

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

Mr. Ms. M/s. _____	Mobile No. _____
PAN#/ PEKRN# _____	KYC Identification No. (KIN): _____
Relationship with Minor Please (✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian	
DATE OF BIRTH OF GUARDIAN D D M M Y Y Y Y	

It is mandatory to provide DOB of Guardian and Proof of relationship with minor

ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)

Contact Person Name _____	Designation _____
Mobile No. _____	Email _____

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 3) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT Mr. Ms. M/s. _____

PAN#/ PEKRN# _____	KYC Identification No. (KIN): _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
		Please attach PAN Card copy and KYC Proof (Mandatory)
Mobile No. _____	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	DATE OF BIRTH D D M M Y Y Y Y
^^Email ID _____	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	

II. NAME OF THIRD APPLICANT Mr. Ms. M/s. _____

PAN#/ PEKRN# _____	KYC Identification No. (KIN): _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
		Please attach PAN Card copy and KYC Proof (Mandatory)
Mobile No. _____	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	DATE OF BIRTH D D M M Y Y Y Y
^^Email ID _____	<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO	

***Mandatory**

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3)

5a. Status of Applicants (Refer General Instruction 3D) [Please (✓) one]

Sole/First Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> QFI <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> LLP <input type="checkbox"/> Bank <input type="checkbox"/> FI <input type="checkbox"/> Society / Club <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Non Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> FPI <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Others _____ (Please specify)
Second Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> OCI <input type="checkbox"/> PIO <input type="checkbox"/> Individual <input type="checkbox"/> Others _____ (Please specify)
Third Applicant	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> OCI <input type="checkbox"/> PIO <input type="checkbox"/> Individual <input type="checkbox"/> Others _____ (Please specify)

***Non-Profit Organization [NPO] to provide the following declaration:** We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). Yes No (Attach documentary evidence)

If yes, please quote the NPO Registration Number provided by DARPAN portal.

(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)

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

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

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 <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
Third Applicant Please select any one	Gross Annual Income <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

-----✂----- **TEAR HERE** ----->

Scheme Name	Select your plan	Select your Option / Sub-option / Facility
	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)

9. UNIT HOLDING OPTION **DEMAT MODE*** **PHYSICAL MODE (Default)** (Refer Instruction 11)

*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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CDSL	DP NAME _____	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

10. NOMINATION: I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death. [As per details given below] - Applicable for Individual Unitholders only (Refer Instruction 13)

Mandatory Details				Non-mandatory Details	
Name of Nominee(s) (Recommended else read and tick (✓) the declaration below)	Relationship with Applicant (if any)	Date of Birth & Name of Guardian (in case the Nominee is a minor)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100% - Any odd lot after division shall be transferred to the first nominee mentioned in the form.)	Address of Nominee(s)/ Guardian in case of Minor Mobile / Telephone No. / Email ID of nominee(s) /Guardian in case of Minor	Nominee/ Guardian (in case of Minor) Identification details - [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked - only last 4 digits visible) <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID
Nominee 1					
Nominee 2					
Nominee 3					

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any. The AMC / Mutual Fund shall provide acknowledgement of the nomination form to the account holder(s)

OR
[Please (✓)] I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

11. DECLARATION & SIGNATURE/S (Refer Instruction 12)

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 (ie. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of 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 (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.)

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

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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 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-146822					

ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.
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).
EUM 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

() SIP/ Top-Up SIP Micro SIP Change in Bank Account for Auto Debit (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^A _____ Enclosed () KYC Proof Existing UMRN _____

PAYMENT THROUGH SINGLE CHEQUE MULTIPLE CHEQUES Refer Note (f) and general instruction 4 D. In case of Payment through single cheque, for investment in more than 1 Scheme 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.

