutsche Asset Management
A Member of the Deutsche Bank Group



(Please read the instructions before completing this Application Form)

BROKERAGE INFORMATION

Broker Name & ARN	Sub-Broker ARN
ARN - 51553	

Application No.

Application Date & Time

EXISTING UNITHOLDER'S INFORMATION

If you have, at any time, invested in any Scheme of Deutsche Mutual Fund and wish to hold your present investment in the same Folio, please furnish your Folio Number, Scheme Name, PAN details, Bank Account Details below and proceed to Investment & Payment Details.

Folio No. _____ Scheme Name _____

NEW APPLICANTS' INFORMATION (Please fill in Block Letters)

Name of Sole / First Applicant (leave space between first / middle / last name) _____ Salutation Mr. Ms. Dr. Prof.

Date of Birth _____ / _____ / _____ Sex Male Female Nationality Indian Others _____
(First holder / Minor) D D M M Y Y Y Y

PAN* _____ Enclosed (Please) Pan Card copy** KYC Compliance proof

Annual Income (Please) Rs. 0 - 5 lacs Rs. 5 - 25 lacs Rs. 25 lacs - 1 crore Rs. 1 - 5 crore Rs. 5 crore and above

Name of Guardian (in case of Minor) _____

Contact Person (in case of Institutional Investors) _____

PAN* _____ Enclosed (Please) Pan Card copy** KYC Compliance proof

Name of Second Applicant _____

PAN** _____ Enclosed (Please) Pan Card copy** KYC Compliance proof

Annual Income (Please) Rs. 0 - 5 lacs Rs. 5 - 25 lacs Rs. 25 lacs - 1 crore Rs. 1 - 5 crore Rs. 5 crore and above

Name of Third Applicant _____

PAN* _____ Enclosed (Please) Pan Card copy** KYC Compliance proof

Annual Income (Please) Rs. 0 - 5 lacs Rs. 5 - 25 lacs Rs. 25 lacs - 1 crore Rs. 1 - 5 crore Rs. 5 crore and above

Address of Sole / First Applicant (P.O. Box Address is not sufficient)

City	Pin Code	State
Office Tel.	Residence Tel.	
Fax	Mobile	

Overseas Address (in case of NRIs / FIIs applicants) Address for Correspondence (Please) Indian (by Default) Overseas

I wish to receive Account Statement (on each Transaction) / Quarterly Newsletter and Annual Report by e-mail at the below mentioned address :
E-Mail _____

Please leave the E-mail ID Blank if you wish to receive hard copy communication.

Mode of Holding (please) Single Joint Anyone or Survivor

Occupation (please) Private Sector Service Public Sector / Government Service Politically Exposed Person Retired Business Professional Housewife Student Agriculturist Current / Former Head of State Forex Dealer

Status (please) Individual HUF Company Fils NRI Trust Society Partnership Proprietary AOP Insurance Company BOI On behalf of Minor Others _____

PoA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Name _____ Sex Male Female

PAN* _____ Enclosed (Please) Pan Card copy** KYC Compliance proof

BANK ACCOUNT DETAILS Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Account No.	Account Type [Please (<input checked="" type="checkbox"/>)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	
Bank City	Pin Code
Branch Address	
MICR Code	◀ This is a 9 digit number next to your Cheque No. IFSC Code

* W.e.f. 01 February, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant. ** Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please submit photocopy of PAN Card (alongwith the original) for verification, which will be returned across the counter. Please see instruction 2b. ... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Deutsche Mutual Fund	Application No.
Registered Office : 2nd Floor, 222, Kodak House, Dr. D. N. Road, Fort, Mumbai - 400 001.	
Received from Mr./Ms./M/s. _____ an application for	
Purchase of Units of Scheme _____ Plan _____ Option _____	ISC Stamp & Signature
along with Cheque / Demand Draft No. _____ Dated _____	
Amount (Rs.) _____ Drawn on _____	
Date _____ Please Note : All Purchases are subject to realisation of Cheques/Demand Drafts.	

TEAR HERE

INVESTMENT & PAYMENT DETAILS (Please refer to the Snapshot on Page 12)

Scheme Name	<input type="text"/>		
Plan	<input type="text"/>	Option	<input type="text"/>
Dividend Frequency (please ✓)	<input type="text"/>	Dividend Mode (please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

Please refer the Snapshot table on page no. 12 for the Plans available in respective Scheme.

In case of valid application received without indicating any choice of Options / Dividend Mode, it will be considered as Growth Option/ Reinvestment by default, for all Scheme(s) / Plan(s).

Investment Amount (Rs.)	<input type="text"/>	DD Charges if any (Rs.)	<input type="text"/>	Net Amount (Rs.)	<input type="text"/>
Mode of Payment	<input type="text"/> Cheque / Demand Draft / Fund Transfer	Cheque / DD No.	<input type="text"/>	Dated	<input type="text"/>
<i>Strike out whichever is not applicable.</i>					
Drawn on Bank	<input type="text"/>			Branch	<input type="text"/>
				City	<input type="text"/>

Account Type [Please (✓)] SAVINGS CURRENT NRE NRO FCNR

Separate Cheque / Demand Draft Fund Transfer instruction required for investment in each Scheme / Plan. **Cheques / Demand Drafts to be drawn in favour of the Scheme applied for.**

SIP ENROLLMENT DETAILS

Amount per Installment Rs. <input type="text"/>	Enrolment Period From <input type="text"/> To <input type="text"/>	SIP Date (Please ✓) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st
		Frequency (Please ✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates

PAYMENT MECHANISM

Option I : Through Cheques Total Cheques Cheque Nos. From To

Drawn on Bank Branch

Option II : Debit through Auto Debit Facility (Tick this Box and fill up SIP Auto Debit (ECS) Facility Form)

DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND

Deutsche Mutual Fund directly credits the Dividends / Redemption into the investor Bank Account in case the account is with ICICI Bank Ltd. / HDFC Bank Ltd. / Axis Bank / Standard Chartered Bank / IDBI Bank / Deutsche Bank / Citi Bank / HSBC Bank / IndusInd Bank.

I / We understand that the instruction to the bank for Direct Credit / ECS will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards redemption / dividend proceeds. In case of bank not crediting my / our bank account with / without assigning any reason thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold Deutsche Mutual Fund responsible. I / We understand that in case account number furnished by me / us, if found incorrect, I / We would not hold Deutsche Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/ECS. Please (✓) your choice below:

I/We wish to receive redemption / dividend through ECS OR I/We want to receive redemption / dividend proceed by Cheque/Demand Draft

NOMINATION – See page no. 15 & 16

Investors who wish to opt for nomination can fill up the separate Nomination Form given on page no. 15.

