

4. BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected. Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant) Investor may furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including (!) Auto Direct Credit Facility.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|-----------|--|--|--|--|--------------------------|----------------|----------------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|--|--|--|--|-----|--|--|--|--|--|
| Bank Account No.! | | | | | | | | | | | Repeat Bank Account No.! | | | | | | | | | | | | | | | | |
| MICR Code | | | | | | IFSC Code | | | | | | Account Type : | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | City | | | | | | Pin | | | | | |

5-a. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM especially Third Party) For each application and for each plan/option separate cheque / DD to be submitted.

| Cheque/DD No. | Cheque / DD Amount (Rs.) | DD Charges (Rs.) | Gross Total Amount (Rs.) | Bank Account Number | Bank & Branch | Account Type [®] (SB/CA/NRE/NRO/FCNR) |
|---------------|--------------------------|------------------|--------------------------|---------------------|---------------|--|
| | | | | | | |

** Allotment of units subject to realization of Cheque/DD. **For NRI(s)/PIO: Source of Fund:** NRE NRO FCNR Direct Remittances from abroad
 Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name Yes No
 If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. Application form without this information is liable to be rejected.
 Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

5-b. IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

- I / We hereby declare that the above mentioned cheque/Demand Draft^^ has been issued:
 - from/by debit to my personal/my joint Bank Account with other IInd/IIIrd Applicant. against cash (in case of demand draft) upto Rs. 50,000/-.
- ^^In case of Demand Draft, Banker's certificate about the source of funds is attached. Yes No (In case, the answer is "No", the application will be rejected)

5-c. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Payment)

The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]

- Parent/Grand Parent/Relative in case of 1st Applicant being a minor Employer (in case of deduction from salary) Custodian on behalf of FII/Client.

Full Name of PoA / Third Party

PAN No. of PoA / Third Party [Please ✓] KYC Compliant Yes No (Please attach KYC acknowledgement & Refer instruction no. 10)

6. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please (✓)) Yes No (if yes, please provide the below details)\$\$

National Security Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)

Depository Participant Name:

DP ID No. IN Beneficiary Account No. Target ID No.

^{\$\$} in case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information Document for details.

7. FOR INVESTMENT BY NRI/PIO/FII (US and Canada Investors not permitted)

Overseas Address

City Country Pin/ZIP

Applicable to NRIs only: I / We* confirm that I am / we* are Non-Resident of Indian Nationality / Origin and I/we* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our* Non-Resident External / Ordinary Account / FCNR Account. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (4) Repatriation basis Non-Repatriation basis

8. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fill up separate form for each SIP date / frequency / plan / option)

(please ✓ only one) Normal SIP Micro SIP (Available for investors whose contribution through SIP per year will not exceed Rs. 50,000 through all SIP contributions if PAN is not submitted)

Enrolment Period Start End OR Perpetual (i.e. until it is cancelled)

Payment Mechanism:

Regular SIP

- Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
- Auto Debit Facility (through Standing Instructions for HDFC Bank account holder) (Please attach Standing Instruction form of HDFC along with a cheque towards the first installment)
- Through Post dated Cheques (please furnish the cheque details below)

Special SIP

- Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form, without any cheque) SIP will start only on the SIP opted date after 30 days of submission of valid SIP appln.

SIP DATE (please ✓ only one) 1st 5th 10th 15th 20th 25th Frequency (please tick any one) Monthly* Quarterly (* Default Frequency)

No. of cheques / installments Cheque Nos. : From To SIP Installment amount :

Name of Bank & Branch :

9. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, conditions and instructions for STP) (Please fill up Separate form for from / to different scheme / plans / options / sub-options)

| | | | |
|------|--|----|--|
| From | Scheme / Plan / Sub-Plan / Option / Sub-Option | To | Scheme / Plan / Sub-Plan / Option / Sub-Option |
| JM | | JM | |

STP installment amount Enrolment Period: From To OR Perpetual (i.e. until it is cancelled)

Frequency of Transfer[®] (Pl. 4 any one from the following)

| | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Chhota STP/Combo SIP | <input type="checkbox"/> Weekly (pl. ✓ any one starting date) | <input type="checkbox"/> Fortnightly (pl. ✓ any one starting date) | <input type="checkbox"/> Monthly (pl. ✓ any one starting date) | <input type="checkbox"/> Quarterly |
| <input checked="" type="checkbox"/> Daily | <input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month | <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of every month | <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th of the month | 1st Business Day of the next month and subsequently on first of every quarter |

[®] choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

10. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, conditions and instructions for SWP)SWP Plan (Pl. ✓ any one): Fixed Amount Withdrawal (FAW) Capital Appreciation Withdrawal (CAW)SWP Installment Amount under FAW: Rs. Withdrawal Frequency # (Pl. ✓ any one): Monthly 1st 5th 15th 25th Quarterly (1st Business day of every quarter after the start)Enrolment Period: From To OR Perpetual (i.e. until it is cancelled) **11. NOMINATION DETAILS** (Pls Refer instruction / KIM for details) I / We _____ at present do not wish to register nominee/s against the above folio. I/We hereby nominate the under mentioned person(s) to receive the amount to my/our credit in the event of my/our death in proportion to the percentage(%) indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

| No. | Name & Address of the Nominee /s (upto 3 Nos.) | Date of Birth (in case of Minor) | Relationship with the first holder | Share (%) (in multiple of 1%) | Age of the Nominee |
|-----|--|----------------------------------|------------------------------------|-------------------------------|--------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Guardian Name (in case of Minor) Relationship Address City Pin Signature of Nominee / Guardian (Not mandatory) **12. LIST OF DOCUMENTS ATTACHED** (pls mention below the details of documents (other than cheque & DD) attached with the form)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> KYC Compliance Status Proof | <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) |
| <input type="checkbox"/> Verified PAN Copy | <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> Bye-Laws | <input type="checkbox"/> Others (Pls Specify) _____ |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> |

13. Name of Document Attached for MICRO SIP

| | |
|----|--|
| 1. | Document Ref. No. _____ |
| 2. | Document Ref. No. _____ 3. Document Ref. No. _____ |

14. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document of the scheme for investment and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of JM Financial Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources 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, directions issued by any governmental or statutory authority from time to time.

It is expressly understood that we have the express authority from our constitutional documents to invest in the units of the Scheme and the AMC/Trustee/Fund would not be responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents.

I/we authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever.

I/we hereby further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above.

"The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us"

JM Financial Services Pvt. Ltd. is affiliated to JM Financial Asset Management Pvt. Ltd (JM Financial AMC), which is the Investment Manager to the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC.

(Applicable for SIP Investors only)

I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit or Standing Instruction Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/we would not hold the Asset Management Company responsible in any manner. I/we hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS /Direct Debit/Standing Instructions towards the collection of monthly/quarterly payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/we have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document.* Please strike out whichever is not applicable.

| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--|-------------------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date : _____

Place : _____