

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 7.6. The Application Form should be completed in English and in BLOCK LETTERS only.

| KEY PARTNER / AGENT INFORMATION (Refer 6 | | 1 | Paralama Hatana | DIA (DIADA | | Internal Co. In Co. | FOR OFFICE HCF ONLY | |
|--|---------------------------------------|------------------------|--|------------------------|---------------------------------|------------------------------|--|--|
| ARN & ARN Name | Sub Agent's ARN / Bank Branch Code | | Employee Unique Identification Number (EUIN) | RIA/PMRN Name & Code | | Sub-Agent / Employee | Internal Code for b-Agent / Employee (TIME STAMP) | |
| ARN-181211 | | | E | | | | | |
| Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): 1/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 Hortfolio Manager (PMRN). EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): 1/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 not withstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. | | | | | | | | |
| Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta Sign Here Second Applicant Sign Here Third Applicant | | | | | | | | |
| TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2) (Please (✓) any one) ☐ I am a first time investor in Mutual Funds ☐ I am an existing investor in Mutual Funds (Default) In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitment of investment (i.e. amount per SIP/Micro SIP installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the service rendered by the ARN Holder. [✓] SIP/Top-Up SIP ☐ Micro SIP ☐ Change in Bank Account (Proceed directly to fill the NACH mandate and provide a cancelled cheque) | | | | | | | | |
| 1. Investment and SIP Details: First / Sole Investor Name | | | | | | | | |
| Folio No.(Existing Unitholder) KYC Identification Number | | | | | | | | |
| PAN / PEKRN^ Endosed (<) #KYC Proof Existing UMRN (If UMRN is registered in the folio) | | | | | | | | |
| PAYMENT THROUGH SINGLE CHEQUE MULTIPLE CHEQUES Refer Note (i) and general instruction 5 D. In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife MF Multiple Scheme' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. | | | | | | | | |
| New SIP Upgrade Existing SIP Installm 1. Mahindra Manulife Amoun | | Frequency | uency SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a)) | | Period | Frequency (Option | Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b) | |
| | | ☐ Weekly | ☐ Mon ☐ Tue ☐ Wed (Def | ault\□ Thu □ Fri | Start: M M Y Y Y | Top-Up Details Y Amount*(₹) | CAP Details (Optional) Frequency CAP Amount*(₹) | |
| | | Monthly | 1 2 3 4 5 | 6 7 8 9 | End: M M Y Y Y | Y | Or (Default) | |
| Cheque No | | (Default) | 10 11 12 13 14 | | or Until cancelled | Percentage | CAP Month-Year Half yearly | |
| Cheque Date | | Quarterl | y 19 20 21 22 23 [28 29 30 31 | 24 25 26 27 | or origin carreened | | MMYYYY | |
| New SIP Upgrade Existing SIP 2. Mahindra Manulife | | □Weekly | ☐ Mon ☐ Tue ☐ Wed (Def | oult) 🗌 Thu 🔲 Fri | Start: M M Y Y Y | Amount*(₹) | CAP Amount*(₹) | |
| | | ☐ Monthly (Default) | ' | 6 7 8 9 15 16 17 18 | End: M M Y Y Y | Or Percentage | Or CAP Month-Year yearly | |
| Cheque No | | Quarter | 19 20 21 22 23 [| 24 25 26 27 | or Until cancelled | | M M Y Y Y Y | |
| Cheque Date | | | 28 29 30 31 | | | | | |
| 2. Demat Account Details (Optional) NSDL DP NAME | | | DPID I N | | Beneficia | ry Account No. | | |
| The investors shall receive payments of Redemption/ II | DCW proceeds in th | e Bank Accou | Beneficiary Account linked to the Demat A/c. | | nstruction No 15 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/NACH and agree to a bide by the same. I/We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to a bide 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/Auton Debit. I/We authorise the bank to be bit charges towards verification of this mandate, frany. I/We agree that the AMC/Mutual Fund (including its stifiliates), 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 standing 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. | | | | | | | | |
| Sign Here First/ Sole Applicant / Guardian / PoA Holder / K | arta | Sign Here | Second Applican | | Sian Here | Third Applic | ant | |
| Sign nete risso sole Applicant, Qualquant, row noticer, ranta Sign nete Second Applicant Sign nete Inition Applicant | | | | | | | | |
| Mahindra Mutual M | | | | | | | | |
| UMRN | | | | | (Please | e√) ✓ CREATE > | MODIFY X CANCEL | |
| Sponsor Bank Code | Office use only | | Utility Cod | le N A C | H 0 0 0 | 0 0 0 frice0se oi0/ | 0 0 3 2 6 2 | |
| I/We hereby authorize: Mahindr | a Manulife Mu | tual Fund | to debit (P | ease ✓) SB | B CA CC | SB-NRE SB-NRO | Others | |
| Bank A/c No.: | | | | | IFSC | | | |
| with Bank | Bank Nai | me & Brancl | | | Or M | | | |
| an amount of Rupees In Words In Words In Figures | | | | | | | | |
| Frequency: An authorising the user entity/Corporate or the bank where I have authorised debit. As a when presented Pehit Type: Fixed Amount Amount Amount PAN | | | | | | | | |
| From _DD _/ _MM _/ | Signature of Prim | ary Bank Acc | ount Holder | Signature of Ba | nk Account Holder | Signature c | of Bank Account Holder | |
| Phone | Name as in bank records | | | Name as in | bank records | Name | Name as in bank records | |