Nomination Form is enclosed (Please ✓) Yes No

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. I/We hereby apply to the Trustees of Deutsche Mutual Fund for allotment of Units of the Scheme(s) of Deutsche Mutual Fund, as indicated above and agree to abide by the term, conditions, rules and regulations of the relevant Scheme(s). 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 investment. *I/We confirm that I am/We are non Resident of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our NRE/NRO/FCNR Account. I/We hereby declare that the details provided by me/us are true and correct, the amount being invested has been derived from legitimate sources and is not held or designed for the purpose of contravening any statute, notification, legislation, directions or otherwise and I/We am/are duly authorised to sign this Application Form. I/We confirm that in the event I/We have mentioned "Not Applicable" / left the space blank against PAN in this Application 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 NRI. ** Applicable to persons mandated by SEBI to obtain Unique Identification Number.

If NRI Please (✓) Repatriation basis Non-repatriation basis

Date

SIGNATURE/S	First / Sole Applicant / Guardian	<input type="text"/>
	Second Applicant	<input type="text"/>
	Third Applicant	<input type="text"/>

LIST OF ATTACHMENTS (To be filled in by Applicant)

Total number of attachments (Documents) alongwith the Application Form

If you are investing in DWS Tax Saving Fund, please fill the Good Health Declaration Form for being entitled to an Insurance Cover.

INVESTOR SERVICE CENTRES (customercare@karvy.com)**KARVY INVESTOR SERVICE CENTRES**

Ahmedabad ☎ 079 - 26402967 / 32997687 / 26400527 / 28 **Aurangabad** ☎ 0240 - 2363530 / 517 / 523 / 524 **Bangalore** ☎ 080 - 25320085
Bhubaneshwar ☎ 0674 - 2547533 / 2547532 / 33 **Chandigarh** ☎ 0172 - 5071726 / 5071727 / 5071728 **Chennai** ☎ 044 - 28277383 / 42028512 / 13 **Cochin** ☎ 0484 - 4011885 / 4010224 / 2310884 **Coimbatore** ☎ 0422 - 4384770 / 4382770 **Guwahati** ☎ 0361 - 2608122 / 2608016 / 2608102 **Hyderabad** ☎ 040 - 23312454 Extn. 124
Indore ☎ 0731-3243601 / 05 **Jaipur** ☎ 0141 - 2363321 / 2375039 / 2364660 **Jamshedpur** ☎ 0657 - 2487045 / 2487048 **Kanpur** ☎ 0512 - 3296000 / 3293222
Kolhapur ☎ 0231 - 2520650 / 55 **Kolkata** ☎ 033 - 24659267 / 24659263 / 39518643 **Lucknow** ☎ 0522 - 3949039 / 2236819 / 20 / 21 **Mumbai** ☎ 022 - 66341967 / 66341966 / 65266155 **Nagpur** ☎ 0712 - 5610513 / 5612374 / 75 **Nasik** ☎ 0253 - 6602542 / 43 / 44 **New Delhi** ☎ 011 - 43681700 **Panjim** ☎ 0832 - 3950660 / 2426871 / 72 / 73 / 74
Patna ☎ 0612 - 2321354 / 55 / 56 **Pune** ☎ 020 - 25533795 / 3592 / 2783 / 9957 **Rajkot** ☎ 9328244392 **Surat** ☎ 0261 - 3067166 / 167 **Trivandrum** ☎ 0471 - 2725987 / 2725989 / 2725991 **Vadodara** ☎ 0265 - 2225210 / 3243293 **Visakhapatnam** ☎ 0891 - 2513362 / 2752915 / 16 / 17 / 18.

BROKERAGE INFORMATION		SIP Application No.
Broker Name & ARN	Sub-Broker ARN	Application Date & Time
ARN - 51553		

APPLICANTS' INFORMATION (Please fill in Block Letters)	
Folio No. (for existing Unit holder)	Common Application Form No. (for New Investor)
Name of Sole / First Applicant	
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Second Applicant	
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Third Applicant	
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Guardian (in case Sole / First Applicant is a Minor)	
PAN**	Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof

* W.e.f. 01 February, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant. ** Please note that w.e.f. 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please submit photocopy of PAN Card (alongwith the original) for verification, which will be returned across the counter. Please see instruction 2b on page 11.

SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS	
Scheme	Plan
Option	Sub-Option
Mode of SIP (please <input checked="" type="checkbox"/>) <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	SIP Date (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st
From <input type="text"/> To <input type="text"/>	Frequency (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates
Amount per Installment Rs. <input type="text"/>	Total Amount Rs. <input type="text"/>
Total Cheques <input type="text"/>	Cheques Nos. From <input type="text"/> To <input type="text"/>
Drawn on Bank <input type="text"/>	Branch <input type="text"/>

DECLARATIONS & SIGNATURE/S	
<p>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 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.</p> <p>** Applicable to persons mandated by SEBI to obtain Unique Identification Number.</p>	
SIGNATURE/S	First / Sole Applicant / Guardian Second Applicant Third Applicant

SIP AUTO DEBIT (ECS) FACILITY FORM

Registration cum Mandate Form for ECS (Debit Clearing)

Please read the Terms & Conditions for ECS overleaf

New SIP Registration - by existing investor
 Change in Bank Account for an existing investor with DMF
 New SIP Registration - by new investor (Also attach the new Application Form duly filled & signed)

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)	
I / We hereby authorise Deutsche Asset Management (India) Pvt. Ltd., Investment Manager to Deutsche Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP payments.	
Name of the Account Holder as in Bank Records <input type="text"/>	
Account No.	Account Type (<input checked="" type="checkbox"/>) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	
Bank City	Pin Code <input type="text"/>
Branch Address	
MICR Code <input type="text"/>	◀ This is a 9 digit number next to your Cheque No. IFSC Code <input type="text"/>

AUTHORISATION OF THE BANK ACCOUNT HOLDER [TO BE SIGNED BY THE ACCOUNT HOLDER(S)]	
This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my / our payment towards my / our investment in Deutsche Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise Deutsche Asset Management (India) Pvt. Ltd. (Investment Manager to Deutsche Mutual Fund), acting through their service providers and representative carrying this ECS mandate Form to get it verified & executed.	
Account Number <input type="text"/>	SIGNATURE/S First / Sole Account Holder Second Account Holder Third Account Holder
As in Bank Records	

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

SIP Application No.

Received from Mr./Ms./M/s. _____

an application for SIP enrolment in the Scheme _____ Plan _____

Option _____ Total Amount Rs. _____

Cheque Nos. From _____ To _____

drawn on _____ on Monthly Quarterly basis.

	ISC Stamp & Signature
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TEAR HERE

INSTRUCTIONS – SYSTEMATIC INVESTMENT PLAN (SIP)

- New Investors who wish to enroll for SIP are required to fill the SIP enrolment Form in addition to the Application Form.
- Existing Unit Holders are required to provide their Folio No. and submit only STP Enrolment Form.

Applicant also need to fill in the SIP Auto Debit Facility Form for applying for SIP through Auto Debit. Existing unit holders need to fill in both the SIP form and the SIP Auto Debit Form. Existing unit holders needs to maintain the Folio Number in the SIP Form and the New Applicants needs to indicate the Common Application No. in the SIP Form.

