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| Distributor/ RIA Code AARN-146822 | Sub Agent ARN | Sub Agent Code/Bank Branch Code/Internal Code | Employee Unique Identification Number |
|--------------------------------------|---------------|---|---------------------------------------|

EUI Declaration: I/We hereby confirm that the EUI 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 and the distributor has not charged any advisory fees on this transaction.
 RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA.
 Units will be allotted for the amount minus the transaction charges payable to distributor, if applicable.

| | | |
|--|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--|-------------------------------|------------------------------|

UNITHOLDER'S DETAILS **FOLIO No.** _____

Sole/First Applicant (Mr./Ms.) : _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DETAILS OF SIP INVESTMENT

Scheme Name & Plan: _____ Option/Sub-Option: _____

Cheque No: _____ Date: _____ Drawn on Bank: _____

Each SIP amount: ₹ _____ SIP Frequency (✓) Weekly (Mention Day) Fortnightly (1st or 16th as applicable) Monthly (Any Date) Quarterly (Any Date) (Default - 10th)

SIP Date DD SIP Start Month/Year: MM YYY Y SIP End Month/Year: MM YYY Y

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): Half Yearly Yearly (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
 (If TOP-UP frequency is not selected, then the default option will be Yearly.)

Variable SIP TOP-UP: 10% 15% 20% other _____ (multiples of 5% only)

Fixed SIP TOP-UP Amount (Rs.): _____ Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year: MM YYY Y SIP Top Up End Month/Year: MM YYY Y

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/Cancelled delivery instruction slip that you may have received from your Depository.

NSDL DP Name _____ DP ID I N _____ Beneficiary Account No. _____

CDSL DP Name _____ Beneficiary Account No. _____

Signature(s) as per Helios Mutual Fund Records (Mandatory)

| | | |
|--|-------------------------------|------------------------------|
| Signature of Sole/First Applicant/Guardian | Signature of Second Applicant | Signature of Third Applicant |
|--|-------------------------------|------------------------------|

**ONE TIME BANK MANDATE
(NACH/OTM/Direct Debit Mandate Form)**

UMRN FOR OFFICE USE ONLY _____ Date DD MM YYY Y

Tick (✓)

| | | |
|----------|----------|----------|
| CREATE ✓ | MODIFY X | CANCEL X |
|----------|----------|----------|

Sponsor Bank Code _____ Utility Code _____

I/We hereby authorize HELIOS MUTUAL FUND to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number _____

with Bank _____ Name of customers Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Amount in words _____ ₹ _____

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN _____ Phone No. +91 _____

Reference _____ Email ID _____

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 bank.
 This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorizing to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.

PERIOD

From DD MM YYY Y _____ Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

To 31 12 20 50 1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records

As per Mandate circular dated 18th August 2023, mandate can be for maximum duration of 30 years from date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM **FOLIO No.** _____

Name of the Investor: _____

Scheme Name, Plan & Option: _____ SIP Amount: ₹ _____

Fixed SIP Top-Up Amount: ₹ _____ Top-Up Frequency (✓): _____

Variable SIP TOP-UP: 10% 15% 20% other _____ (multiples of 5% only)

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| www.heliosmf.in | customercare@helioscapital.in | 18002100168 (Toll Free Number) |
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