

COMMON SIP/ TOP-UP SIP REGISTRATION/ UPGRADE CUM DEBIT MANDATE FORM

First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf) and general instruction 6. The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

| ARN & ARN Name | Sub | Sub Agent's ARN / Bank Branch Code | | | Employee Unique Identification Number (EUIN) | | | RIA/ | RIA/PMRN Name & Code | | Internal Code for Sub-Agent / Employ | | FOR OFFICE USE ONLY (TIME STAMP) | |
|--|--|---------------------------------------|---------------------------|-------------------------|---|--------------------------------------|--------------------------------|---------------------------|--------------------------------------|---|---|---|---|--|
| ARN-64917 | | | | | | E43456 | ` , | | | | | (111.12.5 | , | |
| Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): / 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 Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN). | | | | | | | | | | | | | | |
| Full Noclaration (only where EUIN box is left blank) (Refer General Instruction 1): | | | | | | | | | | | | | | |
| | , | | | | D | , | | | , , | 2 | <u>s</u> | | | |
| First/ Sole Applicant/ Guardia | n / PoA Holder / | Karta | | | | | Second A | Applican | t | | 7 | Third Applicant | | |
| (√) ☐ SIP/ Top-Up SIP ☐ Micro SIP ☐ | Change in Bank Ac | count (F | roceed di | lirectly | to fill th | e NACH manda | te and prov | ide a car | ncelled chequ | e) | | | | |
| 1. Investment and SIP Details: Fi | rst / Sole Inv | estor | Nar | me | | | | | | | | | | |
| Folio No.(Existing Unitholder) KYC Identification Number | | | | | | | | | | | | | | |
| PAN / PEKRN ^A Enclosed (*) #KYC Proof Existing UMRN (If UMRN is registered in the folio) | | | | | | | | | | | | | | |
| PAYMENT THROUGH SINGLE CHEQUE | ☐ MULTIPLE CHE | EQUES | Refer No | lote (i) | and ger | neral instructio | | | | | | ed in favour of 'Mahindra Man 'DD details need to be filled on | | |
| \square New SIP \square Upgrade Existing SIP | SIP Installment | | uency | | | ate(s)/Days fo | | | | Period | | Monthly & Quarterly F | | |
| 1. Mahindra Manulife | Amount (₹) | | | | | efer Instruction | | у | | | | nal) (Refer instruction CAP Details (Optional) | т ′ | |
| | | □ w | eekly [| ☐ Mor | n □Tue | □ Wed (Defa | ult) 🗆 Thu | □Fri | Start: M | MYYY | Y Amount*(₹) | CAP Amount* (₹) | ☐ Yearly (Default) | |
| Cheque No. | | | Jetal IITI | | | 4 5 6 7 | | | End: M | MYYYY | Or Percentage | Or CAP Month-Year | | |
| Cheque Date | | _ Q | | | | 15 16 17 1 | | 21 22 | or 🗆 Until | cancelled | Fercentage | M M Y Y Y Y | ☐ Half yearly | |
| □ New SIP □ Upgrade Existing SIP | | | | | | 26 27 28 29 | | | Start: M | M V V V V | ✓ Amount*(₹) | CAP Amount* (₹) | ☐ Yearly | |
| 2. Mahindra Manulife | | □ W | | | | e □ Wed (Defa | | | | MIYIYIY | | Or | (Default) | |
| | | | Default) | | | 4 5 6 7 | | | | M Y Y Y | Or Percentage | CAP Month-Year | □Half | |
| Cheque No. | | □ Q | uarterly | | | 15 16 17 1 26 27 28 29 | | 21 22 | or 🗆 Until | cancelled | | MMYYYY | yearly | |