- Investors can invest on a Monthly / Quarterly interval by providing post dated cheques (minimum six / twelve cheques for Monthly SIP and four cheques for Quarterly SIP). All cheques shall be for the same amount and dated either 7th / 15th / 21st of the month.
- Investors are advised to read the Offer Document of the respective Scheme carefully before investing. Investors should appraise themselves of the prevailing Load structure during the period of SIP.
- The aggregate of your Systematic Investment cheque should not be less than the minimum investment requirement for the Scheme/Plan.

Please refer the Scheme Snapshot table alongside for minimum application amount etc.

- The cheques should be drawn in favour of “the specific Scheme” as applicable (please refer the Scheme Snapshot table alongside for details) and crossed “A/c. Payee Only”. A separate SIP enrolment form must be filled for each Scheme/Plans. Unit holders must write the Folio Number on the reverse of the Cheques accompanying the Application Form.
- Payment may be made by cheques drawn on any bank branch which is a member of the Bankers’ Clearing house and is located at the place (ISC) where the SIP application is submitted. Outstation cheques will not be accepted and applications accompanied by such Cheques are liable to be rejected. No cash, money orders or postal orders will be accepted.
- Returned Cheque(s) are liable not to be presented again for collection. In case the returned Cheques are presented again, the necessary charges are liable to be debited to the investor. The Trustees / AMC also reserve the right to discontinue the SIP in case a cheque is returned and debit the charges for the cheque return to the investors’ account.
- Unitholder may discontinue the SIP by sending a written request to the nearest Investor Service Centre. The request of discontinuance should reach to the AMC/Fund at least 7 business days prior to the due date of the next Cheque. On receipt of such request the SIP would be discontinued and balance post dated Cheques will be returned to the unitholder. In the event of discontinuation / termination of SIP for any reason, before the minimum number of Cheques are cleared, the units allotted pursuant to the SIP shall be liable to an Exit Load equivalent to the waived Entry Load at the time of redemption / switch / transfer / withdrawal of such units.

- The Trustees / AMC reserve the right to discontinue / modify the conditions reintroduce the loads for the SIP at any time in future. Also the Trustees / AMC reserve the right to close an investor’s account if the balance falls below the minimum prescribed limit.
- An investor cannot simultaneously participate in SIP and SWP/STP in the same scheme.
- SIP is not available in DWS Short Maturity Fund, DWS Insta Cash Plus Fund, DWS Liquid Plus Fund and DWS Credit Opportunities Cash Fund.**

SCHEMES SNAPSHOT FOR SIP

Scheme Name	Minimum Amount for SIP	Cheque(s) to be drawn in favour of
DWS Alpha Equity Fund	<ul style="list-style-type: none"> Minimum of 6 Cheques of Rs. 1,000 each Minimum of 12 Cheques of Rs. 500 each. Minimum of 4 Cheques of Rs. 1,500 each. 	DWS Alpha Equity Fund
DWS Premier Bond Fund (Regular)		DWS Premier Bond Fund
DWS Investment Opportunity Fund		DWS Investment Opportunity Fund
DWS Global Thematic Offshore Fund		DWS Global Thematic Offshore Fund
DWS MIP Fund (Plan A & B)		DWS MIP Fund
DWS Tax Saving Fund	Minimum of Rs. 500 and in multiples of Rs. 500.	DWS Tax Saving Fund
DWS Money Plus Fund	<ul style="list-style-type: none"> Minimum of 6 Cheques of Rs. 1,000 each Minimum of 12 Cheques of Rs. 500 each. Minimum of 4 Cheques of Rs. 1,500 each. 	DWS Money Plus Fund
DWS Money Plus Advantage Fund		DWS Money Plus Advantage Fund

Please submit the following documents at least 21 days before the first SIP date for ECS (Debit Clearing)

New Investors	Existing Investors
Application Form for the respective Scheme(s)	SIP Enrolment Form
SIP Enrolment Form	SIP Auto Debit Facility Form
SIP Auto Debit Facility Form	First SIP Cheque
First SIP Cheque	

SIP AUTO DEBIT FACILITY - TERMS & CONDITIONS

SIP payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

- This facility is offered to the investors having bank accounts in **select cities mentioned below**.
- SIP Auto-Debit Facility is offered to you using RBI’s Electronic Clearing Service (ECS) for effecting SIP payments. By opting for this facility, you agree to abide by the terms and conditions of ECS Facility of Reserve Bank of India.
- Completed Application Form, SIP Auto Debit Form and the first cheque should be submitted at least SEVEN days before the first transaction date.
- Your Bank Branch through which you want your SIP Auto-Debits to take place should participate in local MICR Clearing.
- In case your bank decides to cross-verify the ECS auto-debit mandate with you as the Bank’s customer, you would need to promptly do the same. Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank / branch or its refusal to register the SIP mandate.
- Investors should mandatorily give a cheque for the first transaction drawn on the same bank account for auto debit. The cheques should be drawn in favour of “the Scheme” as applicable (for details please refer the Scheme Snapshot above) and crossed “A/c. Payee Only”.**
- A separate SIP enrolment form must be filled for each Scheme / Plans, Unitholders must write the Folio Number on the reverse of the Cheque accompanying the Application Form.
- You will not hold Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers responsible if the transaction is delayed or not effected or your bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS.
- Deutsche Mutual Fund, its Investment Manager, Registrar and other service providers shall not be responsible and liable for any damages / compensation for any loss, damage, etc. incurred by you as a result of use of this facility by you.
- Deutsche Mutual Fund / AMC, reserves the right to reject any application inter alia in the absence of fulfillment of regulatory requirements, fulfillment of requirements of the Offer Document / Addendum(s) and furnishing necessary information to the satisfaction of the Mutual Fund / AMC.

- Deutsche Asset Management (India) Pvt. Ltd. and its service providers reserve the right to disclose the details of the Investors and their transactions using the SIP Auto Debit Facility to third parties for the purposes of verification and execution of the Auto Debit Facility as also for the purpose of law enforcement, fraud prevention, audit and inspection requirement etc.
- The Investor undertakes and agrees that the SIP Auto Debit Facility requested for via this Form is subject to acceptance of the terms and conditions mentioned in Offer Document of the respective Scheme.

SIP AUTO DEBIT - CHECKLIST (Please ensure that)

- Both the Application Form / SIP Form and SIP Auto Debit Facility Form are filled in completely and signed.
- If you are an existing investor, you have quoted your Folio No. in the SIP Auto Debit Facility Form.
- If you are a new investor, your Application Form Number is quoted in the SIP Auto Debit Facility Form.
- Investment Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Auto Debit Facility Form.
- The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Auto Debit Facility Form.
- Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated on the SIP Auto Debit Facility Form.
- Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- Your SIP Auto Debit Facility Form is signed in the same manner as your signatures in Bank Records.

