

Investors must read the Key Information Memorandum and the General Instructions before completing this Form.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)					
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EJIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN - 96134		E106410			
<p>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):</p> <p><input type="checkbox"/> 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).</p> <p>EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1)</p> <p><input type="checkbox"/> 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.</p>					
<p>_____ Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta</p>		<p>_____ Sign Here Second Applicant</p>		<p>_____ Sign Here Third Applicant</p>	

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.

1. EXISTING UNIT HOLDER INFORMATION (If you have existing Folio, please fill in folio no. in this section and proceed to sections 8 and 11.) (Refer General Instruction 3)

[illegible]

The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor

3. UNIT HOLDER INFORMATION (Refer General Instruction 4)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no jointholders) [Name and DOB shall be as per PAN for non-individual investors]

[illegible]

GENDER ☐ Male ☐ Female ☐ Other

DATE OF BIRTH [†] / INCORPORATION	D	D	M	M	Y	Y	Y	Y
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Proof of date of birth (in case of minor)[†] (✓) ☐ Attached

†Date of birth and Proof of Date of birth is mandatory in case of investments made on behalf of minor. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth. ** Refer General Instruction 4F.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY												STATE				PIN CODE											
CONTACT DETAILS OF FIRST / SOLE APPLICANT																											
Country Code												STD Code				Telephone : Off.											
Mobile No.												Res.				Fax											
^^Email Id												<input type="checkbox"/> I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)															

Overseas Address (Mandatory for NRI/PIO/FPI Applications)	
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^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer General Instruction 9)

#Please attach Proof. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC.

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER

[illegible]**ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)**

LEI*																				Contact Person Name							
Designation						Mobile No.						Email															

* The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value ₹50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/Dividend) of value ₹50 crore and above, and shall not be held responsible for any non-receipt/ receipt of funds with a delay.

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4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 4) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT

Mr.	Ms.	M/s.																									
KYC Identification No. (KIN):										PAN# / PEKRN#										GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other							
Mobile No.										^^Email Id										DATE OF BIRTH							
																				D D M M Y Y Y Y							

☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

II. NAME OF THIRD APPLICANT

Mr.	Ms.	M/s.																									
KYC Identification No. (KIN):										PAN# / PEKRN#										GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other							
Mobile No.										^^Email Id										DATE OF BIRTH							
																				D D M M Y Y Y Y							

☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

#Please attach Proof. Refer General Instruction No 15 for PAN/PEKRN and No 17 for KYC.

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email (Refer General Instruction 9)

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 4)

5a. Status of Applicants (Refer General Instruction 4D) (Please tick one)

Sole/First Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OC <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
Second Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OC <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
Third Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OC <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company

5b. Occupation Details [Please tick (✓)]

Sole/First Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student <input type="checkbox"/> Professional	<input type="checkbox"/> Housewife <input type="checkbox"/> Business	<input type="checkbox"/> Retired
Second Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student <input type="checkbox"/> Professional	<input type="checkbox"/> Housewife <input type="checkbox"/> Business	<input type="checkbox"/> Retired
Third Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student <input type="checkbox"/> Professional	<input type="checkbox"/> Housewife <input type="checkbox"/> Business	<input type="checkbox"/> Retired

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
		(Mandatory for Non-Individuals) Rs.			as on	D D M M Y Y Y Y	(Not older than 1 year)
Second Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
		(Mandatory for Non-Individuals) Rs.			as on	D D M M Y Y Y Y	(Not older than 1 year)
Third Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
		(Mandatory for Non-Individuals) Rs.			as on	D D M M Y Y Y Y	(Not older than 1 year)

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

Sole/First Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Second Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Third Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

TEAR HERE

Scheme(s)/Plan(s)/Option(s)/ Sub-option(s)				
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)		Amount in Figures (Rs.)

SIP/ Micro SIP Date (s) _____ Top Up SIP Amount / Percentage _____ Frequency _____

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Place of Birth									
Country of Birth									
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____		
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.									
Country of Tax Residency	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
Tax Identification Number OR Functional Equivalent	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
Identification Type (TIN of other, Please specify)	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
If TIN is not available, please tick the reason A, B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C → Others; please state the reason thereof _____

Refer General Instructions 4C and 19

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name											
Branch Address											
Account No.							MICR Code				
Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____										
IFSC Code***							*** Refer General Instruction 6C (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)				

Unit holders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 8) via Direct credit / RTGS / NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

NOTE: In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. Same cheque cannot be used for both lumpsum & SIP investments.

