

7. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with Single Application Form)

Scheme: Helios Plan (Select any one) Direct Regular

Option Growth (default) Income Distribution Cum Capital Withdrawal option (IDCW) Frequency (if any) _____
 IDCW Payout IDCW Reinvestment (Wherever applicable)

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

| Investment Amount (₹) | DD Charges (₹) | Net Amount (₹) | Instrument No/TR No. | Date | Drawn on Bank | Bank Branch | City |
|-----------------------|----------------|----------------|----------------------|----------|---------------|-------------|------|
| | | | | DDMMYYYY | | | |

8. AUTO SWITCH / NORMAL SWITCH (please tick as appropriate)

AUTO SWITCH (will happen on the Closing Day of NFO Helios Flexi Cap Fund) NORMAL SWITCH (to be used post NFO closure of Helios Flexi Cap Fund)

From: Helios Overnight Fund mention Plan/Option To: Helios Flexi Cap Fund Plan (Select any one) Direct Regular

All Units OR Amount (₹) _____ Option/Sub-Option Growth (default) Reinvestment of IDCW Payout of IDCW

I/We hereby request you to switch units/amount as stated above from Helios Overnight Fund subject to the terms and conditions of Helios Flexi Cap Fund.

9. FATCA and CRS DETAILS - Mandatory for Individuals - Non Individual Investors should mandatorily fill separate FATCA/CRS details Form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Sole/First Applicant/Guardian | | | Second Applicant | | | Third Applicant | | |
|-------------------------------|----------------------|---------------------|------------------------|----------------------|---------------------|------------------------|----------------------|---------------------|
| Country | Tax Payer Ref. ID No | Identification Type | Country | Tax Payer Ref. ID No | Identification Type | Country | Tax Payer Ref. ID No | Identification Type |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Country of Birth | | | Country of Birth | | | Country of Birth | | |
| Country of Nationality | | | Country of Nationality | | | Country of Nationality | | |

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. In case Tax Identification Number is not available, kindly provide its functional equivalent.

10. ADDITIONAL KYC DETAILS

| OCCUPATION | Government Service/ Public Sector | Private Sector Service | Professional | Business | Housewife | Retired | Student | Agriculturist | Forex Dealer | Others |
|---------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| 1st Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (please specify) |
| 2nd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (please specify) |
| 3rd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (please specify) |
| Guardian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (please specify) |

| GROSS ANNUAL INCOME DETAILS | Below ₹1 Lac | ₹1-5 Lacs | ₹5-10 Lacs | ₹10-25 Lacs | ₹25 Lacs-1 Crore | >₹1 Crore | NET-WORTH (in ₹) | Date |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|----------|
| 1st Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Net worth should | DDMMYYYY |
| 2nd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | not be older | DDMMYYYY |
| 3rd Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | than 1 year) | DDMMYYYY |
| Guardian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | DDMMYYYY |

| PEP DETAILS | 1st Applicant | 2nd Applicant | 3rd Applicant | Guardian |
|---|--|--|--|--|
| Are you a Politically Exposed Person (PEP) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you related to a Politically Exposed Person (PEP) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

11. POWER OF ATTORNEY (POA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

First Applicant POA Name Mr./Ms./M/s PAN _____

Original POA document or notarized copy of POA needs to be submitted in case of Investment through POA. In case each applicant wants to provide separate POA, the same can be provided by the way of letter.

12. NOMINATION I wish to Nominate A. As per the details provided below. B. Replicate from my folio number mentioned point No 1 (Please tick as appropriate)

| Nominee Name & Address | PAN of Nominee (Optional) | Date of Birth of Nominee | Nominee Relation with Investor | Guardian Name (In case Nominee is Minor) | Guardian Relation with Nominee | Allocation (%) | Signature of Guardian (In case Nominee is Minor) |
|------------------------|---------------------------|--------------------------|--------------------------------|--|--------------------------------|----------------|--|
| | | DD MM YYYY | | | | | |
| | | DD MM YYYY | | | | | |
| | | DD MM YYYY | | | | | |

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio(s).

13. DECLARATION AND SIGNATURE

I / We have read, understood the terms and conditions of the SID/KIM/SAI and the addendums issued thereto till date, as well as the rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962, and such other regulations as may be applicable to me/us from time to time and agree to comply with the same as a Unitholder. I / We hereby apply to the Trustees for allotment of Units of the Scheme(s) of Helios Mutual Fund (Fund) and confirm and declare as follows: I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited from accessing capital markets by any order/ruling/Judgment etc. passed by SEBI/Statutory Authority or Courts in India and Foreign laws. I/We am/are authorised to make this investment as per the Constitutive documents/ authorization(s). I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. 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 compelling Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the above information is given by the undersigned and the particulars given by me/us are correct and complete. 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, Asset Management Company, 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. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/or any indicative yield by the Fund/AMC/its distributor for this investment. I/We hereby authorize the representatives of the Fund/AMC and its Associates to contact me through any mode of communication. This will override the registry on DND / DNDC, as the case may be

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

Helios Capital Asset Management (India) Private Limited
 515 A, 5th Floor, The Capital Plot C70, Bandra-Kurla Complex
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