

IDLC SIP: (Systematic Investment Plan)

Asset Manager: IDLC Asset Management Limited (IDLC AML)

APPLICATION FORM TO PURCHASE UNITS – INDIVIDUAL

(Please read the "Terms and Conditions" carefully)



financing happiness

To,
 Managing Director
 IDLC Asset Management Limited
 Symphony (4th Floor)
 Plot No. SE (F) 09, Road No. 142
 Gulshan Avenue, Dhaka-1212

For Office Use Only

Registration No.: Sale No.:
 Selling Agent's Signature & ID:
 Conversion Agent's Signature & ID:
 Authorized Person's Signature:

Investment Information

Fund Name: **IDLC Balanced Fund** **IDLC Growth Fund** **IDLC Asset Management Shariah Fund** **IDLC Income Fund**

Monthly SIP Installment Amount (in BDT): / month. SIP Installment Date: 1st 12th 1st SIP Installment: Cheque BEFTN DDI. Tenure: years.

Insurance Coverage (Not Applicable For IDLC Asset Management Shariah Fund): Yes No If yes, Insurance Coverage Amount (in BDT): (SIP Installment Amount * No. of Months) Insurance Premium amount (in BDT): / month

Total Monthly Installment (in BDT): (SIP Installment Amount + Premium) Auto renewal option: Yes No If No, then matured amount will - Remain as investment Be transferred to bank account

Cheque Amount: Cheque Date: Cheque / P.O. / D.D. No.: Bank: Branch:

I / We would like to meet my / our following financial goals (✓):

Dream Home Children's Education Children's Marriage Retirement Others: By Year:

Personal Information

Principal Applicant **Mr.** **Mrs.** **Ms.**

Name: [Grid]

Father: [Text] Mother: [Text]

Contact No.: [Text] (Mandatory) E-mail: [Text]

Occupation: [Text] Designation: [Text] Organization: [Text]

Present Address: [Text]

Permanent Address: [Text]

National ID / Passport No.: [Text] E-TIN: [Text] Date of Birth: [Text] (DD / MM / YYYY) Gender: Male Female

Joint Applicant (If Any) **Mr.** **Mrs.** **Ms.**

Name: [Grid]

Father: [Text] Mother: [Text]

Contact No.: [Text] (Mandatory) E-mail: [Text]

Occupation: [Text] Designation: [Text] Organization: [Text]

Present Address: [Text]

Permanent Address: [Text]

National ID / Passport No.: [Text] E-TIN: [Text] Date of Birth: [Text] (DD / MM / YYYY) Gender: Male Female

Other Information

Bank: [Text] Branch: [Text] A/C No.: [Text]

BO A/C No.: [Text]

Dividend Option: Cash CIP (in the form of units) Mode of Operation: Principal Both Either Promo Code: [Text]

ACKNOWLEDGEMENT SLIP

Fund Name: **IDLC Balanced Fund** **IDLC Growth Fund** **IDLC Asset Management Shariah Fund** **IDLC Income Fund**

Certified that this selling agent has submitted following documents from Mr. / Mrs. / Ms.
 and Mr. / Mrs. / Ms. to open SIP in IDLC Mutual Fund.

Cheque No.: [Text] Cheque Amount: [Text] Bank: [Text] Date: [Text]

Selling Agent's Signature & ID: Authorized Person's Signature:
 Conversion Agent's Signature & ID: Sale No.: Name:
 Designation:

Nominee 1. (If Any): Mr. Mrs. Ms.

Name:

Address:

Contact No.: National ID / Passport / Birth Certificate No.:

E-mail: Relationship with the A/C holder: Mandatory Percentage of holding Units:

Nominee 2. (If Any): Mr. Mrs. Ms.

Name:

Address:

Contact No.: National ID / Passport / Birth Certificate No.:

E-mail: Relationship with the A/C holder: Mandatory Percentage of holding Units:

Guardian (If nominee is a minor): Mr. Mrs. Ms.

Name:

Address:

Contact No.: Mandatory NID / Passport / Birth Certificate No.: Relationship with the Nominee: Mandatory

Documents Enclosed:

- NID / Passport / Birth Certificate (Applicant, Nominee & Guardian)
- 12 Digit E-TIN Certificate (Applicant)
- Passport Size Color Photograph (Applicant, Nominee & Guardian)
- Photocopy of a Blank Cheque Leaf / Bank Statement

Photograph:

Principal Applicant	Joint Applicant	1st Nominee	2nd Nominee	Guardian
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I / We confirm that I / we have received the Acknowledgement Slip against my / our investment in Mutual Fund and agree that I / we will abide by the "Terms & Conditions", which may be altered, replaced and modified from time to time by IDLC Asset Management Limited as per regulatory requirements. I / We also understand the Fundamentals of Mutual Fund and the Flowcharts, enclosed with this application form.

Signatures:

Principal Applicant
 Joint Applicant
 _____ 1st Nominee
 _____ 2nd Nominee
 _____ Guardian

For IDLC AML Office Use Only:

BO Account Opening Charge : Cash MFS Others _____ Amount: Date:

Documents Enclosed

- Complete Form
- NID / Passport / Birth Certificate (Applicants)
- Bank Statement / Blank Cheque Leaf
- Passport Size Color Photograph (Applicants)
- E-TIN Certificate (Applicant)
- NID / Passport / Birth Certificate (Nominee & Guardian)
- Passport Size Color Photograph (Nominee & Guardian)
- BO Account Opening Form (if any)

Dividend Option: Cash CIP (in the form of units) Mode of Operation: Principal Both Either Promo Code :

BO Account Opening Charge : Cash MFS Others _____ Amount: Date:

IDLC SIP: (Systematic Investment Plan)

Auto Debit Authorization For SIP Installment Collection

Account Name:	<input style="width: 100%; height: 15px;" type="text"/>									
Bank:	<input style="width: 98%; height: 15px;" type="text"/>	Branch:	<input style="width: 98%; height: 15px;" type="text"/>							
A/C No.:	<input style="width: 98%; height: 15px;" type="text"/>	Routing No.:	To be filled by IDLC AML							
DDI Amount :	<input style="width: 98%; height: 15px;" type="text"/>	DDI Start Date:	<input style="width: 98%; height: 15px;" type="text"/>	DDI End Date:	<input style="width: 98%; height: 15px;" type="text"/>					
Contact No.:	As per bank record	Registration No.:	<input style="width: 98%; height: 15px;" type="text"/>	Date:	DD / MM / YYYY					
Collection Account Name:	To be filled by IDLC AML	Collection Bank:	To be filled by IDLC AML	Collection A/C No.:	To be filled by IDLC AML					

Auto Debit Authorization For Insurance Premium Collection

(Not Applicable For IDLC Asset Management Shariah Fund)

Account Name:	<input style="width: 100%; height: 15px;" type="text"/>									
Bank:	<input style="width: 98%; height: 15px;" type="text"/>	Branch:	<input style="width: 98%; height: 15px;" type="text"/>							
A/C No.:	<input style="width: 98%; height: 15px;" type="text"/>	Routing No.:	To be filled by IDLC AML							
DDI Amount :	<input style="width: 98%; height: 15px;" type="text"/>	DDI Start Date:	<input style="width: 98%; height: 15px;" type="text"/>	DDI End Date:	<input style="width: 98%; height: 15px;" type="text"/>					
Contact No.:	As per bank record	Registration No.:	<input style="width: 98%; height: 15px;" type="text"/>	Date:	DD / MM / YYYY					
Collection Account Name:	To be filled by IDLC AML	Collection Bank:	To be filled by IDLC AML	Collection A/C No.:	To be filled by IDLC AML					

Auto Debit Authorization For BO Account Related Charges

Account Name:	<input style="width: 100%; height: 15px;" type="text"/>									
Bank:	<input style="width: 98%; height: 15px;" type="text"/>	Branch:	<input style="width: 98%; height: 15px;" type="text"/>							
A/C No.:	<input style="width: 98%; height: 15px;" type="text"/>	Routing No.:	To be filled by IDLC AML							
DDI Amount :	<input style="width: 98%; height: 15px;" type="text"/>	DDI Start Date:	<input style="width: 98%; height: 15px;" type="text"/>	DDI End Date:	<input style="width: 98%; height: 15px;" type="text"/>					
Contact No.:	As per bank record	Registration No.:	<input style="width: 98%; height: 15px;" type="text"/>	Date:	DD / MM / YYYY					
Collection Account Name:	To be filled by IDLC AML	Collection Bank:	To be filled by IDLC AML	Collection A/C No.:	To be filled by IDLC AML					

I/we, maintaining an account with the above mentioned bank, hereby would like to inform you that I/we have authorized IDLC Mutual Fund and IDLC Asset Management Limited (if applicable) to debit my / our account through BEFTN by an amount not exceeding the above mentioned amount. The BEFTN debit transaction will be initiated by the designated Bank at the instruction of IDLC Mutual Fund managed by IDLC Asset Management Limited. The account shall be debited on monthly / yearly basis (whichever is applicable) and the instruction shall be valid from the debit start date to debit end date as mentioned above. This is for your kind information and support in this regard.

