

SIP & SPECIAL SIP REGISTRATION FORM (For first time investors, Kindly submit this form along with Common Application form) **DISTRIBUTOR INFORMATION** FOR OFFICE USE ONLY Name & ARN of Distributor / **Employee Unique** Sub-Broker No. Internal Sub-Broker Code Date, Time and Number as per In-House number as per K-BOLT **Time Stamping Machine** RIA Code* Identification No. (EUIN)^ **ARN Code** (as alloted by Distributor) ARN-Е ^Mandatory: Furnishing of EUIN 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 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."

*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 SIGNATURE (s) "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". TRANSACTION CHARGES (PLEASE ✓) I am an Existing Investor in Mutual Funds Lam a First Time Investor in Mutual Funds In case the commitment amount is \equiv 10,000/- or more and your Distributor has opted to receive Transaction Charges, \equiv 150 (for rst time mutual fund investor) or \equiv 100/- (for investor other than rst time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. UNITHOLDER INFORMATION (MANDATORY) Folio Number (for existing Unit Holder): Name (as in PAN card/KYC records) M/s. Date of Birth Mobile CKYC No. **SIP Details** J-OTM K-OTM SIP Registration Mode ☐ Mandate along with SIP form (if Multiple One Time Mandate are registered) OTM Reference No **TOP-UP Facility SIP Date Enrollment Period** Scheme / Plan / Option Frequency **SIP Amount** (DD) (MMYY) Frequency **Top-up SIP Amount** Daily Weekly Default SIP Date 5th Quarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly То ___ Yearly Quarterly (Weekly SIP) Daily ₹ in figures Default SIP Date 5th Quarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly To ₹ Yearly Quarterly (Weekly SIP) Daily Weekly ₹ in figures Default SIP Date 5th Ouarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly Tο in figures Yearly Quarterly (Weekly SIP) SIP initial payment details (Optional) Drawn on bank / branch name __Cheque/DD Cheque/DD Dated In case of multiple SIP, mention "JM Financial Mutual Fund - Collection Account" on the payment instrument. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint') 1/We declare that the particulars furnished here are correct. I / We authorize JM Financial Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/or any lumpsum payments through an Electro time to time. 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 responsible. I/We will also inform JM Financial Mutual Fund about any changes in my bank account. I/We have Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. You/ Sole Applicant / Guardian JM FINANCIAL **DEBIT MANDATE FORM NACH** MUTUAL FUND UMRN: Date Tick (✓) Sponsor Bank Code: **Utility Code** CREATE MODIFY I/We hereby authorize: **IM Financial Mutual Fund** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other CANCEL Bank a/c number: with Bank IFS(or MICR an amount of Rupees Fixed Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented Maximum Amount Debit Type Reference 1 Phone No. Reference 2 All Schemes of JM Financial Mutual Fund 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**

The Maximum validity for this Mandate is for 40 years • 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.

From to

• 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.