8A. For Lumpsum Investment

Payment Type : ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')
 Payment Through : ☐ Single Cheque ☐ Multiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD / Cheque Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number
Mahindra Manulife						
Mahindra Manulife						
TOTAL						

8B. For investment through SIP / Micro SIP mode

Payment Type : ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')
 Payment Through : ☐ Single Cheque ☐ Multiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date(s) (Refer instruction 7.1)	Frequency	Period	Top-Up (Optional) (Refer instruction 7.6)		
					Top-Up Details	CAP Details (Optional)	Frequency
1. Mahindra Manulife			<input type="checkbox"/> Monthly* Start: MM YY YY YY <input type="checkbox"/> Quarterly End: MM YY YY YY or <input type="checkbox"/> Until cancelled*		Amount*(₹) CAP Amount*(₹) Percentage CAP Month-Year	Amount*(₹) CAP Amount*(₹) CAP Month-Year	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
Cheque No. DD MM YY YY YY							
2. Mahindra Manulife			<input type="checkbox"/> Monthly* Start: MM YY YY YY <input type="checkbox"/> Quarterly End: MM YY YY YY or <input type="checkbox"/> Until cancelled*		Amount*(₹) CAP Amount*(₹) Percentage CAP Month-Year	Amount*(₹) CAP Amount*(₹) CAP Month-Year	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
Cheque No. DD MM YY YY YY							
TOTAL							

*Default Option. Note: Top-Up SIP facility is available only through NACH debit mandate. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Kar Bachat Yojana. CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued.

For existing investors if 1st SIP Installment is through NACH mandate attach ☐ Blank cancelled cheque OR ☐ Copy of cheque

For SIP through Auto Debit / NACH please also fill & attach SIP Registration cum Debit mandate form.

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

SIP 1 : Period MM YY YY YY TO MM YY YY YY No. of cheques attached

SIP 2 : Period MM YY YY YY TO MM YY YY YY No. of cheques attached

The first cheque & the Post dated cheques should be drawn on the same bank & account number.

9. UNIT HOLDING OPTION ☐ DEMAT MODE* ☐ PHYSICAL MODE (Default) (Refer Instruction 12)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the names as mentioned in the application form matches with that of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.

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

10. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

OR

[Please (✓)] ☐ I/We do not wish to Nominate

11. DECLARATION & SIGNATURE/S (Refer Instruction 13)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ We hereby confirm and declare as follows:- I /We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of Mahindra Manulife Mutual Fund ('the Fund') indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Mahindra Manulife Investment Management Private Limited (Formerly known as Mahindra Asset Management Company Private Limited)(AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. 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, AMC, 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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) 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. I/We hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). I/ We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. 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 provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. **FATCA Declaration:** I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. **Applicable to NRIs only:** I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

SIGNATURE(S)

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

<p>_____ Sign Here First / Sole Applicant/ Guardian / PoA Holder / Karta</p>	<p>_____ Sign Here Second Applicant</p>	<p>_____ Sign Here Third Applicant</p>
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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 (EUIIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN - 96134		E106410			

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).

EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1): ☐ I/We hereby confirm that the EUIIN 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
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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)		KYC Identification Number	
PAN / PEKRN^		Enclosed <input checked="" type="checkbox"/> #KYC Proof <input type="checkbox"/> Existing UMRN	
		(If UMRN is registered in the folio)	

PAYMENT THROUGH ☐ SINGLE CHEQUE ☐ MULTIPLE CHEQUES Refer Note (i) and general instruction 5 D.

New SIP/Upgrade Existing SIP	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)^^	SIP Installment Amount (₹)	SIP Date(s) (Refer Instruction 1(a))	Frequency	Period	Top-Up (Refer instruction 1b) (Optional)		
						Top-Up Details	CAP Details (Optional)	Frequency
<input type="checkbox"/> New <input type="checkbox"/> Upgrade	1. Mahindra Manulife Cheque No. _____			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled*	Amount*(₹) Percentage	CAP Amount*(₹) CAP Month-Year	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
<input type="checkbox"/> New <input type="checkbox"/> Upgrade	2. Mahindra Manulife Cheque No. _____	TOTAL		<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled*	Amount*(₹) Percentage	CAP Amount*(₹) CAP Month-Year	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly

* **Default Option. Note:** (i) 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. (ii) Top-Up SIP facility is available only through NACH debit mandate. For Upgrading fill complete information for active SIP. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Kar Bachat Yojana. **CAP Amount:** Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. **CAP Month-Year:** Month-Year from which SIP Top-Up will be discontinued. ^^ In case of above IDCW option/sub-option(s)/facilities, the amounts can be distributed out of investors' capital (Equalization Reserve), which is part of sale price that represents realized gains.

No. of PDC cheque leaves: SIP 1, SIP 2	Debit Bank Name: SIP 1, SIP 2
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For existing investors if 1st SIP Installment is through NACH mandate attach ☐ Blank cancelled cheque OR ☐ Copy of cheque

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/Dividend (IDCW) proceeds in the Bank Account linked to the Demat A/c.

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.

^ Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

Sign Here
First/ Sole Applicant / Guardian / PoA Holder / Karta
Sign Here
Second Applicant
Sign Here
Third Applicant

UMRN _____ Date : _____

Sponsor Bank Code _____ Utility Code _____

(Please ☒) I/We hereby authorize Mahindra Manulife Mutual Fund to debit (Please ☒) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others _____

☐ CREATE Bank Account Number _____ IFSC _____

☐ MODIFY with Bank _____ Or MICR _____

☐ CANCEL an amount of Rupees _____ ₹ In Figures _____

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

Folio No. _____ Phone _____

PAN _____ E-mail _____

- 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.
- 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.

PERIOD	From	DD / MM / YYYY	Sign Here			
	To	DD / MM / YYYY		Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	Or <input type="checkbox"/> Until Cancelled					
	Name	(1) As in bank records	(2) As in bank records	(3) As in bank records		