| Cheque Date | | | l l | 23 [2 | | 20 27 20 2 | | | | | | | | |
| 2. Demat Account Details (Option | onal) | | | | | | | | | | | | | |
| NSDL DP NAME CDSL DP NAME | | | P ID enefici | | N Accou | nt No | | | Benefic | iary Accoun | t No. | | | |
| The investors shall receive payments of Redemption/IDCW proceeds in the Bank Account linked to the Demat A/c. ARefer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated Declaration: I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit.I/NACH and agree to abide by the same. I/We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/JAUto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution of this mandate form responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of stading instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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. | | | | | | | | | | | | | | |
| First/ Sole Applicant/ Guardian / F | PoA Holder / H | Karta | Los | | | Second A | pplicant | : | | | Third | Applicant | | |
| 7 | | | | | | TEAR I | •• | | | | | | | |
| mahindra Manulife MUTUAL FUND | ~~~ | Oı | ne Tin | me E | Bank | Mandate | | irect De | bit Mandate | e Form) | Date: | | YYY | |
| UMRN | | | | | | | | | | (Please √) | ✓ CREATE | X MODIFY X | CANCEL | |
| Sponsor Bank Code office | use only | | 1 | | | | | Utili | ty Code N | A C H O | 00000 | 0 0 0 0 3 | 2 6 2 | |
| I/We hereby authorize: Mahindra Manulife Mutual Fund to debit (Please ✓) □SB □CA □CC □SB-NRE □SB-NRO □Others | | | | | | | | | | | | | | |
| Bank A/c No.: | | | | | | | | | | | IFSC | | | |
| with Bank | В | ank Nam | e & Branc | ch | | | | | | | MICR | | | |
| an amount of Rupees | In V | Nords | | | | | | | | Г | ₹ | In Figures | | |
| Frequency: -X Monthly X Quarter | ty X Half | Yearly | X | Yearly | | ✓ As & wher | n presented | d | | Debit Type | e: X Fixed Amou | | ount | |
| Folio No. | |] | | | | | | | | | PAN | | | |
| 1. I agree for the debit of mandate processing charges authorising the user entity/Corporate to debit my accounentity/Corporate or the bank where I have authorised de | by the bank whom I are t, based on the instruct bit. | m authori: ctions as a | zing to deb agreed and | bit my ao I signed t | ccount as by me. I ha | per latest sched we understood th | ule of charge at I am autho | s of the b rised to ca | anks. 2. This is incel / amend th | to confirm that the is mandate by appro | declaration has been car priately communicating th | refully read, understood & ma ne cancellation/amendment n IDCW: Income Distribution c | de by me/us. I am equest to the user um Capital Withdrawa | |
| FromDD _/MM _/YYYY | | | | | | | | | | | | | | |
| To DD / MM / YYYY Or Until Cancelled | Signa | ature of | Primary | Bank | Account | t Holder | Si | gnature | of Bank Acc | count Holder | Signa | ature of Bank Account I | Holder | |
| Phone | <u> </u> | Non | ne as in h | hank r | ecords | | | Name | e as in hank | records | | Name as in hank record | lc | |



