

### SYSTEMATIC INVESTMENT PLAN (NACH FORM) Please attach the scheme application form duly filled & signed

Name & ARN of Distributor	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUIIN)^

^Mandatory: Furnishing of EUIIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

**Declaration:** "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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

### AUTO DEBIT (NACH / DIRECT DEBIT) REGISTRATION CUM MANDATE FORM

- New Regular SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH) (for all Banks in select cities only) / Direct Debit (for select Banks only) as per overleaf.
- New Special SIP:** First & subsequent installments of Special SIP via NACH or Direct Debit. Application should be submitted at least 30 days before the 1st SIP installment.
- Renewal/Continuation of existing SIP** only if last SIP installment as per current registration is not yet over (pls fill fresh details in following columns).

### INVESTMENT DETAILS

Folio No. (for existing unitholders)  Application No. (for new Applicant)

Name of Sole/1st Applicant/Minor/Non-individual Mr./Ms./M/s.

E-mail ID (Capital Letters):  Mobile No.:

Scheme : **JM** Plan :  Sub-Option

SIP Installment Amount (Rs.)  Frequency (please tick any one) : Monthly \*  Quarterly  (\* Default Frequency)

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

SIP Dates (Pl. ✓ any one) :  01st  05th  10th  15th  20th  25th of the month (Note : Minimum 30 days are required for 1st installment through auto debit to register and start)

"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".

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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### Applicable for Lumpsum Additional Purchases as well as SIP Registrations

### DEBIT MANDATE FORM NACH / ECS / DIRECT DEBIT

UMRN :  Date

Tick (✓)  
 CREATE  
 MODIFY  
 CANCEL

Sponsor Bank Code : **ICICOTREA00** Utility Code **ICIC0026100001992**

I/We hereby authorize : **JM Financial Mutual Fund** to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank a/c number :

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented Debit Type  Fixed Amount  Maximum Amount

Reference 1  Folio No: Optional Phone No.

Reference 2  Appln No: Optional Email ID  IN CAPITAL

I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our account as per latest schedule of charges of the bank.

<b>PERIOD</b> From <input type="text"/> to <input type="text"/> or <input type="checkbox"/> Until Cancelled	Signature of Account Holder _____ 1. Name as in Bank Record	Signature of Account Holder _____ 2. Name as in Bank Record	Signature of Account Holder _____ 3. Name as in Bank Record
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- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.