

(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)

DATE

D	D	M	M	Y	Y	Y	Y
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ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee
ARN-64917		E434563		

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.
Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only) I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife MF, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).
EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1) I/We hereby confirm that the EUIIN 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.

 First/ Sole Applicant/ Guardian / PoA Holder / Karta	 Second Applicant	 Third Applicant
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Folio No.:	
First/ Sole Account Holder Name:	
Joint Holder 1 / Guardian Name:	
Joint Holder 2 Name	

ADDITIONAL PURCHASE

Payment Type : Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Payment Mode : Cheque DD Fund Transfer RTGS / NEFT OTBM Facility (One Time Bank Mandate)

Payment Through : Single Cheque Multiple Cheques (Refer instruction 4)

Existing UMRN

LEI No.
Valid upto:

1.NOTE: LEI No. is Mandatory for transaction amount ₹ 50 crs and above for Non individual investors. **2. NOTE:** In case of, Payment through single cheque for investment in more than one scheme, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.

Mahindra Manulife	₹: Amount	Payment Ref. / Cheque No./DD/RTGS	Date:
Scheme/Plan/Option/Sub Option		Pay in A/c No.:	Bank:
Mahindra Manulife	₹: Amount	Payment Ref. / Cheque No./DD/RTGS	Date:
Scheme/Plan/Option/Sub Option		Pay in A/c No.:	Bank:
SWITCH (Refer instruction C)	Amount ₹: _____	REDEEM (Refer instruction C)	Amount ₹: _____
Units: _____ <input type="checkbox"/> All free Units:		Units: _____ <input type="checkbox"/> All free Units:	
From Scheme _____		Scheme _____	
Plan _____ Option _____		Plan _____ Option _____	
To Scheme _____		Credit redemption proceeds to registered* Bank Name: _____	
Plan _____ Option _____		_____ A/c No. _____	

*Mention your bank account for redemption proceeds, if multiple bank accounts are registered, else Default account will be considered.
 Investors desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details in their demat account below:

NSDL	DP NAME _____	DP ID _____	I N		Beneficiary Account No.	
CDSL	DP NAME _____	DP ID _____	Beneficiary Account No.			

Please attach a copy of he DP statement / Client Master Form to enable us to verify the demat account details. **Important:** Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and realization of payment.** In case the verification fails, units will be credited in physical mode.

DECLARATION(S) AND SIGNATURE(S)
To, The Trustee, Mahindra Manulife Mutual Fund
 I / We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I / We confirm that I / We are not residents(s) of Canada as defined under the applicable laws of Canada. The amount invested in the Scheme(s) is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. 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/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, 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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield for this investment. Applicable to NRIs only: I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

 First Unitholder / Authorised Signatory	 Second Unitholder	 Third Unitholder
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✂----- TEAR HERE -----✂

ARN-64917 E434563

For Existing Unitholder(s) holding units in physical mode.

Please read documentation requirements and Terms and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Date: |D|D| |M|M| |Y|Y|Y|Y|

A. UNIT HOLDER INFORMATION (Mandatory)

FOLIO NO.: | | | | | | | | | | | | | | | | | | | | | | | |

Sole/First Unit Holder | | | | | | | | | | | | | | | | | | | | | | | |

B. CHANGE OF BANK MANDATE / MODE OF PAYMENT (Please fill section A+B+H) [Refer (i) from instructions overleaf]

If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf OR a copy of cheque leaf.

Account Number | | | | | | | | | | | | | | | | | | | | | | | | Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

Bank Name | | | | | | | | | | | | | | | | | | | | | | | |

Branch Address | | | | | | | | | | | | | | | | | | | | | | | | Branch City: | | | | | | | | State: | | | |

PIN CODE | | | | | | | | MICR Code | | | | | | | | IFSC Code*** | | | | | | | | | | | |

Note: Unitholders will receive redemption/dividend proceeds directly into their bank account via Direct Credit/NEFT/ECS facility.

