



Customer Order Form (Mutual Funds) Non-Individual

Karvy

Baroda BNP | Canara Robeco | Edelweiss | Invesco |
Mirae | Motilal Oswal | PGIM | Sundaram | UTI | Axis |
Nippon | Old Bridge | ITI | JM Financial



Customer Order Form (Mutual Funds)

Before you invest in any fund, we urge you to understand your Investment Objective and Constraints and then select appropriate Risk Profile or Product category. Enclosed is the gist of the 4 broad universal Investment needs and Suitable products respectively. Further, please find below the characteristics of mutual funds' broad categories for your informed investment decision making.

Objective	Liquidity (L)	Protection (P)	Growth (G)	Tax and Solution oriented (TS)
Description	Park money for Liquidity needs	Capital Preservation	Wealth Creation	Save Tax with Capital Appreciation and/ or fulfill a specific goal

Mutual Fund Categories

Please Tick	Objective	Fund Type	Risk	Liquidity	Return Predictability	Risk Class
	Liquidity	Overnight/ Liquid/ Ultra-short/ Low duration/ Money market				1
	Protection	Floater/ Short term/ Corporate bond/ Banking and PSU/ Arbitrage				2
	Protection	Medium duration/ Medium to Long duration/ Long duration/ Dynamic bond/ Gilt				3
	Protection	Conservative hybrid/ Equity savings				2
	Growth	Largecap/ Large and Midcap/ Flexicap/ Multicap/ Dividend Yield/ Contra/ Focused/ Value/ Index				3
	Growth	Fund of Funds (Domestic/ Overseas)/ Gold Funds				3
	Growth	Credit risk/ Midcap/ Smallcap/ Sectoral/ Thematic				4
	Growth	Dynamic asset allocation/ Balanced advantage/ Aggressive hybrid/ Multi-asset allocation				3
	Tax and Solution oriented	Children's fund/ Retirement fund/ ELSS				2 / 3

	Very Low		Low		Moderate		High		Very High
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Note: The characteristics and risk class are indicative only. For further details or product specific information, read the scheme specific KIM/ SID. You may also contact your RM or branch. As the next step, you may want to refer to the Deutsche Bank's Approved List of Mutual Funds for investment decision making. This Approved List of funds is prepared by the Deutsche Bank's Investment Specialists based on our proprietary tool using quantitative and qualitative parameters.

Risk Profile Categories and Product Risk Class

Please Tick	Risk Profile	Product categories	Product Risk Class	Classification Criteria
	Very Conservative	No investment in Risk class 4 Products	1	Very low risk/ volatility, High liquidity
	Conservative	< ~30% portfolio in Risk class 4 Products	2	Low risk/ volatility, High liquidity
	Moderate	< ~50% portfolio in Risk class 4 Products	3	Low to medium risk/ volatility, Medium liquidity
	Aggressive	< ~70% portfolio in Risk class 4 Products	4	Medium to high risk/ volatility, Low liquidity
	Very Aggressive	~ 90% portfolio in Risk class 4 Products		

***Deutsche Bank AG, India ("Bank") is an AMFI registered Mutual Fund Distributor of third party investment products.** Deutsche Bank states that the list of Approved investment schemes is for investor's guidance only. It is not obligatory on investors to invest in these schemes. The Approved list and above-mentioned Product characteristics and Risk class or other reports/ communications covering indicative Asset-allocation, Research updates on markets/ asset – classes etc. are shared with the bank's customers in order to facilitate informed investment decisions. These are not to be construed as an advice or offer to transact or a solicitation. Please read the disclaimers attached with such reports carefully to know the bank's position on the subject matter.

— *Signature as per Investment Board Resolution

*Customer Signature
with Company Stamp

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

Offline Order Form for Mutual Fund transactions through db WealthPro

(One form to be used for transacting in all schemes of Online Enabled AMCs)

We request you to handover only the duly completed and signed Order Forms to the Bank branch or your Relationship Manager. Please do not leave any blanks in the Form. Please strike off any section which is not filled and/ or is not required.

