

☐ **Enrolment** / ☐ **Cancellation**

Date: | D | D | | M | M | | Y | Y | Y | Y

ARN-181211

**(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)**

The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS** only. Please tick in the appropriate box wherever applicable and strike off the section(s) not in use.

## 1. Applicant Details

<b>Folio No. for existing Unit holder</b>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
<b>Name of First / Sole Applicant</b>	
<b>Name of Guardian</b> (in case First / Sole Applicant is a minor)	
<b>Name of Second Applicant</b>	
<b>Name of Third Applicant</b>	

## 2. Systematic Withdrawal Plan (SWP) Mandate

Scheme / Plan / Option		Mahindra Manulife		
SWP Date (✓)		<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div><input type="checkbox"/> 3</div><div><input type="checkbox"/> 4</div><div><input type="checkbox"/> 5</div><div><input type="checkbox"/> 6</div><div><input type="checkbox"/> 7</div><div><input type="checkbox"/> 8</div><div><input type="checkbox"/> 9</div><div><input type="checkbox"/> 10 (Default)</div><div><input type="checkbox"/> 11</div><div><input type="checkbox"/> 12</div><div><input type="checkbox"/> 13</div><div><input type="checkbox"/> 14</div><div><input type="checkbox"/> 15</div><div><input type="checkbox"/> 16</div><div><input type="checkbox"/> 17</div><div><input type="checkbox"/> 18</div><div><input type="checkbox"/> 19</div><div><input type="checkbox"/> 20</div><div><input type="checkbox"/> 21</div><div><input type="checkbox"/> 22</div><div><input type="checkbox"/> 23</div><div><input type="checkbox"/> 24</div><div><input type="checkbox"/> 25</div><div><input type="checkbox"/> 26</div><div><input type="checkbox"/> 27</div><div><input type="checkbox"/> 28</div><div><input type="checkbox"/> 29</div><div><input type="checkbox"/> 30</div><div><input type="checkbox"/> 31</div></div>		
Frequency (✓)		<div><div><input type="checkbox"/> Monthly (Default)</div><div><input type="checkbox"/> Quarterly</div><div><input type="checkbox"/> Half-Yearly</div><div><input type="checkbox"/> Yearly</div></div>		
Period of Enrollment	From (1st Installment)	MM/ YYYY	To (Last Installment)	MM/ YYYY
Withdrawal Amount (Per Installment)	₹ in Words		₹ in Figures	
No. of Installments		Total Withdrawal (Rs.)		

### 3. PAYMENT BANK details FOR SWP (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated by me/us.

Bank Name	
Account number	A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE

Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

#### 4. SWP Form Declaration(s) and Signature(s)

I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) including the terms and conditions/instructions pertaining to the Systematic Withdrawal Plan Facility as on the date of this transaction. 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.

<p>Sign Here</p> <hr/> <p>First/ Sole Unit holder/ Guardian/ PoA holder/ Karta</p>	<p>Sign Here</p> <hr/> <p>Second Unit holder</p>	<p>Sign Here</p> <hr/> <p>Third Unit holder</p>
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Please note : Signature(s) should be as it appears on the Application Form for new investors and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.