Please mention Scheme-Plan-Option-Sub Option

SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b)		
				Top-Up Details	CAP Details (Optional)	Frequency
1. Mahindra Manulife _____ Cheque No. _____ Cheque Date _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: MMYYYY End: MMYYYY Ensure SIP Duration is not more than 40 years.	Amount*(₹) Or Percentage	CAP Amount*(₹) Or CAP Month-Year	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
2. Mahindra Manulife _____ Cheque No. _____ Cheque Date _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: MMYYYY End: MMYYYY Ensure SIP Duration is not more than 40 years.	Amount*(₹) Or Percentage	CAP Amount*(₹) Or CAP Month-Year	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly

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/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^ARefer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated
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.

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

✂----- TEAR HERE -----✂

mahindra **Manulife** **MUTUAL FUND** **One Time Bank Mandate (NACH/Direct Debit Mandate Form)** Date: DD MM YY YY

UMRN _____ (Please) CREATE MODIFY CANCEL

Sponsor Bank Code _____ Utility Code N A C H O O O O O O O O O O 3 2 6 2

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

Bank A/c No.: _____ IFSC _____

with Bank _____ Bank Name & Branch MICR _____

an amount of Rupees _____ in Words ₹ _____ in Figures

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

Folio No. _____ PAN _____

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. 2. This is to confirm that the declaration has been carefully read, understood & 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 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. DCW: Income Distribution cum Capital Withdrawal

PERIOD	From	DD / MM / YYYY	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To	DD / MM / YYYY			

Phone _____ Name as in bank records Name as in bank records Name as in bank records

Maximum period of validity of this mandate is 40 years only.

Terms & Conditions for SIP/ Top-Up SIP

1 (a). SIP facility is offered by the Scheme subject to following terms and conditions:

Particulars	Frequency available (Default day for weekly frequency: Wednesday), (Default Frequency: Monthly)		
	Weekly	Monthly	Quarterly
SIP Transaction Dates	Any day of the Week (except Saturday & Sunday)		Any date*
Minimum no. of installments and Minimum amount per installment	For MMKBY - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- thereafter; For MMMAP - 6 installments of Rs. 1,000/- each and in multiples of Re. 1/- thereafter; For schemes other than MMMAP & MMKBY- 6 installments of Rs. 500/- each and in multiples of Re. 1/- thereafter.		For MMKBY - 4 installments of Rs. 1500/- each and in multiples of Rs. 500/- thereafter; For schemes other than MMKBY - 4 installments of Rs. 1500/- each and in multiples of Re. 1/- thereafter.
Mode of Payment	National Automated Clearing House (NACH) Facility and Direct Debit mandate through select banks with whom AMC may have an arrangement, from time to time.		

* If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day. However, in case the chosen date is not available in a particular month, the SIP will be processed on the last day of that month. E.g., if selected date is 31st, SIP installment for the month of September will be processed on 30th September. However, if 30th September happens to be a Non-Business Day, the SIP will be processed on the immediate next Business Day. **Note:** Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies. SIP amount (including Top Up) will be restricted to amount mentioned in Direct Debit / NACH Mandate Form. Any day of the week or more day(s) can be selected by the Unit Holders under the Weekly frequency.

MMKBY: Mahindra Manulife ELSS Tax Saver Fund; MMMAP: Mahindra Manulife Asia Pacific REITs FOF;

1 (b). Top-Up SIP Specifications facility available for monthly and quarterly frequencies only

Particulars	Minimum Top-up installment		Top Up Frequency	
	For schemes other than MMKBY	For MMKBY	For Monthly SIP	For Quarterly SIP
Top up by Amount	Rs. 100 and in multiples of Rs 100 thereafter	Rs. 500 and in multiples of Rs 500 thereafter	• Yearly • Half Yearly	• Yearly
Top up by Percentage	10% and in multiples of 1% thereafter. Rounded off to nearest next multiple of Rs. 10.	Not available	• Yearly	

Note: Existing investors will be required to submit a request for upgrade from SIP to Top-up SIP at least 10 calendar days prior to the next SIP date. In case of Monthly SIP, if the investor has chosen half-yearly Top-Up frequency, the SIP amount will increase after every 6 SIP monthly cycle dates by the amount indicated and if the investor has chosen Yearly Top-Up frequency, the SIP amount will increase after every 12 SIP monthly cycle dates by the amount/percentage indicated. For Quarterly SIPs, only Yearly frequency is available for Top-up and the SIP amount will increase after every 4 SIP quarterly cycle dates by the indicated amount / percentage. If the Investor does not specify either the Top-up amount/percentage or specifies both, the SIP application will be processed by default with the Minimum Top-up installment amount as per above table. The Top-up details cannot be modified once enrolled. In order to make any changes, the Investor must cancel the existing SIP and enroll for a fresh SIP with revised Top up details.