Terms & Conditions for SIP/ Top-Up SIP

1 (a). SIP facility is offered by the Scheme subject to following terms and conditions:

| | , , | | | | | | | |
|--|--|--|-----------|--|--|--|--|--|
| Particulars | Frequency available (Default day for weekly frequency: Wednesday), (Default Frequency: Monthly) | | | | | | | |
| Particulars | Weekly Monthly | | Quarterly | | | | | |
| SIP Transaction Dates | Any day of the Week (except Saturday & Sunday) | Any date* | | | | | | |
| Minimum no. of installments and Minimum amount per installment | For MMKBY - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- teach and in multiples of Rs. 500/- for MMMAP - 6 installments of Rs. 1,000/- each and in multiples of Rs. 1/- teach and in multiples of Rs. 500/- each | For MMKBY - 4 installments of Rs. 1500/- each and in multiples of Rs. 500/- thereafter, For schemes other than MMKBY - 4 installments of Rs. 1500/- each and in multiples of Re. 1/- thereafter. | | | | | | |
| Mode of Payment | National Automated Clearing House (NACH) Facility and Direct Debit mandate through select banks with whom AMC may have an arrangement, from time to time. | | | | | | | |

If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the last day of that month, E.g., if selected date is 31st. SIP installment for the month of September will be processed on 30th September. However, if 30th September happens to be a Non-Business Day, the SIP will be processed on the immediate next Business Day Note: Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies. SIP amount (including Top Up) will be restricted to amount mentioned in Direct Debit / NACH Mandate Form. Any day of the week or more day(s) can be selected by the Unit Holders under the Weekly frequency.

MMKBY: Mahindra Manulife ELSS Fund; MMMAP: Mahindra Manulife Asia Pacific REITS FOF;

1 (b). Top-Up SIP Specifications facility available for monthly and quarterly frequencies only

| Particulars Top up by Amount | Minimum Top-up ins | Top Up Frequency | | | |
|-------------------------------|---|---|------------------------|----------------------------|--|
| | For schemes other than MMKBY | For MMKBY | For Monthly SIP | For Quarterly SIP | |
| Top up by Amount | Rs. 100 and in multiples of Rs 100 thereafter | Rs. 500 and in multiples of Rs 500 thereafter | • Yearly • Half Yearly | Yearly | |
| Top up by Percentage | 10% and in multiples of 1% thereafter. Rounded off to nearest next multiple of Rs. 10. | Not available | • Yea | arly | |

Note: Existing investors will be required to submit a request for upgrade from SIP to Top-up SIP at least 10 calendar days prior to the next SIP date. In case of Monthly SIP, if the investor has chosen half-yearly Top-Up frequency, the SIP amount will increase after every 6 SIP monthly cycle dates by the amount indicated and if the investor has chosen Yearly Top-Up frequency, the SIP amount will increase after every 12 SIP monthly cycle dates by the amount /percentage indicated. For Quarterly SIPs, only Yearly frequency is available for Top-up and the SIP amount will increase after every 4 SIP quarterly cycle dates by the indicated amount /percentage. If the Investor does not specify either the Top-up amount/percentage or specifies both, the SIP application will be processed by default with the Minimum Top -up installment amount as per above table. The Top-up details cannot be modified once enrolled. In order to make any changes, the Investor must cancel the existing SIP and enroll for a fresh SIP with revised Top up details.

Default options: Default day for weekly frequency - Wednesday Default Frequency - Monthly Default Date (for both monthly and quarterly frequency) - 10th Default Mode - Top-up by amount. Default Top-up frequency - Yearly.

- For New / Existing investors if 1st SIP Installment is through NACH mandate kindly attach Blank cancelled cheque or Copy of cheque.
- 3 If the SIP period is not specified by the investor then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- SIP Cap Amount: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) by specifying a SIP Cap amount. The SIP Cap amount shall be less than or equal to the amount mentioned by the Investor in the NACH Debit Mandate. In case the SIP Cap amount specified by the Investor is higher than the NACH Debit Mandate amount, then the amount mentioned in the NACH Debit Mandate shall be considered for applying Top-ups and processing of SIP installments until the end of SIP tenure.
 - SIP Cap Month-Year: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) from a prespecified month and year. From this prespecified month and year onwards, the SIP Top-Ups will be discontinued and the last topped up SIP installment will remain constant until the end of SIP tenure.

Note: Investor shall have a flexibility to choose either SIP Cap Amount or SIP Cap Month-Year. In case of multiple selections, SIP Cap amount will be considered as default selection.