List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing)

- | | | | | | | |
|-------------|----------------|-------------|------------|-------------|----------|--------------|
| ● Ahmedabad | ● Bhubaneshwar | ● Guwahati | ● Kanpur | ● Mangalore | ● Panjim | ● Trivandrum |
| ● Bangalore | ● Chandigarh | ● Hyderabad | ● Kolkata | ● Mumbai | ● Patna | ● Vijaywada |
| ● Baroda | ● Chennai | ● Indore | ● Lucknow | ● Nagpur | ● Pune | ● Vizag |
| ● Bhopal | ● Coimbatore | ● Jaipur | ● Ludhiana | ● New Delhi | ● Surat | |

The cities in the list may be modified / updated / changed / removed at any time in future entirely at the discretion of Deutsche Mutual Fund without assigning any reasons or prior notice. If any city is removed from the list, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice.



SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP) ENROLMENT FORM

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

BROKERAGE INFORMATION		Application Date & Time
Broker Name & ARN	Sub-Broker ARN	
ARN - 51553		

APPLICANTS' INFORMATION (Please fill in Block Letters)	
Folio No. (for existing Unit holder)	<input type="text"/>
Name of Sole / First Applicant	<input type="text"/>
PAN**	<input type="text"/> Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Second Applicant	<input type="text"/>
PAN**	<input type="text"/> Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Third Applicant	<input type="text"/>
PAN**	<input type="text"/> Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof
Name of Guardian (in case Sole / First Applicant is a Minor)	<input type="text"/>
PAN**	<input type="text"/> Enclosed (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Pan Card copy** <input type="checkbox"/> KYC Compliance proof

* W.e.f. 01February, 2008, if the investment is Rs. 50,000 and above, all the applicants need to be KYC Compliant.

** Please note that w.e.f. 01January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please submit photocopy of PAN Card (along with the original) for verification, which will be returned across the counter. Please see instruction 2b on page 11.

SYSTEMATIC TRANSFER PLAN (STP) DETAILS			
Transfer From		Transfer To	
Scheme	<input type="text"/>	Scheme	<input type="text"/>
Plan	<input type="text"/>	Plan	<input type="text"/>
Option	<input type="text"/>	Option	<input type="text"/>
Transfer Frequency (Please <input 3"="" checked="" type="checkbox/>)</td> <td colspan="/> Transfer Options (Please <input checkbox"="" checked="" type="checkbox/>) (Refer instruction No. 6 overleaf)</td> </tr> <tr> <td><input type="/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> All Dates	Fixed Amount (Rs.) <input type="text"/>	OR Capital Appreciation <input type="text"/>	OR Dividend* <input type="text"/>
Date (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st	Period of Enrolment FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * Subject to minimum of Rs.1000/-		

SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS			
Scheme	<input type="text"/>	Plan	<input type="text"/>
Option	<input type="text"/>	Sub-Option	<input type="text"/>
Withdrawal Options (Please <input checkbox"="" checked="" type="checkbox/>) (Refer instruction No. 5 overleaf)</td> <td><input type="/> Fixed Amount (Rs.) <input type="text"/>	<input type="checkbox"/> Capital Appreciation		
Withdrawal Frequency (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> Monthly <input type="checkbox"/> Quarterly	Date (Please <input checkbox"="" checked="" type="checkbox/>) <input type="/> 7th <input type="checkbox"/> 15th <input type="checkbox"/> 21st		
Period of Enrolment	FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DECLARATIONS & SIGNATURE/S							
<p>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 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.</p> <p style="text-align: center;">** Applicable to persons mandated by SEBI to obtain Unique Identification Number.</p>	<table border="1"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">SIGNATURE/S</td> <td>First / Sole Applicant / Guardian</td> </tr> <tr> <td></td> <td>Second Applicant</td> </tr> <tr> <td></td> <td>Third Applicant</td> </tr> </table>	SIGNATURE/S	First / Sole Applicant / Guardian		Second Applicant		Third Applicant
SIGNATURE/S	First / Sole Applicant / Guardian						
	Second Applicant						
	Third Applicant						

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)		ISC Stamp & Signature
Received from Mr./Ms./M/s. <input type="text"/>		
an application for following enrolment (Please <input checked="" type="checkbox"/> and filled in)		
<input type="checkbox"/> STP	From the Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/>	
	To the Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/>	
	Total Amount Rs. <input type="text"/> OR <input type="text"/> Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	
<input type="checkbox"/> SWP	From the Scheme <input type="text"/> Plan <input type="text"/> Option <input type="text"/>	
	Total Amount Rs. <input type="text"/> OR <input type="text"/> Units on <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly basis.	

TEAR HERE

INSTRUCTIONS – SYSTEMATIC TRANSFER PLAN (STP)

1. Unit holders are advised to read the Offer Document of the respective Scheme / Plans carefully.
2. New Investors who wish to enroll for STP are requested to fill the STP Enrolment Form in addition to the Application Form.
3. Existing Unit Holders are required to provide their Folio No. and submit only STP Enrolment Form.
4. Unit holders must use separate 'STP' Enrolment Forms for different Schemes.
5. Investors should clearly indicate from and to which Scheme / Plan / Option he / she wish to transfer their investment.
6. Investors can choose to transfer Fixed Amount / Capital Appreciation (available only for Growth option)/ Dividend Transfer. The frequency for transfer can be monthly or quarterly on the 7th / 15th / 21st of the month and on the next business day if it happens to be a holiday. The minimum amount of STP (except Dividend transfer) shall be Rs. 1,000/- for monthly and Rs. 3,000/- for quarterly. Dividend from DWS Liquid Plus Fund and DWS Insta Cash Plus Fund, subject to a minimum of Rs. 1000/-, can be transferred into DWS Alpha Equity Fund (DAEF), DWS Investment Opportunity Fund (DIOF), DWS Tax Saving Fund (DTSF), DWS MIP Fund (DMIP), DWS Short Maturity Fund (DSMF) and Regular plan of DWS Premier Bond Fund (DPBF) but not vice versa. Dividend amongst DPBF, DMIP, DSMF, DAEF and DIOF, subject to a minimum of Rs. 1000/-, is eligible for STP.
7. Systematic transfer can be made only into DAEF, DIOF, DTSF, DMIP, DSMF, DMPF, DMPAF and Regular plan of DPBF. **An investor cannot simultaneously participate in SIP and SWP/STP or SWP and STP in the same scheme.**
8. No entry load would be levied for transfers made through STP. However for units allotted on account of such transfer an exit load equivalent to the waived entry load will be applicable if the units are redeemed within one year from the date of allotment. The Trustees/AMC reserves the right to reintroduce the loads or charge waived load in case the terms and conditions as may be notified by the Trustees/AMC are not complied with. The Trustees/AMC reserves the right to modify the terms and conditions at any time in future. Also the Trustees/AMC reserve the right to close an investor's account if the balance falls below the minimum prescribed limit.
9. An updated Account Statement will be despatched by mail to the Unit holder normally within 7 Business Days from the date of STP transaction.
10. Unit holders may change the amount of transfer, at any time by giving the nearest Investor Service Centre a written notice at least 7 Business Days prior to the next transfer date.
11. STP may be terminated on receipt of a notice from the Unit holder. It will terminate automatically if all Units are liquidated or withdrawn from the folio or pledged or upon receipt of notification of death of the first named Unit holder.

