

☐ Enrolment / ☐ Cancellation

Date:

(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.

KEY PARTNER / AGENT INFORMATION (Refer Instruction 10)					FOR OFFICE USE ONLY (TIME STAMP)
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	

**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 Instruction 10)** ☐ 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 Unit holder / Guardian/PoA holder/ Karta	Sign Here Second Unit holder	Sign Here Third Unit holder
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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.

<b>Folio No. of 'Transferor' Scheme (for existing Unit holder)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Name</b>
<b>First / Sole Applicant</b>	<b>PAN#/PEKRN#</b>
<b>Guardian</b> (in case First / Sole Applicant is a minor)	
<b>Second Applicant</b>	
<b>Third Applicant</b>	

# For PAN / PEKRN requirement refer instruction 9.

<b>Name of 'Transferor' Scheme/Plan/Option</b> [ for CASTP only GROWTH option is available ]	<b>Mahindra Manulife</b>														
<b>Name of 'Transferee' Scheme/Plan/Option</b>	<b>Mahindra Manulife</b>														
<b>Systematic Transfer Plan (STP)</b> [Please (✓) any one] (Refer Instruction No. 6 & 8)	Amount of Transfer per installment: Rs. _____ <table border="1"> <tr> <td rowspan="4">Frequency</td> <td><input type="radio"/> Daily</td> <td>No. of Installments:* _____</td> </tr> <tr> <td><input type="radio"/> Weekly [Day of Transfer (Please ✓ any one)]</td> <td>No. of Installments:* _____</td> </tr> <tr> <td><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</td> <td></td> </tr> <tr> <td><input type="radio"/> Monthly <sup>+</sup> <input type="radio"/> Quarterly</td> <td>Enrolment Period*:</td> </tr> <tr> <td></td> <td> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <sup>+</sup>  <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20  <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31            Please select any one or more         </td> <td>           From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td><b>Capital Appreciation Systematic Transfer Plan (CASTP)</b> (Refer Instruction No. 7 &amp; 8)</td> <td>           Frequency: <input checked="" type="checkbox"/> Monthly            Date: <input checked="" type="checkbox"/> 10th            Enrolment Period*:            From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>            To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	Frequency	<input type="radio"/> Daily	No. of Installments:* _____	<input type="radio"/> Weekly [Day of Transfer (Please ✓ any one)]	No. of Installments:* _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		<input type="radio"/> Monthly <sup>+</sup> <input type="radio"/> Quarterly	Enrolment Period*:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <sup>+</sup> <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 Please select any one or more	From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Capital Appreciation Systematic Transfer Plan (CASTP)</b> (Refer Instruction No. 7 & 8)	Frequency: <input checked="" type="checkbox"/> Monthly Date: <input checked="" type="checkbox"/> 10th Enrolment Period*: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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In case of multiple registrations, please fill up separate Enrolment Forms.

\*Refer Instruction No. 8 +Default Frequency/Date/Day [Refer Instruction 8]

**Declaration**

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 Transfer Plan (STP)/ Capital Appreciation STP (CASTP) Facility as on the date of this transaction. The amount invested in the Scheme(s) 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 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. 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 confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield for this investment.

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

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