

# REQUEST FOR CHANGE IN MUTUAL FUND DISTRIBUTOR CODE (MFD) ARN / REGISTERED INVESTMENT ADVISOR (RIA) CODE

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in

To,  
The Wealth Company Mutual Fund

I, we hereby give my/our consent to update/change the Mutual Fund Distributor Code(MFD) /RIA code in respect of my/our investments in following folio number/s and schemes of v Mutual fund mentioned below:

Broker code change to be made (Please Tick✓)     Folio Level     Scheme Level

Folio No	Scheme Name / Plan / Option / Sub Option
	The Wealth Company

Old MFD ARN / RIA Details		New MFD ARN / RIA Details		New Sub - MFD ARN		NEW Employee Unique Identification No. (EUN)	
MFD ARN / RIA Code	MFD ARN / RIA Name	MFD ARN / RIA Code	MFD ARN / RIA Name	Sub - MFD ARN	Sub - MFD ARN Name	EUN	

**NOTE-ARN TO DIRECT OR VICE-VERSA IS NOT APPLICABLE**

I/we are having investments with ----- Mutual Fund vide folio/s mentioned above, want to change the MFD ARN code in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.

**DECLARATION & SIGNATURES (TO BE SIGNED AS PER THE EXISTING MODE OF HOLDING)**

Investor Details	1st Holder	2nd Holder	3rd Holder
Name			
Signature			

**DECLARATION BY MFD (NEW ARN/EUIN HOLDER)**

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN Details		Sub- Dist ARN Details		EUIN Details		Signature of ARN/ EUIN Holder(Mandatory) <small>(Name, Designation, Emp Code of new Distributor - if non individual)</small>
New ARN (Mandatory)	ARN Name (Mandatory)	Sub- Dist ARN (If Applicable)	Sub- Dist Name	EUIN No (Mandatory)	EUIN Name (Mandatory)	

Date 

D	D	M	M	Y	Y	Y	Y
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 Place

**NOTE-ARN TO DIRECT OR VICE-VERSA IS NOT APPLICABLE**

1. All fields are mandatory.
2. ARN to RIA / ARN to Direct or vice-versa is not applicable
3. In case of corrections / overwriting on key fields (as may be determined at the sole discretion of the AMC), the AMC reserves the right to reject the request, in case the investor(s) has/have not countersigned in every place where such corrections/overwriting has/have been made.
4. Wherever no schemes are specified, the MFD code/ RIA code change/update will be processed for all schemes in the given folio.

**[ACKNOWLEDGEMENT COPY (TO BE FILLED BY INVESTOR)]**

Folio Number

Date 

D	D	M	M	Y	Y	Y	Y
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Received from Mr./Ms./Mrs.

Stamp & Signature