INSTRUCTIONS – SYSTEMATIC WITHDRAWAL PLAN (SWP)

1. Unit holders are advised to read the Offer Document of the respective Scheme / Plans carefully.
2. New Investors who wish to enroll for SWP are requested to fill the SWP Enrolment Form in addition to the Application Form.
3. Existing Unit Holders are required to provide their Folio No. and submit only SWP Enrolment Form.
4. Unit holders must use separate 'SWP' Enrolment Forms for different Schemes.
5. Investors can choose to withdraw Fixed Amount / Capital Appreciation (available only for Growth option). The frequency for withdrawal can be monthly or quarterly on the 7th / 15th / 21st of the month and on the next business day if it happens to be a holiday. The minimum amount of SWP shall be Rs. 1,000/- for monthly and Rs. 3,000/- for quarterly.
6. **An investor cannot simultaneously participate in SIP and SWP/STP or SWP and STP in the same scheme.** No exit load would be levied for withdrawals made through SWP. However, the Trustees/AMC reserves the right to reintroduce the loads or charge waived load in case the terms and conditions as may be notified by the Trustees/AMC are not complied with. The Trustees/AMC reserves the right to modify the terms and conditions at any time in future as to close an investor's account if the balance falls below the minimum prescribed limit.
7. An updated Account Statement and the Cheque/Demand Draft towards Redemption proceeds will be despatched by mail to the Unit holder normally within 7 Business Days from the date of SWP transaction.
8. Unit holders may change the amount of withdrawal, at any time by giving the nearest Investor Service Centre a written notice at least 7 Business Days prior to the next withdrawal date.
9. SWP may be terminated on receipt of a notice from the Unit holder. It will terminate automatically if all Units are liquidated or withdrawn from the folio or pledged or upon receipt of notification of death of the first named Unit holder.

INVESTOR SERVICE CENTRES (customercare@karvy.com)

KARVY INVESTOR SERVICE CENTRES

Ahmedabad ☎ 079 - 26402967 / 32997687 / 26400527 / 28 **Aurangabad** ☎ 0240 - 2363530 / 517 / 523 / 524 **Bangalore** ☎ 080 - 25320085 / 4011885 / 4010224 / 2310884 **Coimbatore** ☎ 0422 - 4384770 / 4382770 **Guwahati** ☎ 0361 - 2608122 / 2608016 / 2608102 **Hyderabad** ☎ 040 - 23312454 Extn. 124 **Indore** ☎ 0731-3243601 / 05 **Jaipur** ☎ 0141 - 2363321 / 2375039 / 2364660 **Jamshedpur** ☎ 0657 - 2487045 / 2487048 **Kanpur** ☎ 0512 - 3296000 / 3293222 **Kolhapur** ☎ 0231 - 2520650 / 55 **Kolkata** ☎ 033 - 24659267 / 24659263 / 39518643 **Lucknow** ☎ 0522 - 3949039 / 2236819 / 20 / 21 **Mumbai** ☎ 022 - 66341967 / 66341966 / 65266155 **Nagpur** ☎ 0712 - 5610513 / 5612374 / 75 **Nasik** ☎ 0253 - 6602542 / 43 / 44 **New Delhi** ☎ 011- 43681700 **Panjim** ☎ 0832 - 3950660 / 2426871 / 72 / 73 / 74 **Patna** ☎ 0612 - 2321354 / 55 / 56 **Pune** ☎ 020 - 25533795 / 3592 / 2783 / 9957 **Rajkot** ☎ 9328244392 **Surat** ☎ 0261 - 3067166 / 167 **Trivandrum** ☎ 0471 - 2725987 / 2725989 / 2725991 **Vadodara** ☎ 0265 - 2225210 / 3243293 **Visakhapatnam** ☎ 0891 - 2513362 / 2752915 / 16 / 17 / 18.

DWS Tax Saving Fund

Please read the instructions before completing this Form

DECLARATION OF GOOD HEALTH FOR INSURANCE COVER

Mandatory for being entitled to an Insurance Cover under the insurance scheme

(This Declaration is common for lump sum investment and SIP Investments)

I hereby declare that I am in sound health and as on date I do not suffer from any disability nor have I been diagnosed at any time in the past with, tested, treated or given medical advice on any illness inclusive of cancer, condition requiring open heart surgery, history of typical chest pain indicative of Angina or other Heart Related Ailments, Renal Failure, Brain stroke, Paralysis, Acquired Immuno Deficiency Syndrome (AIDS) or diagnosed to be HIV Positive, lung diseases, bronchitis, asthma, tuberculosis, persistent cough, shortness of breath, pneumonia or any other respiratory disorder, colitis, crohn's or any kidney, liver or urinary disorder, neurological disorder or mental illness or undergone a major organ transplant inclusive of heart, lung, liver or kidney.

I also declare that currently I am not suffering from any infectious and contagious sickness and/or any sickness of viral nature.

For female lives only : I also declare that I am not pregnant as on the date of this application.

I further declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information related, inter-alia, to my health. I hereby declare that I understand the full importance of this form, and the declaration herein, and do agree that this form and the declaration herein may be forwarded or divulged by Deutsche Asset Management (India) Private Limited (DeAM) for any purpose thought fit by DeAM, including, inter-alia, for the purpose of procuring any insurance cover on my life. I further hereby agree and give my consent to the reliance on and use of the contents of this declaration by such an Insurance company for examining and processing any claim that may be preferred against the insurer, in respect of any insurance cover, that may be provided to me. I authorize DeAM to arrange life insurance on my behalf and hereby confirm that my participation in any such life insurance policy shall be purely on a discretionary basis of DeAM and have further understood the terms and condition of the policy. I confirm and agree that the insurance cover, if provided, will be governed by the provision of The Insurance Act 1938 and the policy contract under which the cover will be offered to me.

I understand and agree that if any untrue information be contained herein I, my heirs, executors and administrators or assignee shall not be entitled to receive any benefit which may be provided to me on the faith of this declaration, including, inter-alia and aforesaid insurance cover.

Name of Sole / First Applicant

Folio No. (For existing Unit holder)

Application Form No. (For new Applicant)

Signature

Date

Note: This Certificate of Insurance contains some illustrative elements from the Terms and Conditions of the Group Life Policy bearing Policy Number 3200600000289 issued by MetLife India Insurance Company Pvt. Ltd, hereinafter referred to as "Company" or "MetLife" to Deutsche Asset Management (India) Private Ltd. ("DeAM").

