



# Systematic Transfer Plan Form (STP)

Relationship Manager Code (Not to be filled by applicant) 

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Relationship Manager / Business Associate Name 

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Date: 

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## 1. Existing PMS strategy details

PMS Code 

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PMS Strategy Name: 

L	I	Q	U	I	D	S	T	R	A	T	E	G	Y
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Name of Sole / First Holder 

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Name of Second Holder 

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Name of Third Holder 

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Email Id 

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## 2. Details of Switch (Mandatory)

Considering the various factors including performance of the existing Assets under management in the existing PMS account as per the details above, market conditions, my/our profile, risk appetite and my/our overall investment objectives, I/We wish to rebalance my/our assets as per the below details:

Total amount to be invested 

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1st Tranche 

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 (Minimum 5 Lakhs per strategy)

	Installment Amount	No. of installments	
Switch equity strategy 1	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	(Minimum 5 Lakhs)
Switch equity strategy 2	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	(Minimum 5 Lakhs)
Switch equity strategy 3	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	(Minimum 5 Lakhs)

Special instructions if any \_\_\_\_\_

Frequency	
Monthly <input type="checkbox"/>	10 <sup>th</sup> To
	15 <sup>th</sup> <input type="checkbox"/>
Weekly <input type="checkbox"/>	Wednesday

Start	mm	yy	
End	mm	yy	

I/We understand that pursuant to this request the Portfolio Manager shall now manage the assets i.e., funds and/or securities managed under the existing strategy and shall manage it pursuant to the new strategy. I/We further understand that the Portfolio Manager may at its discretion transfer the assets in the same form (funds and/or securities) as under the existing strategy or may liquidate any/all securities managed under the existing strategy at fair market value and thereafter the funds and/or securities standing to my/our credit (net of all expenses) may be invested as per the new strategy. I/We further understand that due to fluctuations in the prices of securities/transfer of marketable lot of the securities, the resultant value of the securities transferred may not be exactly equal to the amount requested hereinabove.

I/We understand the investment objectives under the new strategy and have read and understood the Disclosure Document. I/We understand that the Portfolio Investment Management Agreement and Supplemental Agreement (if any) entered into between me/us and Renaissance Investment Managers Pvt. Ltd. shall continue to remain in force be applicable to my/our investment in above mentioned "Strategy" as well. Further, I/We confirm that I/We have read and understood the schedule of fee and that the fees applicable for the new Strategy as attached herewith shall be applicable to me after the change in the strategy.

In case of a partial re-balancing to the new strategy, I/We agree and confirm that the fees and charges charged by the Portfolio Manager for providing me/us the Portfolio Management Services with respect to the other Investment Strategies availed by me as per the PMS fee schedule(s) signed by me/us from time to time shall continue to remain applicable.

## Term & Conditions

- The holding pattern of investments in the new strategy will be as per the existing investments and demat account's holding pattern.
- No change/addition or deletion of names will be allowed in the pattern of investments.
- If there is any change/addition/deletion in the holding pattern of the investments, a fresh application with all the supporting documents will need to be resubmitted.
- Signature of all the holders of the PMS account will be required.
- Application will not be accepted/processed unless accompanied with duly signed PMS fee schedule applicable to the new strategy and the latest client profiler.
- All requests/application received up to 6:00 PM on business day, shall be processed on the next business day.

**Name & Sign of First / Sole Holder**  
/ Authorized Signatory

**Name & Sign of Second Holder**  
/ Authorized Signatory

**Name & Sign of Third Holder**  
/ Authorized Signatory