I have read and understood the "Terms and Conditions of Payment through BEFTN Auto-Debit" payment process which may be altered, modified and replaced from time to time by IDLC AML as per regulatory requirements.

Signatures:

✓

Principal Applicant
As per bank account

✓✓

Joint Applicant
As per bank account

Date of Application:

TERMS AND CONDITIONS FOR PAYMENT THROUGH BEFTN AUTO-DEBIT

Transactions under this Authorization will be subject to the BEFTN operating rules of Bangladesh Bank. All the BEFTN guidelines from Bangladesh Bank will be imposed on executing the above instruction, as applicable from time to time. IDLC AML contains all the rights to change / modify / amend the terms and conditions. The guidelines of Bangladesh Bank regarding BEFTN shall govern the following terms and conditions:

1. BEFTN Debit Facility for Installment payment can be availed after the SIP is accepted and is in force. Payments other than Installment or arrears of Installment (due on the previous month) should be paid via cheque / bank draft / pay order / online transfer; it cannot be paid through BEFTN debit.
2. This Authorization Form must reach IDLC AML at least 5 (five) working days before the date on which it is to be activated. If the payments instruction date falls on a weekend or a public holiday, the same will be effective on the next working day.
3. This instruction shall stay fully in force and result till otherwise suggested in writing by the account-holder and such endorsement should be communicated to and received by a minimum of 5 (five) working days before next installment payment is due. Any such amendment / cancellation will not release the investor from liability to the Bank arising on account of the bank having executed the instruction before receipt of such amendments/cancellation.
4. Investor should ensure that sufficient funds are available in the bank account at the time of debit date and this authorization is not dishonored. Sometimes it is possible that due to some technical or other reason, installment is not debited on the debit date and is delayed for few days. Please ensure the availability of fund for at least 5 (five) working days after debit date to avoid dishonors. IDLC Mutual Fund will not be responsible for any dishonors raised by the bank and any dispute regarding same should be taken up with the bank only.
5. In case this Authorization is dishonored by the bank, installment for the due date(s) of the dishonored BEFTN debit for the previous month has to be paid in Cheque / Pay Order / Demand Draft / Online Fund Transfer by the investor. Any issue regarding dishonor of his authorization is to be taken up with the bank only.
6. Any queries, questions, comments etc. with regards to IDLC Mutual Fund and payment amount will have to be raised to IDLC Mutual Fund and payments to the bank with regard to the settlement of amounts paid in this regard are committed and not deferrable for any reason whatsoever. The transaction appearing on the account statement will be the proof of payment.
7. Under this instruction, the investor cannot dispute regarding the payment to IDLC Mutual Fund debited from his/her bank account. If any excess or less than the correct amount is debited, the investor will have to contact IDLC AML for clarification. Any type of refund from IDLC Mutual Fund on account of this instruction will be settled by IDLC Mutual Fund to its investor.
8. No SIP installment receipt will be issued by IDLC Mutual Fund for BEFTN debit payments. An annual statement or certificate of SIP payments, as applicable, may be obtained from IDLC AML upon written request of the investor.

Enrolment Date:

Applicant's Details

Account Holder Name:

Date of Birth: NID No.: Gender: Male Female

Address:

Email ID: Contact No.: Occupation:

Account Opening Date: Maturity Date: Height: Weight:

Mutual Fund: Registration No.:

Insurance Benefit (Based on Monthly Deposit in the Account and SIP Term)

Monthly SIP Amount in BDT (D)	SIP Tenure in Months (T)	Total Insurance Coverage in BDT (Sum Assured = D X T)
<input type="text" value="To be filled by IDLC AML"/>	<input type="text" value="To be filled by IDLC AML"/>	<input type="text" value="To be filled by IDLC AML"/>