Investors/Unitholders are also requested to note that, in case of cancellation/discontinuation of SIP enrolment, any SIP Top-Up enrolment linked with the underlying SIP (whether existing OR future Top-Ups) shall also stand cancelled.

Default options: Default day for weekly frequency - Wednesday Default Frequency - Monthly Default Date (for both monthly and quarterly frequency) - 10th Default Mode - Top-up by amount. Default Top-up frequency - Yearly.

- For New / Existing investors if 1st SIP Installment is through NACH mandate kindly attach Blank cancelled cheque or Copy of cheque.
- Ensure the duration in the SIP Registration as well as Debit Mandate form is not more than 40 years.
- SIP Cap Amount:** Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) by specifying a SIP Cap amount. The SIP Cap amount shall be less than or equal to the amount mentioned by the Investor in the NACH Debit Mandate. In case the SIP Cap amount specified by the Investor is higher than the NACH Debit Mandate amount, then the amount mentioned in the NACH Debit Mandate shall be considered for applying Top-ups and processing of SIP installments until the end of SIP tenure.
 - SIP Cap Month-Year:** Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) from a prespecified month and year. From this prespecified month and year onwards, the SIP Top-Ups will be discontinued and the last topped up SIP installment will remain constant until the end of SIP tenure.
- Note: Investor shall have a flexibility to choose either SIP Cap Amount or SIP Cap Month-Year. In case of multiple selections, SIP Cap amount will be considered as default selection.
- The first installment will be processed at Applicable NAV based on the timing of credit receipt of funds to the bank account of the Scheme before the cut-off time i.e. available for utilization before the cut-off time as stated in KIMs/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor, subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.
- In case of MMKBY each SIP installment will be subject to a Lock In period of three years from the date of allotment of Units.
- In case of auto cancellation, the below given uniform timeline for treating a SIP as closed/cancelled will be adopted by the AMC.

S No.	SIP Frequency	No. of failed debit attempts prior to cancellation of SIP
1	Weekly, Monthly	3
2	Quarterly	2

- SIP registered for more than one day or all days of the week under the **Weekly** frequency OR one date or all dates of the month under the **Monthly / Quarterly** frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.
- SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.
- The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application.
- AMC will ensure cancellation of auto-debit/SIP within 10 calendar days of such request submitted by the investor.
- The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
- The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.
- Investors will not hold Mahindra Manulife Mutual Fund / Mahindra Manulife Investment Management Private Limited (MMIMPL), its Registrar and other service providers responsible, if the transaction is delayed or not affected or the investor's bank account is debited in advance or after the specific SIP date.
- The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is registered.
- Mahindra Manulife Mutual Fund / MMIMPL, its Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
- 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 Tax Saver Fund.
- 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.

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Terms & Conditions - NACH / Auto Debit

- NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in.
- This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/updation at any time in future at the sole discretion of MMIMPL, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
 - The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.
 - Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.
- Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice to any of the investor service centre.
- Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN.
- IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.
- In case of existing investor, if application is received without existing UMRN then the last UMRN registered in the folio would be considered.
- As per NPCI Circular, with effect from 1st April 2024, the duration of the NACH mandate can be for a maximum period of 40 years i.e. the gap between the "From" date and "To" date mentioned in the NACH Mandate form cannot exceed 40 years.

Terms & Conditions - Auto Debit

Auto Debit: The Auto Debit Facility will be made available only with the banks with which MMIMPL or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Manulife Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.