

## Transaction Form for Existing Investors

This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only

| se use this form in<br>externatic Transfer Plan                          | _  | chase Switch<br>Account Details                             | Redempti   | on System                            | atic Withdrawa                | al Plan (SWP)   | No. CT  |
|--|--|---|--|--------------------------------------|-------------------------------|---|---|
| roker Name & ARN co  | de / RIA code <sup>^</sup> Sub-brok  | er ARN code   | Sub code   | Branch                               | Code                          | EUIN  | For Office Use Only   |
| ARN-64   | 917  |   |  |                                      | E                             | 434563  |   |
| iser (RIA) the details<br>e hereby confirm that<br>interaction or advice | at by mentioning RIA code, I/W<br>of my/our transactions in the so<br>the EUIN box has been intention<br>by the employee/relationship is<br>e of in-appropriateness, if any,<br>ker. | schemes(s) of HSBC<br>nally left blank by manager/sales per | Mutual Fund<br>me/us as this tr<br>son of the abov | ansaction is exe<br>we distributor/s | cuted without<br>ub broker or | Authorised Signs<br>2nd applicant /<br>Authorised Signs | atory   |
| UNITHOLDER   | NFORMATION   |   |  |                                      |                               |   |   |
| Name of Sole/1st   | First Name   | Middle N  | ame  | Last Na                              | ame                           | Folio No.   |   |
| Unit Holder Date of Birth~‡  | D D M M Y Y Y  | Y   |  | a resident of U                      |                               | ✓) Yes  | No : (# Default)  |
| Date of Birtin   | Sole / First Unit Holder   | <u> </u>  | Guardian / PC                                      |                                      |                               | d Unit Holder   | Third Unit Holder   |
| PAN ** (Mandatory)   |  |   |  |                                      |                               |   |   |
| Proof enclosed (✓)   | PAN Card Copy  |   | PAN Card C   | ony                                  |                               | AN Card Copy  | PAN Card Copy   |
| KYC Identification   |  |   |  |                                      |                               |   |   |
| No. (KIN) ‡‡   |  | )   | 10 1: 101  |                                      |                               |   |   |
|  | PURCHASE (Please write S<br>me please issue cheque favourin  |   |  |                                      |                               |   | (See instruction on reve  |
|  | Scheme/Plan/Option/Sul   |   | Conceilor  |                                      | ınt (₹)                       | Payment Mode:   | Cheque DD RTGS N  |
| 1. HSBC Scl  | neme Name Plan   |   | Sub-Option   |                                      |                               | One Time Ma   | ndate (OTM) Electronic Transfer   |
| 2. HSBC Scl  | neme Name Plan   | Option/S  | Sub-Option   |                                      |                               |   | GS/NEFT Details:<br>RN/RTGS/NEFT No   |
| 3. HSBC Scl  | neme Name Plan   | Option/S  | Sub-Option   |                                      |                               | Instrument Date   | D   D   M   M   Y   Y   Y   Y   |
| Total Amount   | Amount in wo   | ords  |  | Amount                               | in Figures                    | DD Charges, if an                                       |   |
| Payment from: Bank   |  | 1 1 1 1   |  |                                      |                               |   | NRO NRE FCNR Others   |
| Drawn on: Bank & B   |  |   |  | A/C.                                 | Type: Cur                     | City  | NRO _ NRE _ FCNR _ Others   |
|  | T DETAILS (Please provide D) of your Depository Participant if   | •   |  |                                      | NSDL                          | CDSL  |   |
| Depository Participant   | 1  |   |  |                                      |                               | DP ID   I   N   |   |
|  |  |   |  |                                      |                               |   |   |
| Beneficiary Account N  | (Please write Scheme name / Pl   | lan / Ontion / Sub  | antion halom)                                      | 1 CWITC                              | <b>□</b> (Dlagge              | to Sohomo momo /  | Plan / Option / Sub-option below)   |
| Scheme HSBC  | `  | •   | option below)                                      | Switch From So                       | ,                             | nte Scheme name /                                       | rian / Option / Sub-option below)   |
| ПЗВС   | Plan / Option / Sub-Optio  |   |  | HSBC                                 |                               | neme Name   |   |
| All Units  |  |   |  |                                      |                               | Plan / Option / Su                                      | ıh-Ontion*  |
|  |  |   | OR   |                                      |                               |   |   |
| Amount (₹ in figure  | 8)   |   |  | All Units                            | that the Switch               | No. of Units  | in Units or in Amount and not in both)  |
| BANK DETAILS FO  | R THE ABOVE REDEMPTIO  | ON  |  | Amount (₹ ir                         |                               |   |   |
| #Bank A/C No.  |  |   |  | Switch-in To Sc                      | heme                          |   |   |
| A/c. Type: Cu  | rrent Savings NRO N  | RE FCNR C   | thers  | HSBC                                 | Sch                           | neme Name   |   |
| Bank Name  |  |   |  |                                      |                               | Plan / Option / Su                                      | ub-Option*  |
| account should be one of   | the registered bank account in the fo  | olio else by default the                                    | e redemption prod                                  | eeds will be credi                   | ted into the defa             | ult bank account. Also                                  | e redemption proceeds. Kindly note that this this cannot be treated as change of bank man |
| Note: In case Change of  | bank details request has been submi  | itted in last 10 days th                                    | en payment shall                                   | be done post com                     | oletion of coolin             | g period.   |   |
|  |  |   |  |                                      |                               |   |   |
| HSBC Mutual F  | und  |   | This Ack   |                                      |                               |   | be filled by the investor) nation provided on the form is considered                      |
| No.  |  | Scheme Name:  | HSRC   |                                      |                               |   |   |
| ived from: Name  |  | Scheme Ivame:   |  |                                      |                               |   | No. CT  |
|  |  |   | 1 1 1 1  |                                      |                               |   |   |
| Amount (Rs.)/ Units :  |  | Cheque No.(s  |  | Drawı                                | on                            |   |   |
| ` ′ _  | Switch Amount (Rs.)  | Cheque No.(s  |  | OR Drawi                             | n on                          | Uni   | its   |
| 1 Amount (Rs.)/ Units :  Redemption or Additional Purchase A             | ` ′ — —  | Cheque No.(s  |  |                                      | n on                          | Uni   |   |