DECLARATION OF GOOD HEALTH		YES	NO
1)	Have you currently taking any medical treatment/sufferings from any diseases/taking any medication? If 'Yes' State Here: Since When and for which condition? Also, write your medication/treatment		
2)	Do you Smoke more than 15 Cigarettes/day or 15 gm Pipe Tobacco/day?		
3)	Do you Consume Alcohol regularly?		
4)	Do you have Hypertension/High Blood Pressure ?		
5)	Do you have High Cholesterol ?		
6)	Do you have Chronic Respiratory Conditions [including Asthma, Chronic Cough, Bronchitis, Bloody Sputum, Tuberculosis, Chronic Obstructive Pulmonary Disease, COPD etc.]?		
7)	Do you have Diabetes ?		
8)	Do you have any type of Heart/Cardiovascular Diseases ?		
9)	Do you have Chronic Kidney Diseases ?		
10)	Do you have Liver Diseases [Hepatitis, Fatty liver, Cirrhosis, Chronic liver disease etc.]?		
11)	Do you have Cancer ?		
12)	Do you currently have Genito-urinary disorders related to Prostate, Urinary system, Albumin or Blood in the Urine, Sexually Transmitted Diseases [HIV, Gonorrhoea, Syphilis etc.]?		
13)	Do you have Mental or Nervous Disorders ?		
14)	Do you have any Physical Disability or any other disorder of the Bones, Spine or Muscle?		
15)	Have you requiring Hospitalization for more than 07 consecutive days for any Sickness in last Two Years?		
16)	Have you ever been tested positive for Viral Diseases, in particular for Hepatitis B and C or the Human Immunodeficiency Virus [HIV/AIDS]?		
17)	Do you have Diseases of the senses: Eye and Ear disorders including myopia, glaucoma, retinal detachment, blindness, vertigo, deafness, etc.		
18)	Have any of your Family Members [Parents/Siblings] suffered from: Tuberculosis, Diabetes, Cancer, High Blood Pressure, Heart or Kidney Disease, Psychiatric Illness [including Suicide]?		
19)	Do you currently have any Other diseases non quoted here-above?		
For Female Life Only:			
20)	Are you Pregnant at present which period is at least 06 [Six] months or Over?		
21)	Have you ever suffered any complications of Pregnancy?		
22)	Have you ever had any disease of Breast, Uterus, Cervix, Ovaries, or any other part of Reproductive System?		
For any 'YES' answer, write briefly here with mentioning the Question No:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Please note, Guardian Life may request medical tests/examinations in particular if there is a "YES" answer above or any anomalies are noticed.

SUPPLEMENTARY QUESTIONNAIRE FOR COVID-19		YES	NO
1)	Within the last 30 days have you been in direct/ close contact with someone who's been Confirmed [POSITIVE] or Suspected to have Novel Coronavirus/COVID-19?		
2)	Have you tested Positive for Novel Coronavirus/COVID-19?		
3)	Within the last 30 days have you experienced symptoms of a new or unexplained continuous Cough, a High Temperature or Fever, Breathing Difficulties , or any other Symptoms of Novel Coronavirus/COVID-19?		
4)	Within the last 30 days have you been self-isolating due to symptoms of Novel Coronavirus/COVID-19?		
5)	Within the last 30 days returning to Bangladesh after any Overseas Travel, have you been advised for Self-isolation ?		

Please note, Guardian Life may request medical tests/examinations in particular if there is a "YES" answer above or any anomalies are noticed.

Beneficiary Information

Beneficiary 1	Percentage	Name of Beneficiary	NID / Passport / Birth Certificate No.	Relationship with Applicant
Legal Guardian 1		Name of Legal Guardian	NID / Passport / Birth Certificate No.	Relationship with Beneficiary
Beneficiary 2	Percentage	Name of Beneficiary	NID / Passport / Birth Certificate No.	Relationship with Applicant
Legal Guardian 2		Name of Legal Guardian	NID / Passport / Birth Certificate No.	Relationship with Beneficiary