- The first installment will be processed at Applicable NAV based on the timing of credit receipt of funds to the bank account of the Scheme before the cut-off time i.e. available for utilization before the cut-off time as stated in KIMS/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor, subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.
- 6 In case of MMKBY each SIP installment will be subject to a Lock In period of three years from the date of allotment of Units.
- In case any cheque submitted by the investor for any SIP installment is dishonoured by the Bankers for the reason of account of investor is closed, the AMC would discontinue the SIP immediately.
- 8. The SIP enrollment will be discontinued if:
 - a. 3 consecutive SIP installments in case of Weekly, Monthly & Quarterly frequency are not honoured.
 - the Bank Account (for Standing Instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 30 calendar days before the next SIP Auto Debit installment due date.
- 9 SIP registered for more than one day or all days of the week under the Weekly frequency OR one date or all dates of the month under the Monthly / Quarterly frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.
- 10 SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.
- The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application. 11.
- 12. The SIP mandate may be discontinued by a Unit holder by giving a written notice of 30 calendar days to any of the Official Point(s) of Acceptance.
- 13. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
- The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account 14. on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.
- Investors will not hold Mahindra Manulife Mutual Fund / Mahindra Manulife Investment Management Private Limited (MMIMPL), its Registrar and other service providers responsible, if the transaction is delayed or not affected or the 15 investor's bank account is debited in advance or after the specific SIP date.
- The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is 16. registered.
- Mahindra Manulife Mutual Fund / MMIMPL, it's Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire 17. risk of using this facility and takes full responsibility. 18. Top-Up SIP facility is available only through NACH debit mandate. For Upgrading fill complete information for active SIP. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based
- Ton-un feature is not available for Mahindra Manulife ELSS Fund CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-19 Year: Month-Year from which SIP Top-Up will be discontinued.

Terms & Conditions - NACH / Auto Debit

- 1 NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in.
- This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/updation at any time in future at the sole discretion of MMIMPL, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- 3. By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- a. New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
 - b. The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.
 - Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.
- 5. Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice 6. to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 30 calendar days prior notice to any of the Investor Service Centre. 7.
- IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.
- In case of existing investor, if application is received without existing UMRN then the last UMRN registered in the folio would be considered. 9.

Auto Debit: The Auto Debit Facility will be made available only with the banks with which MMIMPL or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Manulife Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.



