

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-			

EUIN Declaration: I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction.
 RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA.
 Units will be allotted for the amount minus the transaction charges payable to distributor, if applicable.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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UNITHOLDER'S DETAILS

FOLIO No.

Sole/First Applicant (Mr./Ms.): FIRST NAME MIDDLE NAME LAST NAME

DETAILS OF SIP INVESTMENT

Scheme Name & Plan: Option/Sub-Option:

Cheque No: Date: Drawn on Bank:

Each SIP amount: ₹ SIP Frequency (✓) Weekly (Mention Day) Fortnightly (1st or 16th as applicable) Monthly (Any Date) Quarterly (Any Date) (Default - 10th)

SIP Date SIP Start Month/Year: SIP End Month/Year

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): Half Yearly Yearly (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly.)
 (If TOP-UP frequency is not selected, then the default option will be Yearly.)

Variable SIP TOP-UP: 10% 15% 20% other (multiples of 5% only)

Fixed SIP TOP-UP Amount (Rs.): Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs. 100/- only.)

SIP TOP-UP Start Month/Year: SIP Top Up End Month/Year

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/Cancelled delivery instruction slip that you may have received from your Depository.

NSDL DP Name DP ID Beneficiary Account No.

CDSL DP Name Beneficiary Account No.

Signature(s) as per Helios Mutual Fund Records (Mandatory)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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ONE TIME BANK MANDATE (NACH/OTM/Direct Debit Mandate Form)

UMRN FOR OFFICE USE ONLY Date

Tick (✓) CREATE MODIFY CANCEL

Sponsor Bank Code Utility Code

I/We hereby authorize **HELIOS MUTUAL FUND** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers Bank IFSC or MICR

an amount of Rupees Amount in words ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN Phone No.

Reference Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD

From To

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

As per Mandate circular dated 18th August 2023, mandate can be for maximum duration of 30 years from date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM

Name of the Investor: **FOLIO No.**

Scheme Name, Plan & Option: SIP Amount: ₹

Fixed SIP Top-Up Amount: ₹ Top-Up Frequency (✓): Weekly Fortnightly Monthly Quarterly

Variable SIP TOP-UP: 10% 15% 20% other (multiples of 5% only)

SYSTEMATIC TRANSFER PLAN (STP) FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-			
<p>EUI Declaration: I/We hereby confirm that the EUI box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction.</p> <p>RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA.</p> <p>Units will be allotted for the amount minus the transaction charges payable to distributor, if applicable.</p>			
Signature of Sole/First Applicant/Guardian		Signature of Second Applicant	Signature of Third Applicant

EXISTING UNIT HOLDER'S INFORMATION	
Folio No.	<input type="text"/>
Name	Sole/First Applicant
<input type="checkbox"/> New Registration: For enrollment under STP facility	<input type="checkbox"/> Cancellation: For cancellation of STP facility

SYSTEMATIC TRANSFER PLAN	
From Scheme	
To Scheme	
Amount (₹)	STP Date: <input type="text"/> <input type="text"/> (for Monthly and Quarterly Frequency)
Frequency	[Please tick any one] <input type="checkbox"/> Weekly (week day) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Tenure:	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"/> (minimum 6 STP transactions)

DECLARATION		
<p>I / We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/we hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. If the balance in my/our account does not cover the amount/units of redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.</p>		
Signature of Sole/First Applicant/Guardian		Signature of Second Applicant
		Signature of Third Applicant
To be signed by all applicants/Unitholders if mode of holding is "Joint".		

ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)			
From Scheme	<input type="checkbox"/> Registration <input type="checkbox"/> Cancellation		
To Scheme			
Folio No.	<input type="text"/>	Date	<input type="text"/>
Received from Mr. / Ms.			
STP Frequency	<input type="checkbox"/> Weekly (week day) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP Date: <input type="text"/> <input type="text"/>	

EXISTING UNIT HOLDER'S INFORMATION

Folio No.

Name Sole/First Applicant

New Registration: For enrollment under SWP facility

Cancellation: For cancellation of SWP facility

SYSTEMATIC WITHDRAWAL PLAN

Scheme Name Direct Plan Regular Plan

Option

Amount (₹) Amount (in words)

Frequency [Please tick any one] Weekly (week day) Monthly Quarterly

SWP Date: (for Monthly and Quarterly Frequency)

Tenure: From To

DECLARATION

I / We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I /We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund ('Fund') and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling /Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/up- dates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advance to me/us. I/we hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. If the balance in my/our account does not cover the amount/units of redemption request, I/we authorize you to send the entire such (lesser) balance to me/us.

Signature of Sole/First Applicant/Guardian

Signature of Second Applicant

Signature of Third Applicant

To be signed by all applicants/Unitholders if mode of holding is "Joint".

Terms & Conditions

SYSTEMATIC WITHDRAWAL PLAN (SWP)

This facility enables an investor to withdraw sums from their Unit accounts in the Scheme at periodic intervals through a one-time request. The withdrawals can be made as follows:

Frequency	Date of transfer	Helios Flexi Cap Fund		Helios Overnight Fund	
		Minimum amount of transfer	Minimum No. of instalments	Minimum amount of transfer	Minimum No. of instalments
Weekly	Any day (Monday to Friday)* (If no day is selected Monday will be the default day)	Rs. 1000 and in the multiples of 1	6 Instalments	Rs. 500 and in the multiples of 1	24
Monthly	Any date * (10th will be the default date)			Rs. 1000 and in the multiples of 1	12
Quarterly	Any date *(10th will be the default date)			Rs. 2000 and in the multiples of 1	6

- The withdrawals will commence from the start date mentioned by the investor in the SWP Application Form. The Units will be redeemed at the Applicable NAV of the respective dates on which such withdrawals are sought.
- The request for enrollment / processing of SWP will only be on a Business Day at the applicable NAV. In case during the term of SWP processing date falls on a non-Business Day, then such request will be processed on the next following Business Day's applicable NAV.
- The request for enrollment of SWP in the prescribed form should be received at any official point of acceptance / Investor service center at least 7 Business Days in advance before the execution / commencement date.
- The request for discontinuation of SWP in the prescribed form should be received at any official point of acceptance / Investor Service Center at least 7 Business Days in advance before the execution / commencement date. The provision for Minimum Application Amount will not be applicable under SWP Investments.
- A request for STP / SWP will be treated as a request for Redemption from/Subscription into the respective Option(s)/Plan(s) of the Scheme(s) as opted by the Investor, at the applicable NAV.

ACKNOWLEDGMENT SLIP (To be filled in by the Unit holder)

Scheme Name Registration Cancellation

Option

Folio No.

Date

Received from Mr. / Ms.

SWP Frequency Weekly (week day) Monthly Quarterly

SWP Date: