

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 General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)

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 Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).
EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): I/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 notwithstanding 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 installment x No. of 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 investors' 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)

PAN / PEKRN^ Enclosed #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.

1. Mahindra Manulife	SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b)		
					Top-Up Details	CAP Details (Optional)	Frequency
<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP Cheque No. _____ Cheque Date _____		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled	Amount*(₹) _____ Or Percentage _____	CAP Amount*(₹) _____ Or CAP Month-Year _____	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
<input type="checkbox"/> Monthly (Default)							
<input type="checkbox"/> Quarterly							
<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP Cheque No. _____ Cheque Date _____		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled	Amount*(₹) _____ Or Percentage _____	CAP Amount*(₹) _____ Or CAP Month-Year _____	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
<input type="checkbox"/> Monthly (Default)							
<input type="checkbox"/> Quarterly							

2. Demat Account Details (Optional)

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

The investors shall receive payments of Redemption/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^Refer General instruction 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 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/Auto 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 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 / Karta **Sign Here** Second Applicant **Sign Here** Third Applicant

Mahindra MUTUAL FUND **Manulife** **One Time Bank Mandate (NACH/Direct Debit Mandate Form)** Date:

UMRN (Please CREATE MODIFY CANCEL)

Sponsor Bank Code Office use only Utility Code N A C H 0 0 0 0 0 0 0 0 0 0 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 Bank Name & Branch Or MICR

an amount of Rupees In Words ₹ In Figures

Frequency: Monthly Quarterly Half Yearly Yearly As & when presented Debit Type: Fixed Amount Maximum Amount

Folio No. PAN

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks. 2.This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit. IDCW: Income Distribution cum Capital Withdrawal

PERIOD	From DD / MM / YYYY	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To DD / MM / YYYY	Name as in bank records	Name as in bank records	Name as in bank records
	Or <input type="checkbox"/> Until Cancelled			

Please mention Scheme-Plan-Option-Sub Option