investor.line@mutualfunds.hsbc.co.in

www.assetmanagement.hsbc.co.in

| 5 | SYSTEMATIC WITHDRAWAL PLAN (SWP)\$ (Please write Scheme name / I   | Plan / Option / Sub-option below)   | Registration Cancellation   |
|---|--|---|---|
|   | Scheme HSBC Scheme Name  | Plan / Opt  | ion/Sub-Option*   |
|   | SWP Frequency: Monthly (Default) Quarterly (10th) Half-Yearly Yearly Pe  | eriod of enrolment: From   M   M  | Y   Y   Y   Y   To   M   M   Y   Y   Y   Y  |
|   | Withdrawal Options: ☐ Fixed Amount ☐ Capital Appreciation¥ (1st Business Day of the more   | nth) (Redemption amount will equal a  | ppreciation)  |
|   | Withdrawal preference: Amount Rs. OR   | Units (Redemp   | tion amount will equal appreciation)  |
|   | Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.   | . 1/- thereafter or 1 unit or in multip   | les of 1 unit. All other Schemes - Rs. 500 and in   |
|   | SWP Date         1st         2nd         3rd         4th         5th         6th         7th         8th           16th         17th         18th         19th         20th         21st         22nd         23rd   |   | 11th  |
|   | \$ To be submitted 7 days prior to the SWP date in case of Registration ^^ Minimum 6 installme<br>The minimum amount required under the source scheme for registering SWP is ₹ 6,000. ¥ Available  | nts for Liquid and Overnight and 12 in<br>for Growth Plan only.   | nstallments for all Other Schemes for registrationn.  |
| 6 | SYSTEMATIC TRANSFER PLAN (STP)\$ (Please write Scheme Name / Plan  | n / Option / Sub-option below)  | Registration Cancellation   |
|   | Transfer From : Scheme   HSBC   Scheme Name   Tra  | nsfer To: Scheme HSBC   | Scheme Name   |
|   | Plan/Option/Sub-option * Plan  | /Option/Sub-option *  |   |
|   | STP Frequency:  Monthly (Default¶)  Daily^ Quarterly (10th)  Weekly^ Fortnightly  STI  | P Day:  | ☐ Tuesday ☐ Wednesday (Default^) ☐ Friday   |
|   | Transfer Options:  | nsfer Amount: Amount per insta  | alment Rs.  |
|   | (Min   | nimum Transfer Amount for Liquid<br>emes - Rs. 500)   | 1 & Overnight Schemes - Rs. 1,000. All other  |
|   | STP Date         1st         2nd         3rd         4th         5th         6th         7th         8th         9th           17th         18th         19th         20th         21st         22nd         23rd         24th         25th  |   | 2th   |
|   | \$ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase installments for all other Schemes for registration. The minimum amount required under the sou in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default da facility shall be available only under Fixed Amount Systematic Transfer Plan. If the day for W  | rce scheme for registering STP is ₹ te would be considered as 10th of 6   | 6,000. * Default Option Date may be applied every month/quarter. ^ Daily and Weekly STP   |
| 7 | DECLARATION AND SIGNATURES (In case of joint holding, signatures of all un   | nit holders are mandatory)  |   |
|   | Having read and understood the contents of the Scheme Information Document, Key Information Docum I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to ab documents of HSBC Mutual Fund. I/We hereby authorise HSBC Mutual Fund, the AMC and its Agents Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details pro conduct of business. I/We express my/our willingness to make payments referred above through particit reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service pro in my/our bank account. I/We have read and agreed to the terms and conditions for ECS/Direct Debit. funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNF | ide