

COMMON SIP/TOP-UP SIP REGISTRATION/UPGRADE CUM DEBIT MANDATE FORM

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.

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code		Employee Unique RIA/PMR Identification Number (EUIN)		Name & Code		nal Code for nt / Employee	FOR OFFICE USE ONLY (TIME STAMP)		
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). EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): 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.										
Sign Here First/Sole Applicant/ Guardian / PoA Holder / Karta S		Sign Here Second Applicant			Sign Her	gn Here Third Applicant				
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 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 Identificat	ion Number					
PAN / PEKRN^		Enclosed (✓) #KYC Proof				(If UMRN is	s registered in t	he folio)		
PAYMENT THROUGH SINGLE CHEQUE MULTIPLE CHEQUES Refer Note (i) and general instruction 5 D. 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.										
☐ New SIP ☐ Upgrade Existing SIP	SIP Installment — Amount (₹)	Frequency	SIP Date(s)/Days for Wee Monthly/ Quarterly Frequ (Refer Instruction 1(a))		Period		Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction		ction 1b)	
	_ Amount (()	☐ Weekly	☐ Mon ☐ Tue ☐ Wed (Def		Start: M M Y Y		Top-Up Details Amount*(₹)	CAP Details (Optional) CAP Amount*(₹)	Frequency ☐ Yearly	
	_		1 2 3 4 5		End: M M Y Y				(Default)	
Cheque No	_	☐ Monthly (Default)	10 11 12 13 14	15 16 17 18	or Until cancel	llad	Or Percentage	Or CAP Month-Year	☐ Half yearly	
Cheque Date	_	☐ Quarterl	y 19 20 21 22 23 2 28 29 30 31	25 26 27	or oricii cancer			M M Y Y Y		
☐ New SIP ☐ Upgrade Existing SIP 2. Mahindra Manulife		□Weekly	☐ Mon ☐ Tue ☐ Wed (Defa	oult) 🗌 Thu 🔲 Fri	Start: M M Y Y	YYY	Amount*(₹)	CAP Amount*(₹)	☐ Yearly (Default)	
	_	☐ Monthly (Default)			End: M M Y Y	YY	Or Percentage	Or CAP Month-Year	□ Half	
Cheque No	_	Quarter	10 11 12 13 14 1 V 19 20 21 22 23 2		or Until cancel	lled		M M Y Y Y	yearly	
Cheque Date	_	Quarteri	28 29 30 31							
2. Demat Account Details (Optional) NSDL DP NAME DP ID I N Beneficiary Account No.										
CDSL DP NAME			Beneficiary Accou	ınt No.	Dellell	Iciai y Accou	ant No.			
The investors shall receive payments of Redemption/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated Dedaration: 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 dedare 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 be hown the instructions as mentioned in the application form. I/We also hereby authorise be bank to debit charges towards verification of this mandate, if any. I/We agree that the Agree that the Agree through participation in NACH/Auto Debit instruction of the same and the particulars given above are correct and express my willingness to make apayments referred through participation in NACH/Auto Debit I/We authorise the bank to how the same in the application from I/We also hereby administer that the particulars given above are correct and express my willingness to make apayments referred through participation in NACH/Auto III and in the following the same I/We authorise the bank to how the same I/We have not not including the application in NACH/Auto III and in the following the same I/We authorise the same I/We authorise the same I/We are applied to the same I/We authorise the same I/We are applied to the same I/We authorise the same I/We authorise the same I/We are applied to the same I/We are a same I/We are										
Sign Here First/Sole Applicant / Guardian / PoA Hold	er / Karta	Sign Here	Second Applicant	:	Sign Here	e	Third Applic	ant		
Manulife Multual Fund One Time Bank Mandate (NACH/Direct Debit Mandate Form) Date: D D M M Y Y Y Y Y										
UMRN					(PI	ease√) ✓	CREATE >	MODIFY	CANCEL	
Sponsor Bank Code	Office use only		Utility Coc	e N A C	H 0 0 0	0 0 0	0)fice 0 (se o(0)/	0 0 3 2	6 2	
I/We hereby authorize: Mahii	ndra Manulife Mu	ıtual Fund	to debit (P	ease ✓)	B ☐ CA ☐ CC	SB-NRE	SB-NRO	Others		
Bank A/c No.:					IFSC					
with Bank	Bank Na	ime & Brancl	ı			MICR				
an amount of Rupees			In Words			- 11	.	In Figures		
Frequency: Monthly Quarter Folio No.	ly 🔀 Half Yea	rly 🔀	Yearly ✓ As & whe	n presented	PA	Debit Type	Fixed An	nount 🛂 Maxim	um Amount	
1. Lagree 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. 2. 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. **IDCW: Income Distribution cum Capital Withdrawal**										
From DD / MM / YYYY										
ToDD /_MM /YYYY OrUntil Cancelled	Signature of Prin	ount Holder	Signature of Bank Account Holder				Signature of Bank Account Holder			
Phone	Name as	in hank reco	ords	Name as in bank records			Name as in hank records			