In the event of any conflict between the Terms mentioned herein and those mentioned under the Policy document issued Terms and Conditions as appearing in the Group Policy document shall prevail.

TERMS & CONDITIONS

LUMP SUM INVESTMENT

Salient Features of this Met Group Policy

- Extent of cover :** An individual investor who invests in the **DWS Tax Saving Fund (DTSF)** by way of a one time **lump sum investment** and fulfills the eligibility criteria, as mentioned herein below, and is covered under this Group Policy shall be covered for a term life insurance cover, subject to the terms and conditions contained herein. Aforesaid investor shall be allotted a new Folio number for each tranche of such lump sum investment(s) made and shall be covered for an amount equal to five times the amount invested subject to the exclusions given hereunder. However, under no circumstances shall the coverage available to any individual investor exceed Rs.500,000 and further, the minimum coverage provided to an individual investor under this scheme shall be Rs.10,000 irrespective of the amount invested. The total coverage on the life of any individual investor, under DTSF who otherwise fulfills all eligibility criteria under this scheme shall be restricted to maximum cover of Rs.500,000 only (including coverage if any provided under Systematic Investment Plan). In case any individual investor has been issued certificates in excess of Rs.500,000 as cover (including certificates, if any, issued for coverage provided under Systematic Investment Plan), the coverage shall continue to be restricted to Rs. 500,000/- in the event of a claim. For this purpose, only the earliest in-force Certificate(s) under either of the policies shall be admitted. MetLife shall refund to DeAM the Premium collected towards the additional certificate(s) of Insurance for the individual investor concerned. Where there are Joint Investors under a Folio, only the first holder will be granted the coverage and the second holder will not be granted any coverage.
- Eligibility Criteria:** The following shall be the Eligibility Criteria for the members to be Covered under this Group Policy
 - Any person investing in DTSF under this option of payment as an individual investor shall be eligible for coverage under the group policy number 3200600000289 provided all the following other eligibility criteria are also fulfilled
 - The insurance is for covering the life of the investors under the individual category fulfilling the criteria mentioned above
 - The Member's age shall be between 18 and 50 years, age last birthday, at the time of commencement of cover
 - The Member fills up the Application Form and the Declaration of Good Health and submits the same to the respective Collection Centres during the NFO and to the Official Points of Acceptance of the Fund post NFO.
 - On each subsequent occasion the investor chooses to invest in DTSF by making a lump sum investment, such investor shall be required to fill up a fresh application form and the declaration of good health to be considered for **extension** of insurance cover based on such sum(s) invested. The incremental investments made in the aforesaid manner shall be unitized under a separate Folio Number and the cumulative coverage per individual investor shall continue to be restricted as per the guidelines provided herein above.
 - The eligibility of an investor in DTSF for receiving coverage under the Met Group Life scheme shall be determined based on the declarations provided in the Application Form. MetLife reserves the right to refuse cover to any applicant, if it is found that as per the underwriting guidelines of MetLife such cover could not have been granted.
 - For each of the tranche of investment made by an individual investor, the coverage shall take effect from the date of allotment of units for such investments. The coverage shall however be subject to the terms and conditions and exclusions mentioned herein and the Met Group Life Policy document.
 - At any instance where the units are not allotted and the subscription amount is refunded by DeAM, no insurance coverage will be available.**
- Enrollment and Commencement of cover for new Members post NFO :**
 - Since DTSF is an open ended scheme, any new investor investing in the said scheme post the NFO period shall be required to fill up the application form and the declaration of good health for getting covered under the Met Group Life plan on and with effect from the date of allotment of units for such investments, subject to satisfying the Eligibility criteria provided above.
 - The eligibility of an investor in DTSF for receiving coverage under the Met Group Life scheme shall be determined based on the declarations provided in the Application Form. MetLife reserves the right to refuse cover to any applicant, if it is found that as per the underwriting guidelines of MetLife such cover could not have been granted.
- The Certificate of Insurance shall be valid for the balance part of the policy year from the date of allotment of units to the next renewal date and there shall be no cancellation or refund of premium during the course of the validity of this Certificate of Insurance. On every subsequent year, subject to the renewal of the scheme under Met Group Life Policy number 3200600000289, an endorsement shall be sent to the residual investors fulfilling the eligibility criteria as mentioned herein on the date of renewal, along with the account statement of DTSF. The members shall attach the endorsement to the certificate of insurance issued to the Members earlier.
- The rights of the individual investors in DTSF who are covered under this Certificate of Insurance are non-assignable under any conditions
- Termination of Cover: The Life Insurance cover under this Certificate of Insurance shall terminate as against the Insured Member upon:-**
 - Death of the Insured Member; or
 - The Date the Insured Member attains age 60 years. The coverage shall terminate with effect from the policy renewal date subsequent to the date the insured member (individual investor) attains the age of 60 years.
 - Cancellation of this Group Policy by either the Group Policyholder or the Company. Either party may cancel the Group Policy by giving the other party a minimum notice period of 30 days.
 - In case the Member withdraws any money from a particular Folio created for his investment in DTSF, the insurance coverage provided to the investor under this Met Group Policy based on his investment in that Folio, shall cease effective from the date of such first withdrawal, even if the amount withdrawn is only partial from that Folio. Under such circumstances, the pro-rata premium for the balance period shall be refunded to DeAM.
 - In case the member withdraws money from all the folios created for his investments in DTSF, the insurance coverage provided to the investor under this Met Group Policy based on his investments under each of the folios shall cease effective from the date of first withdrawal from each of the folios, even if the amount withdrawn is only partial from each of the Folios and consequently he shall cease to be an eligible member of the Met Group Policy from the date of last cessation of coverage based on the above. Under such circumstances, the pro-rata premium for the balance period shall be refunded to DeAM.
 - Non-payment of premiums by DeAM within the days of grace, as a result of which the Policy lapses/terminates.
- Exclusions :**
 - If an Insured Member commits suicide, whether sane or not at that time, within one year from the date of unit allocation, then the liability of the Company shall be limited to a refund of the Premium(s) received, without interest, less any expenses incurred by the Company. Such refund shall be made to DeAM only. Further that, such exclusion shall severally apply to each tranche of investment made by the individual investor under a new folio under DTSF.
 - No Life insurance cover shall be available during a period of 45 days starting from the date of unit allocation for each tranche of investment made under a new folio by the individual investor under DTSF. This exclusion shall however be not applicable in case of death due to accident.