by the terms, conditions, rules and to disclose my/our details including in vided by me/us, or to disclose to suct pation in ECS/Direct Debit Facility. I viders or representatives responsible. I I/We confirm that I am/we are Non-R Account (Applicable to NRI). | regulations of the Scheme and the above mentioned vestment details to my/our bank(s)/HSBC Mutual hother service providers as deemed necessary for f the transaction is delayed or not effected at all for /We will also inform the AMC, about any changes desidents of Indian Nationality/Origin and that the |
|   | I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amou or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable lav I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we sho the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been industrat the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or a Funds from amongst which the Scheme is being recommended to me/us.   | ws or Notifications issued by any gove<br>uld seek tax advice on the specific tax<br>ced by any rebate or gifts, directly or in   | ernmental or statutory authority from time to time. implications arising out of my/our participation in indirectly, in making this investment. I/We confirm   |
|   | SIGNATURE(S) (Signature should be in Black or Blue ink only)   |   |   |
|   | I/We confirm that I am/We are not United States person(s) under the laws of United States or resident( the AMC reserves the right to redeem my/our investments in the Scheme(s). We confirm that we have AMC if bearer shares or share warrants are issued subsequently.   | s) of Canada. Incase of change to this<br>not issued any bearer shares or share   | status, I/We shall notify the AMC, in which event warrants. We also confirm that we will inform the   |
|   | x x  |   | X   |
|   | Date   | Second Unitholder/PoA   | Third Unitholder/PoA  |
|   | Default ontions will be applied in cases where the information p   |   |   |

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

#### **INSTRUCTIONS**

GENERAL: ● If any alteration is made, then a countersign is mandatory. ● Investors should refer to the Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Scheme(s) carefully before filling the Application Form. ● Please refer to the Scheme Information Document, Statement of Additional Information for cut-off timings, available product features, add-ons and IDCW frequency, minimum additional purchase amounts etc., bank charges for Demand draft. The amount in words and figures on the cheque should not be in local languages. ● In case of multiple holders, the IDCW (if applicable) and redemption amount will be paid to the first holder. ● Additional Purchases - Cheque/DD must be drawn in the name of the Scheme as applicable

• In case of multiple noticers, the IDC w (If applicable) and redemption amount will be paid to the first holder. • Additional Purchases - Cheque/DD must be drawn in the name of the Scheme as applicable and crossed "Account payee only". Outstation cheques will not be accepted. • The AMC will not entertain any request for refund of demand draft charges. Outstation cheques/outstation demands draft will not be accepted. • Redemption amounts should not be less then minimum repurchase amounts.

• Guidance for other proofs: Identity card/document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks. • Payment for investment by means of Cheque, Demand Draft or any other mode shall be accepted from the bank account of the minor or from a joint account of the minor with the guardian only, else the transaction is liable to get rejected.