TERMS & CONDITIONS

Age:	Entry age-minimum 18 years to maximum 55 years; if the earlier date of birth passed 180-days from the date of enrolment than the next age shall be considered. Insurance cessation age is 60 years.
Insured:	Only the primary accountholder will be cover in the case of a joint account.
Benefit:	SIP Sum i.e. Monthly SIP Size X SIP Tenure in Months
Coverage:	Death due to any cause or Total Permanent Disability due to accident. The account holder shall remain under coverage on a monthly renewal basis. If the insured accountholder avail of the maximum available benefit in one SIP Registration Number, he/she shall not be eligible for insurance benefit in another account as the maximum benefit limit has already been reached. The sum assured is considered as yearly coverage. Any claim amount shall be settled after deducting the remaining full-year premium.
Non-Medical Limit:	SIP Sum up to BDT 35 Lac and applicant aged 45 years or SIP Sum up to BDT 20 Lac and applicant aged 55 years. Proposed insureds whose SIP Sum is above the non-medical limit and refuses to conduct medical tests and examinations shall be covered only up to the non-medical limit.
Lapse/Termination of Coverage:	In case the premium payment is discontinued in a month the coverage shall be terminated. The insurer reserves the right to terminate the insurance facility of the concerning SIP account holder on the ground of nonpayment of insurance premium. If, however, the insurer receives all previous due premium collectively on the 2nd month but no further, it will re-instate the insurance facility for the specified SIP account holder.
COVID-19:	There shall be a deferral period of 30-days from the date of enrolment. The insurance benefit shall not be applicable if death or infection due to COVID-19 occurs within the deferral period. If the answer from COVID-19 related question no. 2 is affirmative, the prospective customer shall need to submit the diagnosis report of the "NEGATIVE" test result.
Medical Test & Examination Bills:	Required all medical test and examination bills shall be directly reimbursed to the client after receiving his/her premium.
Alteration of Monthly SIP Size:	The SIP accountholder is eligible to alter the monthly SIP size twice during the whole tenure. After the monthly SIP size is topped up or down if the SIP Sum increases the SIP accountholder shall provide required medical [if above nonmedical limit] underwriting evidence.
Others:	Insurer / Underwriter will have the right to ask for any additional test or previous medical history to ascertain the risk profile of the Applicant. Upon examination of the PHS and / or Medical investigation reports, if the risk associated with any life increases, then a higher premium rate will be applicable to such cases based on the degree of increased mortality/morbidity risk as ascertained by GLIL.

EXCLUSIONS

Any Death caused by or resulting, directly or indirectly, wholly or partly, from any of the following factors will not be covered by this insurance:
[a] All the pre-existing disease-related death shall be rejected within the First 3 [Three] months of enrolment. This exclusion is exempted for the existing enrolled clients as per provision no. 14.
[b] Any concealment of the prior medical illness as given in the form will be considered for exclusion. The proof will be given from the insurer if the concealment is established;
[c] AIDS and HIV related diseases;
[d] Voluntary abuse of Alcohol or Drugs or alcohol intoxication;
[e] War, Riots, Civil commotion, Murder etc;
[f] Self-inflicted Injury or Suicide or any attempted suicide;
[g] Illegal act or criminal activity;
[h] Driving a vehicle/vessel without a valid driving license;
[i] Participation in competitions, races, contests, matches in land, air or sea; mountain climbing, potholing, paragliding, bungee jumping, parachuting or scuba diving;
[j] Flying in an aircraft or device for aerial navigation except as a fare-paying passenger on a certified passenger aircraft provided by a commercial airline and operated by a properly certified pilot flying between duly established and maintained airports.

REQUIRED DOCUMENTS FOR CLAIM

For all Claims:	For Death:	For Death due to COVID-19:
[a] Forwarding letter as notification of death by IDLC AML	[a] Death Certificate from Hospital / Union Parishad / Pourashabha / City Corporation	[a] COVID-19 positive diagnosis report
[b] Insurance Enrolment Application Form by IDLC AML	[b] Burial/Cremation Certificate	[b] Death certificate from Hospital / Union Parishad / Pourashabha / City Corporation mentioning the cause of death as COVID-19
[c] Copy of deceased accountholder's NID	[c] Previous Medical Record, including but not limited to, prescription, investigation report, discharge paper [if required by Insurer]	[c] Burial/Cremation certificate
[d] Copy of Beneficiary's NID		
[e] Copy of legal guardian's NID [if required]		
For Death due to accident:	For Total Permanent Disability due to Accident:	
[a] Death Certificate from Hospital / Union Parishad / Pourashabha / City Corporation	[a] Permanent total disability / disablement related documents from hospital authority such as medication details, prescription details and, discharge certificate	
[b] F.I.R. lodged with the respective Police Station	[b] Permanent total disability / disablement details certificate from Doctor mentioning full details of the accident and supporting medical evidence	
[c] Post mortem report or magistrate's permission to conduct burial without post-mortem	[c] Photo of disablement	
[d] Burial/Cremation certificate		

DECLARATION

I understand the importance of disclosing all material information and hereby declare and agreed that all answers given to all questions are to the best of my knowledge and belief, complete and true and that I have not withheld any material facts and/or relevant information, and that I have read and understood the information given overleaf. I agree that this application shall be the basis of this insurance.
I further understand, am fully aware of, and do accept that I am not covered for death resulting directly or indirectly from [i] a pre-existing condition [sickness or injury] for which I have had consultation; or [ii] received prior treatment; or [iii] which would have caused a prudent person to seek medical advice during the first 3 [Three] months following the date of enrolment [applicable only to SIP accountholders who have opened a SIP account after July 01, 2021]. I also understand that failure to disclose facts that affect the assessment of risk by the insurance company would invalidate insurance claim.
I hereby authorize any doctor or other practitioner and any hospital or sanatorium to give the Guardian Life any information it requests about me with reference to any treatments, examinations, advice or hospitalization.