to Scheme / Plan / Option ___



Systematic Transfer Plan Capital Appreciation Systematic Transfer Plan

| Ple | Enrolment / Lancellation ease refer Product labeling availab | | | | | | .eaf) | ate: | D D M | the coetica (c) a | Y Y |
|---|--|---|--|--|---|---|---|---|--|--|--|
| | Application Form should be completed in Y PARTNER / AGENT INFORMATIO | | | | K IN THE | e appropriate | box whereve | г аррисар | nie and strike off | the section(s) n | iot in use |
| | ARN & ARN Name | Sub Agent's ARN | / E | mployee Unique | -1 115.15 | | N Name & | 1 | nal Code for | FOR OFFICE | |
| | | Bank Branch Code | e Identifi | ication Number (E | EUIN) | Co | ode | Sub-Ag | gent/Employee | ONLY (TIME S | STAMP) |
| | ARN-64917 | | | E434563 | | | | | | | |
| fee Inv EU tra | nsent for sharing Transaction Feed with Id / portfolio holdings/ NAV etc. in respect estment Advisor (RIA) or SEBI Registered IN Declaration (only where EUIN box is I nsaction is executed without any interact appropriateness, if any, provided by the em | of my/our investment Portfolio Manager (PN Left blank) (Refer Gen tion or advice by the e | s under Dire ARN). eral Instrue mployee/rel | ect Plan in the scl ction 10) \Box I/We I lationship manage | neme(s) nereby er/sales | of Mahindra confirm that person of th | Manulife Mut the EUIN box e above distri | ual Fund, thas been | to the above me intentionally lef | ntioned SEBI Re t blank by me/u: | gistered s as this |
| > | | De la constant de la | | | | | D | | | | |
| Fir | st/ Sole Applicant/ Guardian / PoA Hol | der / Karta | | Second Applican | t | | | | Third Applican | t | |
| Fol | lio No. of 'Transferor' Scheme (for exist | ting Unit holder) | | | | | | | PAN#/PEKRN# | | |
| Fir | st / Sole Applicant Name | | | | | | | | | | |
| Gu | ardian (in case First / Sole Applicant is a minor) | | | | | | | | | | |
| Se | cond Applicant Name | | | | | | | | | | |
| Th | ird Applicant Name | | | | | | | | | | |
| Fo | r PAN / PEKRN requirement refer instruction s | 9. | | | | | | | | | |
| Na ı [for | me of 'Transferor' Scheme/Plan/Option r CASTP only GROWTH option is available] | Mahindra Manul | ife | | | | | | | | |
| | me of 'Transferee' Scheme/Plan/Option | Mahindra Manul | ife | | | | | | | | |
| Svs | stematic Transfer Plan (STP) [Please (🗸) | any one] (Refer Instru | ction No. 6 8 | & 8) Amount of Tr | ansfer | per installme | nt: Rs. | | | | |
| Ė | O Daily No. of Installments:* | | | | | · | | | | | |
| | Weekly [Day of Transfer (Please ✓ a) | · | | | | | | | | | |
| کر | No. of Installments:* | | | , | | | | | | | |
| Frequency | ○ Monthly* ○ Quarterly | | Enr | | | | lment Period*: | | | | |
| 正 | $ \begin{bmatrix} $ | | | | | | | | YYY | | |
| | \square 19 \square 20 \square 21 \square 2 | | | 25 □ 26 | | 27 _{To:} | ММ | | / v v | | |
| | □28 □29 □30 □3 | 1 Please select | any one or | more | | 10. | 141 141 | | TTT | | |
| Tra | pital Appreciation Systematic Insfer Plan (CASTP) Efer Instruction No. 7 & 8) | Frequency: Date: 10 | • | Enrolmer From: | nt Perio | od*: | YY | To: | м М У | YYY | |
| | se of multiple registrations, please fill up separate | e Enrolment Forms. | | | | | *Refer Instruct | tion No. 8 +[| Default Frequency/[| Date/Day [Refer Ins | truction 8 |
| nd a acili ny s sove s to udici ncor he fi | aration: I/We have read and understood the conte- agree to abide by the terms, conditions, rules and fity as on the date of this transaction. The amount statute or legislation or any other applicable laws or ernment of India from time to time. I/We hereby aut the Fund, its Sponsor/s, Trustees, AMC, its employ ial authorities/agencies including but not limited to trect information, I/We would not hold the AMC / th orm of trail commission or any other mode), payab I/We have not been offered/communicated any in | regulations of the Scheme(s) or any Notifications, Directive thorize you to disclose, sha ees, agents and third party or Financial Intelligence Unit be Fund, their appointed se ble to him/them for the diffi- | e(s) including is derived throwes of the prover, remit in any service providenticle providers providers arent competice. | the terms and conditional legitimate sourd visions of the Income y form/manner/mode ders, SEBI registered in the conditional and interest and interest and interest and interest and interest and interest and conditional series and | tions/inst ces only a Tax Act, A the abov ntermed imation/a esponsib is Mutual | cructions pertain and is not held of Anti Money Laur de information and iaries for single advice to me/us. le. The ARN hold | ning to the Syste or designed for t ndering Laws, Ant nd/or any part of updation/ submi: If the transaction der (AMFI registe | ematic Trans the purpose ti Corruptior it including ssion, any In n is delayed red Distribu | ofer Plan (STP)/ Cap of contravention of a Laws or any other the changes/update dian or foreign statu or not effected at a tor) has disclosed to | ital Appreciation S' any Act, Rules, Reg applicable laws ena s that may be provi ttory, regulatory, juc ll for reasons of inc me/us all the comi | TP (CASTE gulations of cted by the ided by me dicial, quas complete of missions (i |
| > | a) | | | | | | > | | | | |
| Fir: | st/ Sole Applicant/ Guardian / PoA Holo | der / Karta | : | Second Applican | it | | المصا | | Third Applican | t | |
| | Please note : Signature(s) should be as it | , | | | | In case the r | node of holdi | ng is joint | • | | sign. |
| | | | | TEAR HERE | | | | | >€ | | |
| | nindra Manulife MUTUAL FUND | | | | | | | Acknowle | edgment Slip (To | be filled by the a | pplicant) |
| He | ead Office : Unit No. 204, 2 nd Floor, Amiti Bu Near Phoenix Marketcity Mall, | | | | ad, Kam | nani Junction, | | Date : | D D M M | YYYY | , |
| | Enrolment / Cancellation | | | Folio Numbe | | | | | ISC Stamp | & Signature | |
| | eceived from Mr./Ms./M/s om Scheme / Plan / Option | | | | oucatio | n for trans | rer of Units; | | | | |