Section 1: \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). ‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be

required to fill the new CKYC form while investing with the Fund. ~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

Section 2: Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY: Please use the Multiple Bank Account Registration/Deletion Form.

Important Notes: If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption payout. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with us in the aforesaid folio. Please refer to SID/SAI for process of change of bank details along with/before redemption. Pursuant to SEBI Circular No. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 5, 2020, the nomenclature of 'Dividend Option' under all the schemes of HSBC Mutual Fund has been revised to 'Income Distribution cum Capital Withdrawal Option' (IDCW), w.e.f. April 1, 2021.



# **Common Form for Non-Financial Transactions**

Please fill in the information below legibly in English and in CAPITALS  $ARN\text{-}64917 \quad E434563$ 

**For Existing Unitholder(s)** holding units in physical mode, please read documentation required and Terms and Conditions overleaf.

| Custodian POA PMS  ^ E-mail - 1  | ORTANT:   |  |  |                                 |                                   |       |        |                    |               |         |               |           |                    |             |               |         |        |         |        |        |         |        |        |         |       |          |         |         |
|--|---|--|--|---------------------------------|-----------------------------------|-------|--------|--------------------|---------------|---------|---------------|-----------|--------------------|-------------|---------------|---------|--------|---------|--------|--------|---------|--------|--------|---------|-------|----------|---------|---------|
| Name Mr Ms Mrs  PAN AND KYC UPDATION (Proof of KRA / KYC to be enclosed)  PAN of Sole / First Applicant / Guardian   PAN of Second Applicant   PAN of Second Applicant   PAN of Second Applicant   PAN of POA Holder   PAN of POA HOLD   PAN of POA Holding (please tick V)   Anyone or Survivor   Joint Holding   PAN of POA HOLD   PAN of POA HOLD   PAN of POA HOLD   PAN of POA HOLD   PAN of POA Holding   PAN of POA HOLDING | UNIT HO   | DLDER  | INFO   | RMA                             | TION                              |       |        |                    |               |         |               |           |                    |             |               |         |        |         |        |        |         |        |        |         |       |          |         |         |
| PAN AND KYG UPDATION (Proof of KRA / KYC to be enclosed)  PAN of Socie / First Applicant / Guardian   PAN of Second Applicant   PAN of Second Applicant   PAN of POA Holder   PAN OF POA H | Folio No.   | 1.   |  |                                 |                                   |       |        |                    |               |         | 2.            |           |                    |             |               |         |        |         |        | 3.     |         |        |        |         |       |          |         |         |
| PAN of Sole / First Applicant / Guardian   PAN of Second Applicant   PAN of Third Applicant   PAN of Third Applicant   PAN of Third Applicant   PAN of POA Holder   PAN of PAN   PAN of POA Holder   PAN of PAN of PAN of PAN of PAN of POA Holder   PAN of PA | Name  | Mı   | Ms   | M/s                             |                                   |       |        |                    |               |         |               |           |                    |             |               |         |        |         |        |        |         |        |        |         |       |          |         |         |
| PAN of Third Applicant  Note: PAN card copy to be self attested and verified by AMC / distributor/ banker with seal of the branch, name, designation, employee code and sign of the person atte  CHANGE OF CONTACT DETAILS  Mobile No.    Tel, (Res/Offi,)   Dependant Office   Dependant Siblings   | PAN AN  | D KYO  | C UPD  | ATIO                            | N (P                              | roof  | of K   | RA/                | KYO           | C to l  | be en         | closed    | )                  |             |               |         |        |         |        |        |         |        |        |         |       |          |         |         |
| Note: PAN card copy to be self attested and verified by AMC / distributor/ banker with seal of the branch, name, designation, employee code and sign of the person atte  CHANGE OF CONTACT DETAILS  Mobile No.   | PAN of So   | ole / Fii                                    | st App   | icant                           | Guar                              | lian  |        |                    |               |         |               |           |                    |             |               | PAN o   | f Sec  | ond A   | Appli  | cant   |         |        |        |         |       |          |         |         |