Proposed Insured's Signature
Name:
Date:

Authorized Officer Seal & Signature
Date:

SURRENDER / REPURCHASE FORM

Asset Manager: IDLC Asset Management Limited (IDLC AML)

Application Form to Surrender Units

(Please read the "Terms & Conditions" carefully)



For Office Use Only

1. Registration No.:	<input type="text"/>	4. Surrender No.:	<input type="text"/>
2. Selling Agent's Name:	<input type="text"/>	5. CED Executive's Name:	<input type="text"/>
3. Selling Agent's Signature:	<input type="text"/>	6. Ops. Executive's Name:	<input type="text"/>

Fund Name: IDLC Balanced Fund IDLC Growth Fund IDLC Asset Management Shariah Fund IDLC Income Fund

Investor's Name:

Contact No. : Date:

My / our surrender request is summarized below:

Sl.No.	Fund Name	Number of Units Held	No. of Units to be Surrendered	Surrender / Repurchase Price (BDT/Unit)	Total Surrender Value (BDT)

I/We confirmed that I/We have received the Acknowledgement Slip against my/our surrender request in IDLC Mutual Fund and agree that I/We will abide by "Terms & Conditions", which may be altered, replaced and modified from time to time by IDLC Asset Management Limited.

✓
Principal Applicant's Signature

✓✓
Joint Applicant's Signature

Nominee's Signature

For IDLC AML Office Use Only:

Customer Experience Department:

Checked and Verified : Signature: Date:

Operations Department:

Checked and Verified : Signature: Date:

ACKNOWLEDGEMENT SLIP

Received the Confirmation of Unit Allocation for surrender/partial surrender as mentioned below:

Fund Name: IDLC Balanced Fund IDLC Growth Fund IDLC Asset Management Shariah Fund IDLC Income Fund

Registration No.:

Holding Quantity: Surrender Quantity: Surrender Price: Surrender Amount: Surrender Date:

Issuing Officer's Seal & Signature
Date:

Surrender No.:

Authorized Person's Signature & Name
Designation:

IDLC Asset Management Limited

Symphony (4th Floor)
Plot No. SE (F) 09, Road No. 142
Gulshan Avenue, Dhaka-1212

Contact Center: 16409, Fax: 02-9896142,
E-mail: idlcaml@idlc.com
Website: aml.idlc.com [Digital Platform: aml.idlc.com/login](https://digitalplatform.idlc.com/login)

TERMS & CONDITIONS

1. The units of IDLC Blanced Fund/IDLC Growth Fund/IDLC Asset Management Shariah Fund/IDLC Income Fund, may be bought through IDLC Asset Management Limited and authorized selling agents appointed by IDLC AML from time to time.
2. Unit may be surrendered on all working days of the week except Thursday and during the book closure period/record date of the fund.
3. Partial surrender is allowed without any additional cost subject to minimum surrender quantity-
A. For SIP Individual : 100 Units B. For SIP Institution: 1000 Units C. For Non-SIP Individual: 500 Units D. For Non-SIP Institution: 5000 Units
4. Exit Load: (Tenure for implementing Exit Load will be calculated from 1st SIP Installment Date)
IDLC Balanced Fund / IDLC Growth Fund / IDLC Asset Management Shariah Fund:
3% of the "Investor's Sale Price" if surrendered before 90 calendar days of purchasing units
IDLC Income Fund:
2.0% of the "Investor's Sale Price" if surrendered before 90 calendar days of purchasing units
1.5% of the "Investor's Sale Price" if surrendered from 90 to less than 180 calendar days of purchasing unit
1.0% of the "Investor's Sale Price" if surrendered from 180 to less than 360 calendar days of purchasing units
The Asset Management Company may change the Exit Load of any mutual fund in the future which will be updated in the Company's website.
5. After verification of authenticity of surrender form (In DP40 Report), BEFTN will be made in favor of unit holder within maximum 2 (two) working days.

Transfer Request Form
Bye Law 11.4.1
Please fill in all the details in CAPITAL letters

Application No.