- c. If it is proved that there is a misstatement, misrepresentation or concealment on age, gender or any of the health related declarations, the Company reserves the right to repudiate a claim to any benefit payable under this Certificate.
8. **Claims settlement :**
- The following documents shall be submitted by the Nominee to MetLife in the event of death of the Insured Member :-
 - Certificate of Insurance in original
 - Official Death certificate (in original) issued by a Competent Authority acceptable to the Company or photocopy of the same duly attested by a Competent Authority acceptable to the Company
 - Duly filled and signed Claim Form
 - Compliance With Good Health Declaration - Attending Physician's Statement in original
 - Proof of Age^{^^}
 - Special Circumstances – Like Accidental Death, Close Proximity – FIR/PM
 - The claim intimation shall be sent to MetLife India Insurance, located at 5 Vani Vilas Road, Bangalore – 560 004
 - The claim documents shall have to be sent to MetLife.
 - Claims, if deemed appropriate, shall be investigated by MetLife. Reports shall be submitted ordinarily by investigators in 3 weeks.
 - MetLife shall retain the right to call for additional documents during the claim assessment stage
 - Where the claim is required to be settled to the Nominee as per DeAM's record or as per the legal heir certificate, the Registrar shall furnish a copy of the Nominee details as per their records or Furnish the Legal Heir Certificate as the case may be.

- ^{^^} The following documents shall be accepted as the proof of age at the time of claim assessment Statutory Identification documents.
- Passport/Driving License/Ration Card/Voter ID card/PAN card/BPL card
- On non-availability of any of the abovementioned documents MetLife may, on an exceptional basis, consider accepting
- Certificate from Village Panchayat
 - Certificate from Revenue authorities
- All claim amounts will be settled only in Indian Rupees.
9. **Renewal :**
- a. For members who have attained the age of 60 during the course of the policy year, such member(s) shall cease to be covered under the Policy effective the renewal date.
 - b. If any of the eligible investor had withdrawn any amount from the new Folio created during the NFO period of DTSF, consequent to which the insurance coverage provided to him had ceased, such investor shall not be covered during renewal, under the folio in which amounts have been withdrawn. The individual investor will continue to be eligible for renewal in those folio(s) if he/she has not withdrawn any amount in the aforesaid folio(s).
 - c. Renewal premium amount shall be recalculated for the remaining members based on the new age and the premium rate prevailing at the time of renewal and the coverage shall be renewed on receipt of the consolidated renewal premium amount by MetLife from DeAM.
 - d. No request for reinstatement shall be allowed under the Met Group Life Policy.

TERMS & CONDITIONS

SYSTEMATIC INVESTMENT PLAN (SIP)

Salient Features of this Met Group Policy

1. **Extent of cover :** An individual investor who invests in **DWS Tax Saving Fund (DTSF)** by way of a **Systematic Investment Plan (SIP)** and fulfils the eligibility criteria, as mentioned herein below, and is covered under this Group Policy shall be covered for a term life insurance cover, subject to the terms and conditions contained herein. For investing through the SIP option the individual investor is required to fill-up the relevant application form indicating the amount of investment per instalment and tenor of investment. All such instalments made under such SIP shall be recorded under the same Folio number as created at the time of allotment of units for the first instalment of the said SIP. On allotment of the units, the individual investor shall be covered for an amount equal to five times the amount invested subject to the exclusions and conditions given hereunder. Upon receipt of incremental instalments under the same Folio and allotment of units thereupon the coverage shall stand increased to five times the cumulative investment made in the aforesaid folio, subject to the exclusions and conditions given hereunder. However, under no circumstances shall the cumulative coverage available to any individual investor exceed Rs. 500,000 and further the minimum coverage provided to an individual investor under this scheme shall be Rs.10,000 irrespective of the amount invested. The total coverage on the life of any individual investor, under DTSF who otherwise fulfils all eligibility criteria under this scheme shall be restricted to maximum cover of Rs.500,000 only (including coverage if any provided under Lump sum Investment Plan). In case any individual investor has been issued certificates in excess of Rs.500,000 as cover, (including certificates if any issued for coverage provided under Lump sum Investment Plan), the coverage shall continue to be restricted to Rs. 500,000/- in the event of a claim. For this purpose, only the earliest in-force Certificate(s) under either of the policies shall be admitted. MetLife shall refund to Deutsche Asset Management (India) Private Limited (DeAM) the Premium collected towards the additional certificate(s) of Insurance for the individual investor concerned. Where there are Joint Investors under a Folio, only the first holder will be granted the coverage and the second holder will not be granted any coverage.
2. **Eligibility Criteria :** The following shall be the Eligibility Criteria for the members to be Covered under this Group Policy
 - a. Any individual investor investing through the SIP mode in DTSF as an individual investor shall be eligible for coverage under the group policy number 3200600000289 provided all the following other eligibility criteria are also fulfilled.
 - b. The insurance is for covering the life of the investors under the individual category fulfilling the criteria mentioned above.
 - c. The Member's age shall be between 18 and 50 years, age last birthday, at the time of commencement of cover.
 - d. At the time of Investment the individual investor shall have to fill up the Application Form and the declaration of good health and submit the same to the respective Collection Centre during the NFO and to the Official points of Acceptance post NFO.
 - e. For all the investments made in the same folio, i.e. thru the same SIP instruction, upon receipt of incremental instalments under the same Folio and allotment of units thereupon the coverage shall stand increased as per the provisions mentioned under the "Extent of Cover" clause. No additional application form shall be required for such instalment investments in the same folio.
 - f. In case the individual investor chooses to invest in DTSF by way of a fresh SIP instruction, such individual investor shall be required to fill up a fresh application form and the declaration of good health to be considered for extension of insurance cover for the fresh SIP instruction. The incremental investment made in the aforesaid manner shall be unitized under a separate Folio Number and the cumulative coverage per individual investor shall continue to be restricted as per the guidelines provided under the "Extent of Cover" clause.
 - g. The eligibility of an individual investor, investing through the SIP mode in DTSF, for receiving coverage under the Met Group Life Policy shall be determined based on the declarations provided in the Application Form filled up for such SIP instruction. MetLife reserves the right to refuse cover to any applicant, if it is found that as per the underwriting guidelines of MetLife such cover could not have been granted.
 - h. The coverage for each additional investment through the SIP module shall commence with effect from the date of unitization of such investment. The coverage shall however be subject to the terms and conditions and exclusions mentioned herein and the Met Group Life Policy document.
 - i. **Where the units are not allotted and the subscription amount is refunded by DeAM to the individual investor, no insurance coverage will be available.**
3. **Enrollment and Commencement of cover for new Members :**
 - a. Any new individual investor investing in DTSF through the SIP option post the NFO period shall be required to fill up the application form and the declaration of good health. All such instalments made under such SIP shall be recorded under the same Folio number as created at the time of allotment of units for the first instalment of the said SIP and the coverage under the Met Group Life Policy on and with effect from the date of allotment of units for such investments.
 - b. The eligibility of an investor in the aforesaid scheme for receiving coverage under the Met Group Life Policy shall be determined based on the declarations provided in the application form. MetLife reserves the right to refuse to any applicant, if it is found that as per the underwriting guidelines of MetLife such cover could not have been granted.
4. The Certificate of Insurance shall be valid until the investor loses eligibility of cover as per guidelines mentioned hereunder. The certificate of insurance shall be valid from the date of first unit allocation for the corresponding SIP instruction to the next policy renewal date and there shall be no cancellation or refund of premium during the course of the validity of this Certificate of Insurance (COI). No separate COI shall be issued for the subsequent instalment investments made by the individual investor in the aforementioned SIP. In every subsequent year, subject to the renewal of the scheme under Met Group Life Policy number 3200600000289, an endorsement shall be sent to the residual investors still fulfilling the eligibility criteria as mentioned herein along with the account statement of DTSF. The members shall attach the said endorsement to the Certificate of Insurance issued to the Members earlier.
5. The rights of the individual investor in DTSF who is covered under this Certificate of Insurance are non-assignable under any conditions.