| CHANGE OF CONTACT DETAILS  | PAN of T  | hird Ap                                      | plicant  |                                 |                                   |       |        |                    |               |         |               |           |                    |             |               | PAN o   | f PO   | A Hol   | lder   |        |         |        |        |         |       |          |         |         |
| Mobile No.   | Note: PA  | N card c                                     | opy to   | oe self                         | atteste                           | d and | l veri | fied by            | y AM          | C / d   | istribu       | itor/ bai | nker wit           | h seal      | of the        | branch, | nam    | e, desi | ignat  | ion,   | emplo   | oyee   | code   | and     | sign  | of the   | e pers  | on atte |
| Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS  Email D to be filled in CAPITAL LETTERS  Email belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS  Email D to be filled in CAPITAL LETTERS  Email belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS  Wes No AL/We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by ending the statutory of the statutory | CHANG   | E OF C                                       | ONT  | ACT I                           | DETA                              | LS    |        |                    |               |         |               |           |                    |             |               |         |        |         |        |        |         |        |        |         |       |          |         |         |
| Custodian POA PMS  Email ID to be filled in CAPITAL LETTERS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings  Custodian POA PMS  Email ID to be filled in CAPITAL LETTERS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings  Custodian POA PMS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings  Custodian POA PMS  Yes No ^1/We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by e If unticked, by default the above will be sent on email.  CHANGE IN MODE OF HOLDING All Joint Holders should sign, even in case of "Any one or Survivor"  New Mode of Holding (please tick / Anyone or Survivor Joint Holding  CHANGE OF IDCW OPTION  Scheme Name Plan / Option  New IDCW Sub Option IDCW Payout IDCW Reinvestment  CONSOLIDATION OF FOLIOS  I/ We wish to consolidate all my / our investments under specified folios into one folio. Folios to be consolidated i.e. source folios are given below:  TARGET FOLIO [MANDATORY]:  1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.  | Mobile No   | ).   |  |                                 |                                   |       |        |                    |               |         |               |           |                    |             | Tel,          | (Res./0 | Offi.) |         |        |        |         |        |        |         |       |          |         |         |
| ^ E-mail - 1   | Mobile bel  | ongs to                                      |  |                                 |                                   | pous  | e      |                    |               | ın (to  |               |           | tment)             |             | Depen         | dant Cl | nildre | en [    | De     | epend  | dant l  | Parer  | ıts    |         | Dep   | endaı    | nt Sib  | lings   |
| Custodian  | ^ E-mail -  | 1  |  |                                 |                                   |       |        |                    |               |         |               |           |                    |             |               |         |        | Em      | ail I  | ID to  | o be    | fille  | d in   | CA      | PIT   | AL L     | ETTI    | RS      |
| E-mail - 2   | E-mail belo   | ongs to                                      | : [  |                                 |                                   | ouse  | e      |                    |               | an (to  |               |           | stment)            |             | Deper         | ndant C | Childı | ren [   |        | eper   | ndant   | Pare   | ents   |         | Dej   | penda    | nt Si   | olings  |
| Custodian  | ^ E-mail -  | 2  |  | Cusio                           | ulali                             |       |        |                    | JA            |         |               | 1 1013    |                    |             |               |         |        | Em      | nail I | ID to  | o be    | fille  | d in   | CA      | \PIT  | AL L     | ETTI    | RS      |
| Yes   No ^ I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by en If unticked, by default the above will be sent on email.    CHANGE IN MODE OF HOLDING   All Joint Holders should sign, even in case of "Any one or Survivor"  | E-mail belo   | ongs to                                      | : [  |                                 |                                   | oouse | e      |                    |               | an (to  |               |           | stment)            |             | Deper         | ndant C | Childı | ren [   |        | eper   | ndant   | Pare   | ents   |         | Dej   | penda    | nt Si   | olings  |