Date
D D M M Y Y Y Y

ISIN

Name of Company

Transferor Details

Name of DP

DP ID

Name of Account Holder

BO ID

Quantity to be transferred

Transferee Details

Name of DP

DP ID

Name of Account Holder

BO ID

To be Filled in Only in Case of Transfer with Change of Ownership

Reason for Transfer

Securities and Exchange Commission (SEC) Approval Date

D D M M Y Y Y Y

Name of Account Holder/s	Signature/s
	✓

.....
Name

.....
Designation

.....
Signature

CDBL
Participant Seal

TERMS & CONDITIONS

1. Minimum SIP amount:
 - For Individual Investor: BDT 5,000 or any multiple of BDT 1,000 for above BDT 5,000.
 - For Institutional investor: BDT 10,000 or any multiple of BDT 10,000.
 The maximum amount of individual SIP installment is BDT 10,00,000 per registration.
2. After maturity, the investor may –
 - i. Continue the SIP account for another tenure
 - ii. Keep the matured amount as Non-SIP investment
 - iii. Transfer the matured amount to the designated bank account of the investor.
3. For renewal of SIP account, the investor has to submit another "Auto Debit Instruction Form" having validity for another specific period.
4. There will be no minimum lot size under SIP account. Any remaining fraction amount will be converted when it sums up to one unit.
5. SIP Installment amount will be debited on the 1st/12th of each month. If 1st/12th of any month is a weekend / holiday, then installment amount will be debited on the next working day. Insurance premium (if any) will be collected in the same procedure as SIP installment.
6. The default of 6 (six) consecutive SIP installments will result in discontinuation of SIP account. The default of 2 (two) consecutive installments will result in discontinuation of Insurance Coverage (if any).
7. Request for change in bank account information or SIP discontinuation request should be submitted to the Asset Manager at least 05 (five) working days before the next SIP installment date.
8. The application may be made by an individual (both resident and non-resident), other eligible investors (both local and foreign), a trust or a society (registered in or outside of Bangladesh) and not by a minor or person of unsound mind.
9. The units of IDLC Mutual Funds may be bought & surrendered through IDLC Asset Management Limited and / or any authorized selling agents appointed by IDLC AML from time to time.
10. Joint application is acceptable by two persons for individual investment. Registration and Unit allocation will be in favour of principal applicant while dividend and other benefits (if any) will be addressed to the bank account of the principal applicant as mentioned in the application form. In case of death of any of the joint investor, only the survivor shall be recognized as having any title of the Units. On the death of both the joint investors, the Units will bestow upon the nominee as mentioned in the application form.
11. All payment receipts in connection with or arising out of transactions of the Units shall be in Bangladeshi Taka (BDT).
12. Surrender of Units should be done by transferring units from the unit-holder's BO account to Mutual Fund's designated BO account. The DP40 report need to be submitted to the asset manager for confirming the surrender of units.
13. Partial surrender is allowed subject to minimum surrender quantity as 100 (one hundred) units for individuals and 1,000 (one thousand) units for institutions. Upon partial surrender, a new Confirmation of Unit Allocation will be issued in favour of the investor representing the balance amount of holding units.
14. After clearance/pulling of DDI (Direct Debit Instruction), the units will be allocated in favour of the principal applicant against every purchase with a denomination of the number of units proportionate to the prevailing Purchase Price of the week. The units will be credited to the investor's BO Account in demat form.
15. The Units may be transferred by way of inheritance/gift and/or by the specific operation of the law. In case of transfer, the mutual fund may charge a nominal fee as decided by the Asset Manager from time to time except in the case of transfer by way of inheritance.
16. The dividend may be delivered either in cash or by way of Units under Cumulative Investment Plan (CIP) as mentioned in the application form.
17. In case of return of SIP installment by the investor's bank, Asset Manager will pull the same amount on 8th/15th/22nd/29th of the same month.
18. Exit Load: (Tenure for implementing Exit Load will be calculated from 1st SIP Installment Date)

IDLC Balanced Fund / IDLC Growth Fund / IDLC Asset Management Shariah Fund:

3% of the "Investor's Sale Price" if surrendered before 90 calendar days of purchasing units

IDLC Income Fund:

2.0% of the "Investor's Sale Price" if surrendered before 90 calendar days of purchasing units

1.5% of the "Investor's Sale Price" if surrendered from 90 to less than 180 calendar days of purchasing unit

1.0% of the "Investor's Sale Price" if surrendered from 180 to less than 360 calendar days of purchasing units

The Asset Management Company may change the Exit Load of any mutual fund in the future which will be updated in the Company's website.

19. For IDLC Asset Management Shariah Fund, the underlying Shariah Contract between investors and IDLC Asset Management Limited (IDLC AML) is Wakalah (Wakalah Bil Istithmar). As the Asset Manager, IDLC AML will manage the investment of IDLC Asset Management Shariah Fund on behalf of the investors as their "Wakil" (representative) against a fixed fee as per Bangladesh Securities & Exchange Commission (Mutual Fund) Rules, 2001.
20. Required Document:

<input type="checkbox"/> NID / Passport / Birth Certificate (Applicant, Nominee & Guardian)	<input type="checkbox"/> 12 Digit E-TIN Certificate (Applicant)
<input type="checkbox"/> Passport Size Color Photograph (Applicant, Nominee & Guardian)	<input type="checkbox"/> Photocopy of a Blank Cheque Leaf / Bank Statement

PROOF OF RECEIPT

Fund Name: IDLC Balanced Fund IDLC Growth Fund IDLC Asset Management Shariah Fund IDLC Income Fund

I / We would like to meet my / our following financial goals (✓):

Dream Home Children's Education Children's Marriage Retirement Others: _____ By year: _____

1st SIP installment: Cheque BEFTN DDI

Certified that this selling agent has received an amount of BDT _____ (in words _____)

having Cheque / P.O. / D.D. No.: _____ Bank: _____ Branch: _____ from Mr. / Mrs. / Ms. _____

and Mr. / Mrs. / Ms. _____ as the 1st SIP installment in IDLC Mutual Fund.

SIP Inception Date: SIP Installment (BDT / Month): Tenure:

Insurance Coverage: Yes No If yes, Insurance Coverage Amount (BDT): Insurance Premium (BDT / Month): BO Account Opening fee (BDT):

Dividend Option: Cash CIP (in the form of units) SIP Installment Date: 1st 12th Promo Code :

Auto renewal option: Yes No If No, then matured amount will: Remain as investment Be transferred to bank account Mode of Operation: Principal Both Either

Selling Agent's Signature & ID: _____

Conversion Agent's Signature & ID: _____

FUNDAMENTALS OF MUTUAL FUNDS

I / We understand and am/are aware of the following basic points about mutual fund investment:

আমি / আমরা মিউচুয়াল ফান্ড সম্পর্কিত নিম্নোক্ত বিষয়গুলো সম্বন্ধে অবগত -

Mutual Fund is a long-term wealth accumulation tool.

মিউচুয়াল ফান্ড একটি দীর্ঘ মেয়াদী সম্পদ বৃদ্ধিকারী মাধ্যম।

The longer an investor stays with a mutual fund, the greater benefit s/he is expected to derive.

একজন বিনিয়োগকারী যত বেশি সময় মিউচুয়াল ফান্ডে টাকা রাখেন, তত বেশি লাভের সম্ভাবনা থাকে।

A mutual fund does not give return at fixed rate.

মিউচুয়াল ফান্ড কোন নির্দিষ্ট হারে মুনাফা প্রদান করে না।

In short term, upward/downward movements of the Net Asset Value (NAV) of mutual fund is a natural phenomenon of investment.

স্বল্পমেয়াদে মিউচুয়াল ফান্ড ব্যবস্থাপনায় Net Asset Value এর উর্ধ্বমুখী / নিম্নমুখী পরিবর্তন একটি স্বাভাবিক প্রবণতা।

By regulation, investments of mutual fund are done in diverse assets and as a result, investment risks are mitigated.

মিউচুয়াল ফান্ড ব্যবস্থাপনার আইন অনুযায়ী ফান্ডের অর্থ ভিন্ন ভিন্ন খাতে বিনিয়োগ করতে হয় এবং এতে বিনিয়োগ ঝুঁকি হ্রাস পায়।

Tax Advantages* for the individual investors:

ব্যক্তিগত বিনিয়োগকারীদের জন্য কর সুবিধা*-

- No tax will be applicable against income from Mutual Fund up to BDT 25,000.

মিউচুয়াল ফান্ড থেকে ২৫,০০০ টাকা পর্যন্ত আয়ের উপর কোনো কর প্রযোজ্য নয়।

- Full investment amount is an allowable investment for tax rebate

সম্পূর্ণ বিনিয়োগ কর ছাড়ের জন্য (Tax Rebate) একটি বিধি সঙ্গত বিনিয়োগ।

* According to Income Tax Ordinance, 1984 and as provisioned in Budget for FY 2021 -2022. This is subject to change as provisions of prevalent budget.

*আয়কর অধ্যাদেশ, ১৯৮৪ এবং ২০২১-২০২২ অর্থ বছরের বাজেটের বিধান অনুযায়ী। প্রচলিত বাজেট অনুযায়ী পরিবর্তনযোগ্য।

OPERATION FLOWCHART