6. **Termination of Cover : The Life Insurance cover under this Certificate of Insurance shall terminate** As against the Insured Member upon:-
 - a. Death of the Insured Member; or
 - b. The Date the Insured Member attains age 60 years. The coverage shall terminate with effect from the policy renewal date subsequent to the date the Insured Member (individual investor) attains the age of 60 years.
 - c. Cancellation of this Group Policy by either the Group Policyholder or the Company. Either party may cancel the Group Policy by giving the other party a minimum notice period of 30 days.
 - d. In case the Member withdraws any money from a particular Folio created for his investment in DTSF, under the SIP option, the insurance coverage provided to the investor under this Met Group Policy based on his investment in that Folio, shall cease effective from the date of such first withdrawal, even if the amount withdrawn is only partial from that Folio. Under such circumstances, the pro-rata premium for the balance period shall be refunded to DeAM.
 - e. In case the member withdraws money from all the folios created for his investments in DTSF under the SIP instruction, the insurance coverage provided to the investor under this Met Group Policy based on his investments under each of the folios shall cease effective from the date of first withdrawal from each of the folios, even if the amount withdrawn is only partial from each of the Folios and consequently he shall cease to be an eligible member of the Met Group Policy from the date of last cessation of coverage based on the above. Under such circumstances, the pro-rata premium for the balance period shall be refunded to DeAM.
 - f. The Met Group Life cover provided for covering individual investors investing in DTSF through the SIP option is a monthly premium paying policy. Since the premium under this scheme for the ongoing coverage is collected under monthly mode, Non-payment of premiums by DeAM within the days of grace, and/or non-maintenance of adequate deposit with MetLife to cover such premium billed on a monthly basis shall lead to the Policy lapse/ termination.
7. **Exclusions :**
 - a. If an Insured Member commits suicide, whether sane or not at that time, within one year from the date of first unit allocation for the corresponding SIP instruction, then the liability of the Company shall be limited to a refund of the Premium(s) received, without interest, less any expenses incurred by the Company. Such refund shall be made to the DeAM only. This shall apply severally to each fresh SIP instruction.
 - b. No Life insurance cover shall be available during a period of 45 days starting from the date of first unit allocation for the corresponding instruction of systematic investment made by the individual investor through the SIP mode under DTSF, except for death due to accident. This waiting period shall apply severally to each fresh SIP instruction at the commencement of such instruction.
 - c. If it is proved that there is a misstatement, misrepresentation or concealment on age, gender or any of the health related declarations, the Company reserves the right to repudiate a claim to any benefit payable under this Certificate.
8. **Claims settlement :**
 - The following documents shall be submitted by the Nominee to MetLife in the event of death of the Insured Member :-
 - Certificate of Insurance in original
 - Official Death certificate (in original) issued by a Competent Authority acceptable to the Company or photocopy of the same duly attested by a Competent Authority acceptable to the Company
 - Duly filled and signed Claim Form
 - Compliance With Good Health Declaration - Attending Physician's Statement in original
 - Proof of Age^{^^}
 - Special Circumstances – Like Accidental Death, Close Proximity – FIR/PM
 - The claim intimation shall be sent to MetLife India Insurance, located at 5 Vani Vilas Road, Bangalore – 560 004
 - The claim documents shall have to be sent to MetLife.
 - Claims, if deemed appropriate, shall be investigated by MetLife. Reports shall be submitted ordinarily by investigators in 3 weeks.
 - MetLife shall retain the right to call for additional documents during the claim assessment stage
 - Where the claim is required to be settled to the Nominee as per the DeAM's record or as per the legal heir certificate, the Registrar shall furnish a copy of the Nominee details as per their records or Furnish the Legal Heir Certificate as the case may be.
- ^{^^} The following documents shall be accepted as the proof of age at the time of claim assessment Statutory Identification documents.

 - Passport/Driving License/Ration Card/Voter ID card/PAN card/BPL card

On non-availability of any of the abovementioned documents MetLife may, on an exceptional basis, consider accepting

 - Certificate from Village Panchayat
 - Certificate from Revenue authorities

 - All claim amounts will be settled only in Indian Rupees.

9. **Renewal :**

 - a. For members who have attained the age of 60 during the course of the policy year, such member(s) shall cease to be covered under the Policy effective the renewal date
 - b. If any of the eligible investor had withdrawn any amount from any Folio where the investment has been made to DTSF through the SIP mode the coverage provided to such individual investor under the said folio shall not be renewed. The individual investor will continue to be eligible for renewal in those folio(s) if h/she has not withdrawn any amount in the aforesaid folio(s)
 - c. Renewal premium amount shall be recalculated for the remaining members on monthly basis, based on the new age and the premium rate prevailing at the time of renewal and the coverage shall be renewed on receipt of the consolidated renewal premium amount by MetLife from De AM.
 - d. No request for reinstatement shall be allowed under the Met Group Life Policy.

NOMINATION FORM

(Please read the instructions before completing this Form)

Date : _____

Folio No. (for existing Unit holder) <input style="width:95%;" type="text"/>	Common Application Form No. (for New Investor) <input style="width:95%;" type="text"/>
Scheme Name <input style="width:95%;" type="text"/>	Plan <input style="width:95%;" type="text"/>
Option <input style="width:95%;" type="text"/>	Sub-Option <input style="width:95%;" type="text"/>
Name of Sole / First Applicant <input style="width:95%;" type="text"/>	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Name of Second Applicant <input style="width:95%;" type="text"/>	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Name of Third Applicant <input style="width:95%;" type="text"/>	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.

NOMINATION DETAILS (To be filled in by Individual(s) applying Singly or Jointly)

I / We do hereby nominate the person(s) more particularly described hereunder / and / cancel the nomination made by me / us in respect of units held by me / us under the said Folio. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof shall be a valid discharge by the AMC / Fund / Trustees.

Particulars	Nominee 1	Nominee 2	Nominee 3
Name	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
City	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Pin Code	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
State	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
**Percentage of Allocation/Share	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Relationship with Applicant	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth in case Nominee is minor	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
PAN	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**Please refer Instruction No. 2 & 3 overleaf.

In case Nominee is a Minor

	Nominee 1	Nominee 2	Nominee 3
Name of Guardian	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Address of Guardian	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
City	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Pin Code	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
State	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
PAN of Guardian	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Signature of Guardian	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Signature/s

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