Contact Us

www.mahindramanulife.com



| ARN-64917 E434 | 563 | | | | | | | |
|--|--------------------------------|---|------------------------|-----------------------------|-----------------------------------|-----------|--|--|
| Enrolment / | Cancellation | | | Date: D D | M M Y Y | Y | | |
| | | ge of the KIM and terms and cond in BLOCK LETTERS only. Please tick in | | wherever applicable a | and strike off the section(s) not | in use. | | |
| 1. Applicant Details | , | | | | (*) | | | |
| Folio No. for existing U | Init holder | | | | | | | |
| Name of First / Sole Ap | plicant | | | | | | | |
| Name of Guardian (in case First / Sole Applicant | is a minor) | | | | | | | |
| Name of Second Applie | cant | | | | | | | |
| Name of Third Applica | nt | | | | | | | |
| 2. Systematic Withdra | wal Plan (SWP) Mand | date | | | | | | |
| Scheme / Plan / Option | Mahindra Man | ulife | | | | | | |
| SWP Date (√) | | ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ | | , | | | | |
| Frequency (√) | ☐ Monthly (Default) | ☐ Quarterly ☐ |] Half-Yearly | ☐ Yearly | | | | |
| Period of Enrollment | From (1st Installment) | MM/YYYY | To (La | st Installment) | MM/YYYY | | | |
| Withdrawal Amount (Per Installment) | | ₹ in Words | | | ₹ in Figures | | | |
| No. of Installments | | Total Withdrawal (Rs.) | | | | | | |
| | egistered for Multiple B | ered in the folio) ank Accounts facility in the abo ount as per the payout mechar | | | on if not used). The SWP pa | ayout | | |
| Account number | | | | | Savings Current | 7 | | |
| Note: If the bank account ment | ioned above is different from | m those already registered in your fo | olio OR if the bank ac | | NRO LINRNR L | J NRE | | |
| processed into the "Default" ban | k account registered for the a | foresaid folio. | on on the bunk de | ecount details are no | t fined above, the 5WF payout | t will be | | |
| 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) including the terms and conditions/instructions pertaining to the Systematic Withdrawal Plan Facility as on the date of this transaction. 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. | | | | | | | | |
| Sign First/ Sole Unit holder/ Gua | | Sign Here Second Unit holde | · · | Sign Here Third Unit holder | | | | |
| | | Second Unit noide Form for new investors and in the same of | | | | | | |
| mahindra Manulife MUTUAL FUND | | edgement Slip (To be filled by the | | lio No.: | | | | |
| | _ | 018. Phone: +91-22-66327900, Toll Free No.: 18 | 00 419 6244. | Date: | D M M Y Y | Y | | |
| Received from Mr./Ms./M/s transaction form for Systematic | | me Mahindra Manulife | | | ISC Stamp & Signature | | | |
| ., | Rs. | | perinstallme | ent | | | | |

mfinvestors@mahindra.com

**** 1800 419 6244