COMMON TRANSACTION FORM

N	1anulife MUTUAL FUND										(F	or Exi	sting	Invest	or Only	
(PLEAS	E READ THE INSTRUCTIONS BE	FORE FILLING UP	THE FORM)							DATE	■ D	D M	М	Y	YY	
	ARN & ARN Name	Sub Agent's AR	Employee Unique Identification Number (EUIN)				RIA/PMRN Name & Code			Internal Code for Sub-Agent / Employee						
Consent NAV etc. EUIN De any inter	laration - Upfront commission shall be pa : for sharing Transaction Feed with in respect of my/our investments under I :claration (only where EUIN box is la action or advice by the employee/relation	RIA/PMRN (Applicab Direct Plan in the schem eft blank) (Refer Ger	ole for investment ne(s) of Mahindra Ma neral Instruction 1	ts through anulife MF 1)	gh RIA/I F, to the a We hereb	PMRN on above men y confirm t	y) tioned SE hat the El	I/We hereby g BI Registered UIN box has b	give my/our consent d Investment Advisc been intentionally l	t to shar or (RIA) .eft blanl	e/provide or SEBI F k by me/u	the trans Registered Is as this t	action fe Portfolio transactio	eed / portfo o Manager on is exec	olio holdings r (PMRN). uted withou	
sates per	son of the distributor/sub broker.		2						<u> </u>							
Fir	First/ Sole Applicant/ Guardian / PoA Holder / Karta Se					Applicant			Thir	d Applica	ant					
Foli	o No.:															
Joint I	Sole Account Holder Name: Holder 1 / Guardian Name: Holder 2 Name															
Paymo Paymo	FIONAL PURCHASE ent Type : Non-Third Par ent Mode : Cheque [ent Through : Single Cheque	DD Fun	Third Party Payı d Transfer neques (Refer ir	RTGS	/ NEFT			Facility (O	one Time Bank M	/andat		N is regi	stered	in the fo	ilio)	
LEI NO	LEI No. is Mandatory for transaction amo	ount ₹ 50 crs and above	for Non individual in	nvestors	2. NOTE	≣: In case o	Pavmen	t through sin	Valid upto:	estment	in more	than one	scheme	the chear	ue/DD should	
Mahin	ued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned belindra Manulife ₹: Amount eme/Plan/Option/Sub Option						low and the cheque/DD details need to be filled only once. Payment Ref. / Cheque No./DD/RTGS Date:								·	
	dra Manulife	₹: Amount				Pay in A		-1 1	IDD IDTES	Bai	IK.					
Scheme/Plan/Option/Sub Option							Payment Ref. / Cheque No./DD/RTGS					Date:				
Scrien	ie/Plan/Option/3ub Option					Pay in A	c No.:			Bar	nk:					
SWITCH (Refer instruction C)						REDEEM (Refer instruction C) Amount ₹:										
Units:	nount ₹: ☐ All free Units:					Units: All free Units: Scheme										
Plan _				Plan					Option							
To Scl	neme					Credit re	demptio	on proceed	ls to registered*	Bank	Name: _					
	n your bank account for redempti		tiple bank accour	nts are					ill be considered							
NSDL	rs desiring to get allotment of uni					e snould	provide	the details	Beneficiar		nt belov	v:	_	$\overline{}$		
CDSL	DP NAME		DP ID		N eficiar	y			Account N	lo.			\dashv		7	
The units DECLA To, The I / We had to abide amount i laws or a have not or any paupdation, us. If the holder (A from amount to NRIs of the DECLA TO THE NEW TO THE NEW TO THE NEW TO THE TO THE NEW TO THE TO	Intach a copy of he DP statement / Client Now will be credited to the beneficiary (der RATION(S) AND SIGNATURE(S) Trustee, Mahindra Manulife Mut we read and understood the contents of by the terms, conditions, rules and regul nivested in the Scheme(s) is derived throuny Notifications, Directives of the provisi received nor have been induced by any art of it including the changes/updates the submission, any Indian or foreign status transaction is delayed or not effected at MFI registered Distributor) has disclosed ingst which the Scheme is being recominly: I / We confirm that I am / we are Nor firm that the details provided by me / us	trual Fund the scheme related do ations of the Scheme(sugh legitimate sources cions of the Income Tax. rebate or gifts, directly hat may be provided by tory, regulatory, judicial, all for reasons of incom to me/us all the commended to me/us. I/We In-Residents of Indian Na	cuments (i.e. Schem) as on the date of only and is not held of Act, Anti Money Lau or indirectly, in mak me/us to the Fund, quasi-judicial author plete or incorrect in inssions (in the form hereby confirm that	t account tion with this trans or design ndering L ting this i its Spon- orformation of trail	ation Doosaction. I led for the laws, Antinvestme sor/s, Truencies in on, I/We v commisse on to be	cument / k / We confi ie purpose int. I/We he ustees, AMC icluding but would not h sion or any een offered,	ey Information to the contract of contract of contract of contract of contract of the contract of the contract of the contract of communication of contraction of contra	nation Memory / We are not vention of an r any other a lorize you to loyees, agent ted to Financ MC / the Fur ude), payable nicated any in	randum & Stateme residents(s) of Car y Act, Rules, Regulapplicable laws ena disclose, share, rens and third party scial Intelligence Unitd, their appointed to him/them for the dicative portfolio a	ent of Adnada as ations or cted by mit in an ervice pit-India (I service he differ and/ or a	dditional defined ur any staf the Gove by form/n providers, FIU-IND) providers ent company indica	Informatic under the tute or leg ernment o nanner/mo SEBI regis etc withou or repres peting Sch	on) of the applicabe gislation of India from the applicabe function of India from the application of India from the application of India from the India from	e Schemel ole laws of or any oth om time t above info itermediar itimation/a is responsi f various N investmer	(s) and agree Canada. The er applicable o time. I / We rmation and ies for single idvice to me idvice to me idvice to me idvice to me idvice to me idvice to me idvice to me	
2	First Unitholder / Authorised S		nitholder			<u> </u>	Third Unitholder									
mahir Man	ndra		*		IEAR F	ieke		*							applicant	
	ice : Sadhana House, 1st Floor, 570 P B I		00018. Phone: +91-2	22-66327	7900, Tol	ll Free No.:	1800 419	9 6244.		Date:	D D	M M	M Sig	Y Y	YY	
transacti	on form for Additional Purchase/Switch/	Redemption of/from So	theme		to	Scheme _						•				
of Rs		OR				_ units.										