I/We want to receive the redemption/dividend proceeds (if any) by way of a cheque/demand draft instead of direct credit/credit through NEFT system/credit through ECS (only for dividend) into my/our bank account. (Please tick (✓))

Important: The charges, if any, levied by the unit holder's bank for receiving payments (i.e. dividend/redemption proceeds) through NEFT/RTGS and crediting the unitholder's account, will be borne by the unit holder.

*** Refer General Instruction 10 (Mandatory for Credit via RTGS/NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

C. PAN, DOB and KYC Updation (Please fill section A+C+H)

PAN of Sole/First Applicant/Guardian | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth* |D|D|M|M|Y|Y|Y|Y| Enclosed KYC Acknowledgement Letter

PAN of Second Applicant | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth* |D|D|M|M|Y|Y|Y|Y| Enclosed KYC Acknowledgement Letter

PAN of Third Applicant | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth* |D|D|M|M|Y|Y|Y|Y| Enclosed KYC Acknowledgement Letter

*Date of Birth updation: please provide self-attested PAN, Driving Licence, Passport and birth certificate.

D. NEW CONTACT DETAILS (Please fill section A+D+H) [Refer (ii) from instructions overleaf]

Country Code | | | | | | | | STD Code | | | | | | | | Mobile No. | | | | | | | | | | | | | | | | | | | | | | | | | | Fax | | | | | | | |

Res. | | | | | | | | | | | | | | | | | | | | | | | | Telephone : Off. | | | | | | | | | | | | | | | | | | | | | | | | | | I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

Select appropriate validation code SE SP DC DS DP GD PM CD PO

^Email Id | | | | | | | | | | | | | | | | | | | | | | | |

Select appropriate validation code SE SP DC DS DP GD PM CD PO

^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements / statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email.

E. CONSOLIDATION OF FOLIOS (Please fill section A+E+H) [Refer (iii) from instructions overleaf]

Note:

- Consolidation can take place only if a. Names of all unit holders (and the pattern of holding), b. Address of unit holders, c. mode of operation (single/joint/either or survivor) d. Order of unit holders, e. Tax status and Nominee details are identical in all the mentioned folios.
- I/We agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.
- Bank particulars in the target folio has been retained for your redemption/dividend proceeds.
- All joint holders must sign on consolidation requests irrespective of the mode of operation (single / joint / either or survivor) in the source folios.

Target Folio (MANDATORY): | | | | | | | | | | | | | | | | | | | | | | | |

Source Folio: I/We wish to consolidate all my/our investments under specified folios into one folio. Folios to be consolidated:

| | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |

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Alterations in the form, if any should be countersigned.

F. CHANGE IN MODE OF HOLDING from Joint to Anyone or survivor or vice-versa (Please fill section A+F+H)

Please tick (✓): **Joint** **Anyone or Survivor**

Note: All unit holders should sign the form irrespective of mode of holding in the folio .

G. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION (Please fill section A+G+H) [Refer (iv) from instructions overleaf]

REGISTRATION **CHANGE/MODIFICATION** ***CANCELLATION** *In case of cancellation of Nomination, it is mandatory to provide opt-out declaration provided in the nomination section of the form.

Name and Address of Nominee(s) (Mandatory)	Relationship with Applicant (Mandatory)	Date of Birth	Name and Address of Guardian	PAN of Nominee/Guardian (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee / Guardian of Nominee
		(Mandatory in case the Nominee is a minor)				
Nominee 1						
Nominee 2						
Nominee 3						

OR

[Please (✓)] I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Note:

- In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form
- All joint holders should sign, even in case of 'Anyone or Survivor'.
- The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

H. UNITHOLDER(S) SIGNATURE(S)

Note:

To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all joint holders should sign, even in case of 'Anyone or Survivor'.

Declaration :

"I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

Sign Here

 First / Sole Applicant/ Guardian / PoA Holder

Sign Here

 Second Applicant / Unit holder

Sign Here

 Third Applicant / Unit holder

Alterations in the form, if any should be countersigned.