| If unticked, by default the above will be sent on email.  CHANGE IN MODE OF HOLDING [All Joint Holders should sign, even in case of "Any one or Survivor"]  New Mode of Holding (please tick ✓)  |   | 7 No.  | ^ I / I  |                                 |                                   | no it | 0.001  |                    |               | 09911   |               |           | n obrid            | and a       | 11222201      | v than  | of /   | 20011   | nt at  | otom   | onto    | / stat | utom   | , Q- /  | ath a | · door   | ımanı   | o by o  |
| TARGET FOLIO [MANDATORY]:  1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.  | New Mod   | e of Ho                                      | olding (   | please                          | OLDII<br>tick ✓                   | IG    | [All   | Joint              | Hold          | ers s   | hould         |           |                    |             | of "Any       | y one o | r Su   | rvivoı  | r"]    |        |         |        |        |         |       |          |         |         |
| 1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.   | New Mod  CHANGI  Scheme N  Plan / Opt  New IDC  | E OF III  Iame  ion  W Sub                   | DCW Option   | please<br>OPTI                  | DLDIII<br>tick •                  | ig    |        | Joint<br>Anyon     | Hold<br>ne or | ers s   | hould         | sign,     | Joint              | Hold        | of "Any       | y one o | or Su  | rvivo   | r"]    |        |         |        |        |         |       |          |         |         |
| 1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.   | New Mod  CHANGI  Scheme N  Plan / Opt  New IDC  CONSOI  | e of Ho<br>E OF II<br>Iame<br>ion<br>W Sub   | DCW Option   | please OPTI                     | DLDIII<br>tick V                  | IG (  | [All   | Joint Anyon Payou  | Hold<br>ne or | Surv    | hould         | v Rein    | Joint              | Hold        | of "Any       |         |        |         |        | :. sou | urce fo | colios | are §  | giver   | n bel | ow:      |         |         |
| 1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.   | New Mod  CHANGI  Scheme N  Plan / Opt  New IDC  CONSOI  | e of Ho<br>E OF II<br>Iame<br>ion<br>W Sub   | DCW Option   | please OPTI                     | DLDIII<br>tick V                  | IG (  | [All   | Joint Anyon Payou  | Hold<br>ne or | Surv    | hould         | v Rein    | Joint              | Hold        | of "Any       |         |        |         |        | :. sou | urce f  | olios  | are §  | giver   | n bel | ow:      |         |         |
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|  | Change of Exist  | ing Nomination   | Cancellation of Nomi   | nation   |  |  |  |
|--|--|--|--|--|--|--|--|
| A) I/We wish to Nominat my/our death and by cancelling the n   |  |  | ) more particularly described hereund<br>n respect of the units held by me/us i  |  | e Units held in my   | /our Folio i   | n the event  |
|  | 1st N  | Vominee  | 2nd Nominee  |  | 3rd  | Nominee  |  |
| Name of Nominee*   |  |  |  |  |  |  |  |
| PAN of the Nominee\$   |  |  |  |  |  |  |  |
| Allocation % to each Nominee* #  |  |  |  |  |  |  |  |
| Nominee Relationship with 1st<br>Holder*   |  |  |  |  |  |  |  |
|  |  | If I   | Nominee is a Minor   | <u> </u>   |  |  |  |
| Name of the Guardian**   |  |  |  |  |  |  |  |
| PAN of Guardian\$  |  |  |  |  |  |  |  |
| Date of Birth of Nominee**   | D D / M N  | Л / Y Y Y Y  | D D / M M / Y Y  | / Y Y  | D D / M  | M / Y Y  | Y Y  |
| Guardian's Relationship with<br>Nominee**  | Mother Fathe   |  |  | gal Guardian   | Mother Fat   |  |  |
| Proof of Relationship§   | Birth Certificate School Leaving   |  | Birth Certificate Pas<br>Passers School Leaving Certificate  | ssport<br>e Others   | Birth Certifica School Leavin  |  |  |
| Signature of Nominee/<br>Guardian <sup>§</sup>   |  |  |  |  |  |  |  |
| Address of Nominee(s)/<br>Guardian <sup>§</sup>  | City State Country   |  | City State Country   | S  | City State Country   |  |  |
|  |  |  |  |  |  |  |  |
| *  | Pin Pin  | 11: 4 N  | Pin  | P  | Pin  |  |  |
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### TOLL FREE NUMBERS

| Description      | Investor related queries             | Distributor related queries         | Online related queries          | Investor (Dialing from abroad)       |
|------------------|--------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|
| Toll Free Number | 1800-4190-200/1800-200-2434          | 1800-419-9800                       | 1800-4190-200/1800-200-2434     | +91 44 39923900                      |
| Email ID         | investor.line@mutualfunds.hsbc.co.in | partner.line@mutualfunds.hsbc.co.in | onlinemf@mutualfunds.hsbc.co.in | investor.line@mutualfunds.hsbc.co.in |