Investor Details – For Buy/ Sell/ SIP/ SWP Transactions

Date: Customer ID: _____ Portfolio Name: _____

Corporate/ Partnership/ HUF Name: _____

Authorised Signatory 1: _____

Authorised Signatory 2: _____

Authorised Signatory 3: _____

Corporate/ Partnership/ HUF requests you to execute the following investments/ transactions on Corporate/ Partnership/ HUF behalf in the above mentioned Portfolio Name.

Corporate/ Partnership/ HUF authorises you to Debit Corporate/ Partnership/ HUF Bank Account No. _____ with

Deutsche Bank AG (DBAG) for total of ₹ _____ (In Words _____)

for the below transactions. The subsequent SIP transaction will be executed subject to availability of funds in the above-mentioned Account.

Buy/ Sell

Sr. No.	Name of Scheme with option	Folio No.	Type of Transaction	Amount (₹)	No. of Units	Need (L/P/G/TS)
1			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			
2			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			
3			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			
4			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			
5			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			
6			<input type="checkbox"/> Buy <input type="checkbox"/> Sell			

SIP/ SWP

Sr. No.	Name of Scheme with option	Folio No.	Type of Transaction	Amount (₹)/ Units	Scheme details	Need (L/P/G/TS)
1			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	
2			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	
3			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	
4			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	
5			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	
6			<input type="checkbox"/> SIP <input type="checkbox"/> SWP <input type="checkbox"/> Cancel SIP/ SWP		Frequency: No. of Installments: Start Date:	

- Corporate/ Partnership/ HUF understands that the redemption proceeds (net of exit load and taxes, if any) will be credited by the AMC/ Fund House to Corporate/ Partnership/ HUF Bank account mapped to Corporate/ Partnership/ HUF folio as per their records.
- All valid instructions received prior to 1300 hrs (For Liquid Funds) and 1400 hrs (For Non – Liquid Funds) on any business weekday will be processed on the same day.
- *Signature as per Investment Board Resolution

*Customer Signature
with Company Stamp

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Authorised Signatory 3

Offline Order Form for Mutual Fund transactions through db WealthPro

(One form to be used for transacting in all schemes of Online Enabled AMCs)

We request you to handover only the duly completed and signed Order Forms to the Bank branch or your Relationship Manager. Please do not leave any blanks in the Form. Please strike off any section which is not filled and/ or is not required.

Investor Details – For Switch/ STP Transactions

Date:

D	D	M	M	Y	Y	Y	Y
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 Customer ID: _____ Portfolio Name: _____

Corporate/ Partnership/ HUF Name: _____

Authorised Signatory 1: _____

Authorised Signatory 2: _____

Authorised Signatory 3: _____

Corporate/ Partnership/ HUF requests you to execute the following investments/ transactions on Corporate/ Partnership/ HUF behalf in the above mentioned Portfolio Name.

Switch/ STP							
Sr. No.	Transfer 'From' Scheme with option	Folio No.	Type of Transaction	Amount (₹) / Units	Transfer 'To' Scheme with option	Investment details	Need (L/P/G/TS)
1			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
2			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
3			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
4			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
5			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
6			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
7			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	
8			<input type="checkbox"/> STP <input type="checkbox"/> Switch <input type="checkbox"/> Cancel STP/ Switch			Frequency: No. of Installments: Start Date:	

- The net amount available post switch out will be subject to deduction of charges and tax, if applicable, by the respective AMC/ Fund House.
- All valid instructions received prior to 1300 hrs (For Liquid Funds) and 1400 hrs (For Non – Liquid Funds) on any business weekday will be processed on the same day.
- *Signature as per Investment Board Resolution

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Corporate/ Partnership/ HUF also confirms that:

1. Corporate/ Partnership/ HUF is/ are placing instructions for these transactions at its own will and volition without being influenced by any advice or solicitation by Deutsche Bank (The "Bank") and after due consideration of Corporate/ Partnership/ HUF risk appetite and investment needs. Corporate/ Partnership/ HUF hereby authorises the Bank to communicate these instructions to the concerned Asset Management Company, including its agents, ("AMC") at Corporate/ Partnership/ HUF risk and cost. Corporate/ Partnership/ HUF shall be responsible for the completeness and correctness of the information filled in the form and agree not to hold the AMC and the Bank or its employees liable for any consequences in case of any incorrect, incomplete information for any reason whatsoever. The bank shall try its best to deliver the correct and timely instructions to the AMC, however, shall not be held responsible for any delay in such communication and any loss sustained in this regard.
2. Corporate/ Partnership/ HUF has read and understood the terms and conditions for third party products as stated in the Investment overview form and hereby expressly acknowledge them. Corporate/ Partnership/ HUF has read and understood the contents of the Scheme Information Document/ Offer document and the Key Information Memorandum of the above-mentioned scheme(s). Corporate/ Partnership/ HUF agrees to abide by and be bound by the terms, conditions, rules and regulations thereof.
3. Corporate/ Partnership/ HUF hereby declares that the amount being invested by it in the above scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any Governmental or Statutory authority from time to time.
4. Corporate/ Partnership/ HUF understands that, a PAN is required to be quoted for Mutual Fund investments for all unit holders and that where a PAN is quoted, a self-attested and verified copy of the same is required. Corporate/ Partnership/ HUF further understands that it needs to comply with the KYC formalities for investing in mutual funds and proof of the completion of KYC formalities is also required. Corporate/ Partnership/ HUF confirms having complied with these requirements. Corporate/ Partnership/ HUF also understand that from time to time, any and all the changes in the regulatory guidelines shall be applicable to Corporate/ Partnership/ HUF investments. Corporate/ Partnership/ HUF understands and agree that Corporate/ Partnership/ HUF investments will not be processed in case it does not comply with these requirements.
5. Corporate/ Partnership/ HUF hereby confirms that the terms and conditions stated in this form shall be read in conjunction with the terms of the Investment Overview Form and General Business Conditions laid down by the Bank.
6. In accordance with the instructions provided in the Customer Consent Form to the Bank, Corporate/ Partnership/ HUF hereby expressly understands and acknowledges that Corporate/ Partnership/ HUF has been provided complete information of commissions received by the Bank from AMCs for distribution of various Mutual Fund schemes.

*Signature as per Investment Board Resolution

*Customer Signature
with Company Stamp

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

Customers Name:

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

For 'Execution only' or 'Make-Available' products

Corporate/ Partnership/ HUF confirms that it has not received any investment advice, suggestions or other guidance from the Bank relating to the investment(s) detailed above. Any transaction that Corporate/ Partnership/ HUF has decided to make is being made at its own volition and at its own risk having read and understood all relevant product literature. Corporate/ Partnership/ HUF acknowledges and understands that the arrangement of any transaction by the Bank on its behalf is not a confirmation or an endorsement from the Bank that is suitable for it.

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

For investment products purchased outside the Bank's list of Approved schemes.

Corporate/ Partnership/ HUF understands that the Bank's list of approved investment schemes is for Corporate/ Partnership/ HUF guidance and not obligatory for it to invest in these schemes. The investment scheme(s) selected by it are based on Corporate/ Partnership/ HUF's independent judgment/ discretion with Corporate/ Partnership/ HUF's full knowledge of risks involved.

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

For investment products not matching the established Risk Profile

Corporate/ Partnership/ HUF confirms that investment product(s) detailed above deviates from its recommended asset allocation as per its risk profile. Corporate/ Partnership/ HUF hereby confirms that it is making the present investments on its free will and volition being cognizant of Corporate/ Partnership/ HUF's risk appetite and understands that these investments may not be aligned with the recommended asset allocation of the Bank. Corporate/ Partnership/ HUF is fully aware of the risk involved in the investment products.

Authorised Signatory 1

Authorised Signatory 2

Authorised Signatory 3

For Internal Use only:

Sourcing Code: _____ Lead Code: _____ Order No: _____

VUC Customers (Retired Individuals/ Person >= 70 years/ Students/ Homemakers): ☐ Yes ☐ No ☐ Not Applicable

If Yes, Supervisor Sign-Off: _____

Maker Name: _____ Maker Sign: _____ Checker Name: _____

Remarks (If Any): _____ Checker Sign: _____

Form for Fresh Nomination/ Change of Existing Nomination

Applicable for Sole Proprietorship Firms only

Please read the instructions carefully before filling up this form

Name of 1st Holder: _____

Name of 2nd Holder: _____

Name of 3rd Holder: _____

I/ We, the above-named Unitholders of _____ Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/ our Folio/s listed below in the event of my/ our death by cancelling the nomination(s) made by me/ us previously in respect of the units held by me/ us in the Folio/s listed below.

Folio No./ Application No.	
1	
2	
3	

Name of the 1st Nominee* _____

Identity type of the Nominee* ☐ PAN ☐ Driving Licence ☐ Passport (in case of NRI / OCI / PIO)

Identity Number* _____ % of Allocation* _____

Nominee Relationship* _____ Date of Birth of Nominee**

D	D	M	M	Y	Y	Y	Y
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Name of the Guardian ** _____ PAN of Nominee Guardian\$ _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship\$ ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address* _____

City _____ State _____ PIN _____

Mobile Number* _____ Email ID* _____

Nominee Signature\$ _____

Name of the 2nd Nominee* _____

Identity type of the Nominee* ☐ PAN ☐ Driving Licence ☐ Passport (in case of NRI / OCI / PIO)

Identity Number* _____ % of Allocation* _____

Nominee Relationship* _____ Date of Birth of Nominee**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of the Guardian ** _____ PAN of Nominee Guardian\$ _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship\$ ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address* _____

City _____ State _____ PIN _____

Mobile Number* _____ Email ID* _____

Nominee Signature\$ _____

Name of the 3rd Nominee* _____

Identity type of the Nominee* ☐ PAN ☐ Driving Licence ☐ Passport (in case of NRI / OCI / PIO)

Identity Number* _____ % of Allocation* _____

Nominee Relationship* _____ Date of Birth of Nominee**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of the Guardian ** _____ PAN of Nominee Guardian\$ _____

Guardian's Relationship with Nominee** ☐ Mother ☐ Father ☐ Legal Guardian

Proof of relationship\$ ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Address* _____

City _____ State _____ PIN _____

Mobile Number* _____ Email ID* _____

Nominee Signature\$ _____

*Nominee (s) name to be visible in AMC Folio statement: ☐ Yes ☐ No

Signature of the 1st unitholder

Signature of the 2nd unitholder

Signature of the 3rd unitholder

*Mandatory

\$Optional

**Mandatory & Applicable in case the Nominee is a Minor

Instructions

1. The nomination can be made only by individuals applying for/ holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/ or Guardian of Minor unitholder **cannot nominate**.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/ operation is on "Anyone or Survivor" basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/ share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation / claim settlement shall be made equally amongst all the nominees.
10. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/ account.
11. Nomination shall stand rescinded upon the transfer of units.
12. **Death of Nominee/ s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/ s is/ are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
13. **Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund/ Trustees against the legal heir(s).**
14. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
15. In respect of folios/ accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/ claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

Declaration Form for Opting Out of Nomination

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To: _____
Name of the Mutual Fund/ AMC: _____
Mutual Fund/ AMC/ Address: _____

Mutual Fund Folio Number/ Application Number	
Sole/ First Holder Name	
Second Holder Name	
Third Holder Name	

Declaration and Signature

I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my/ our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/ our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name and Signature of Unitholder(s)

Unitholder (1) Signature: _____ Name: _____
Unitholder (2) Signature: _____ Name: _____
Unitholder (3) Signature: _____ Name: _____