

REGISTRATION FORM FOR SYSTEMATIC INVESTMENT PLAN WITH (NACH FORM) AFTER INITIAL PURCHASE/RENEWAL

| Name & ARN of Distributor | Internal Sub-Broker Code (as allotted by Distributor) | Employee Unique Identification No. (EUID)^ |
|---------------------------|-------------------------------------------------------|--------------------------------------------|
| ARN 71722 | | |

^Mandatory: Furnishing of EUID is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

Declaration: "I/We hereby confirm that the EUID 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."

| | | |
|--------------------------------------------|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--------------------------------------------|-------------------------------|------------------------------|

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

SIP (through NACH) REGISTRATION CUM MANDATE FORM

- New Regular SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).
- Micro SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).
- New Special SIP:** First & subsequent installments of Special SIP via NACH or Direct Debit. Application should be submitted at least 30 days before the 1st SIP installment.
- Renewal/Continuation of existing SIP** only if last SIP installment as per current registration is not yet over (pls fill fresh details in following columns).

INVESTMENT DETAILS

Folio No. (for existing unitholders) Application No. (for new Applicant)

Name of Sole/1st Applicant/Minor/Non-individual Mr./Ms./M/s.

E-mail ID (Capital Letters): Mobile No.:

Scheme : **JM** Plan : Options/Sub-Option

SIP Installment Amount (Rs.) Frequency (please tick any one) : Monthly * Quarterly (* Default Frequency)

SIP Period : Start : End : OR Perpetual (i.e. until it is cancelled)

SIP Dates (Pl. ✓ any one) : 1st 5th 10th 15th 20th 25th of the month (Note : Minimum 30 days are required for 1st installment through auto debit to register and start)

DECLARATION & SIGNATURES (Please strike out whichever is not applicable.)

(Applicable for SIP Investors only)

I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in NACH /Direct Debit or Standing Instruction Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/we would not hold the Asset Management Company responsible in any manner. I/we hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by NACH /Direct Debit/Standing Instructions towards the collection of monthly/quarterly payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/we have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document.*

"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".

| | | |
|--------------------------------------------|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--------------------------------------------|-------------------------------|------------------------------|

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Applicable for Lumpsum Additional Purchases as well as SIP Registrations
DEBIT MANDATE FORM NACH

UMRN : Date

Sponsor Bank Code : **ICICOTREA00** Utility Code **ICIC00261000001992**

I/We hereby authorize : **JM Financial Mutual Fund** to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank a/c number :

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented Debit Type Fixed Amount Maximum Amount

Reference 1 Folio No. Optional Phone No.

Reference 2 Appln No. Optional Email ID IN CAPITAL

I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our account as per latest schedule of charges of the bank.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| PERIOD From <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"/> or <input type="checkbox"/> Until Cancelled | Signature of Account Holder | Signature of Account Holder | Signature of Account Holder |
| | 1. Name as in Bank Record | 2. Name as in Bank Record | 3. Name as in Bank Record |

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.