

SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-			

EUIN Declaration: 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker and the distributor has not charged any advisory fees on this transaction. If no ARN is mentioned investment will be treated as Direct.

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. For Transaction Charges refer SID/KIM.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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FOLIO No.						
Sole/First Applicant (Mr./Ms.):						
		FIRST NAME		MIDDLE NAME	LAST NAME	

DETAILS OF SIP INVESTMENT

Scheme:

Cheque No: _____ Date: _____ Drawn on Bank: _____

Each SIP amount: ₹ _____ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date: SIP Start Month/Year: SIP End Month/Year:

Investors can either submit a cheque for the first Installment or can submit a photocopy of a cancelled cheque of the bank/bank statement for which one time bank mandate is to be registered.

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☐ **Half Yearly** ☐ **Yearly** (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Fixed SIP TOP-UP Amount (Rs.): _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year: SIP Top Up End Month/Year

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/Cancelled delivery instruction slip that you may have received from your Depository.

NSDL ☐ DP Name _____ DP ID I N _____ Beneficiary Account No. _____

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Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

UMRN	F	O	R	O	F	F	I	C	E	U	S	E	O	N	L	Y							Date	D	D	M	M	Y	Y	Y	Y
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Tick (✓)	Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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CREATE ☒ I/We hereby authorize HELIOS MUTUAL FUND to debit (tick ☐) ☐ SB ☐ SA ☐ SC ☐ SP-NBF ☐ SP-NBO ☐ Other

MODIFY X																									
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[illegible]

with Bank	Name of customers Bank	IFSC										or MICR								
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an amount of Rupees	Amount in words	₹

FREQUENCY ☒ Mthly ☐ Qtrly ☐ H-Yrly ☐ Yrly ☒ As 8 when presented **DEBIT TYPE** ☒ Fixed Amount ☒ Maximum Amount

Frequency: ☐ many ☐ only ☐ not many ☐ not ☐ none when presented ☐ fixed amount ☐ maximum amount

[illegible]

Reference	Email ID

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 bank.

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD									
From	D	D	M	M	Y	Y	Y	Y	
To	D	D	M	M	Y	Y	Y	Y	

<u>Signature of Primary Account Holder</u>	<u>Signature of Account Holder</u>	<u>Signature of Account Holder</u>
1. <u>Name as in Bank records</u>	2. <u>Name as in Bank records</u>	3. <u>Name as in Bank records</u>

As per the NPCI circular dated October 31, 2023, effective April 1, 2024, the mandate can be for a maximum duration of 40 years from the date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM

Name of the Investor: _____

Scheme Name, Plan & Option: _____ SIP Amount: ₹ _____

Fixed SIP Top-Up Amount: ₹ Top-Up Frequency (✓):

Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other (multiples of 5% only)