

### COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

#### 1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.7)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-6574		E019976	
<p>*Please sign alongside in case the EUIN is left blank/not provided.</p> <p>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.</p>			
			SIGN HERE → First / Sole Applicant
			SIGN HERE → Second Applicant
			SIGN HERE → Third Applicant

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.

#### TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

(Please tick (✓) any one)  I am a First time investor across Mutual Funds **OR**  I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

**2. EXISTING INVESTOR'S FOLIO NUMBER**  (If you have an existing SIP Insure folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

**3. GENERAL INFORMATION** \*MODE OF HOLDING :  Single  Joint (Default)  Any one or Survivor

#### 4. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN  Date of Birth

OCCUPATION<sup>^</sup> :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

STATUS<sup>^</sup> :  Resident Individual  NRI  PIO  Others \_\_\_\_\_

GROSS ANNUAL INCOME DETAILS<sup>\*\*\*</sup> Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH<sup>\*\*\*</sup> in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)<sup>\*\*\*</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

#### 5. SECOND APPLICANT DETAILS

NAME  PAN / PEKRN<sup>^</sup>

OCCUPATION<sup>^</sup> :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector **STATUS<sup>^</sup>**:  NRI  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_  Resident Individual

GROSS ANNUAL INCOME DETAILS<sup>^</sup> Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH<sup>^</sup> in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)<sup>^</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

#### 6. THIRD APPLICANT DETAILS

NAME  PAN / PEKRN<sup>^</sup>

OCCUPATION<sup>^</sup> :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector **STATUS<sup>^</sup>**:  NRI  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_  Resident Individual

GROSS ANNUAL INCOME DETAILS<sup>^</sup> Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH<sup>^</sup> in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)<sup>^</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

<sup>^</sup>Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.1 & 2

#### 7. FATCA and CRS DETAILS (Mandatory)

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. <sup>^</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

## 8. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VIII)

## Correspondence Address (P.O. Box is not sufficient)

## Please note that your address details will be updated as per your KYC records

															Landmark					
City					Pin Code					State										

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

															City						Pin Code						State					
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Email ID

Mobile + (Country Code)  Tel. No.  STD Code  Office  Residence

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

## 9. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name

Account No.  A/c. Type (✓)  SB  Current  NRO  NRE  FCNR

Branch Address  Branch City

PIN  IFSC Code  For Credit via RTGS 9 Digit MICR Code\*  For Credit via NEFT

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

## 10. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV))

Scheme  (Refer Instruction No. I-8) (For Product Labeling please refer last page of application form)

(If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

Option (Please ✓)  Growth\*\*  Dividend Payout  Dividend Reinvestment Dividend Frequency

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment  Cheque  OTM Facility (One Time Bank Mandate)

Investment Amount (Rs.)  DD Charges (if applicable) (Rs.)  Net Amount~ (Rs.)  I minus II

Instrument No  Dated  Drawn on Bank

Bank Branch  City

(\*\* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

## 11. NOMINATION (Mandatory. Refer Instruction No. V)

Nominee Name & Address	Guardian Name (in case Nominee is Minor)	Relationship with Investor	Date of Birth	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
							1st App.
							2nd App.
							3rd App.

## 12. SIP ENROLLMENT DETAILS

SIP Date:  2  10  18  28 (Select any one SIP Date) Frequency:  Monthly  Quarterly  Yearly (Refer Instruction No. X)

<input type="checkbox"/> REGULAR Enrollment Period: From: <input type="text"/> To: <input type="text"/>	<input type="checkbox"/> PERPETUAL Enrollment Period: From: <input type="text"/> To: <input type="text"/>
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SIP Amount Rs.  (Refer Instruction No. VI)

### 13. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

- I confirm that I am resident of India.
- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.
- I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

I understand that SIP is also available without insurance cover and I willingly opt to become a member of Group Term insurance Policy issued by Reliance Life Insurance Company Ltd. as a part of Reliance SIP Insure facility.

I \_\_\_\_\_ (name of the investor), being the beneficiary under Group Term Insurance Policy issued by M/S Reliance Life Insurance Company Ltd do hereby nominate Mr/Ms/Mrs \_\_\_\_\_ aged \_\_\_\_\_ years resident of \_\_\_\_\_ being \_\_\_\_\_ (relationship with the beneficiary above named) as the person to whom the moneys secured under the said Group Term Insurance Policy shall be paid in the event of my death. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Life Insurance Company Ltd subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

<div style="text-align: center;"> <span style="color: #f00; font-weight: bold;">First / Sole Applicant</span> </div>	<span style="color: #f00; font-weight: bold;">Second Applicant</span>	<span style="color: #f00; font-weight: bold;">Third Applicant</span>
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#### ACKNOWLEDGMENT SLIP

(To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references

Received from Mr/Ms/M/s : \_\_\_\_\_ an application for allotment of **APP No.:** \_\_\_\_\_

Units under Reliance \_\_\_\_\_ as per details below.

Growth Option     Dividend Reinvestment     Dividend Payout

Cheque \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_  
 drawn on \_\_\_\_\_

**Time Stamp & Date**  
 of receiving office



**IVR. "Self Help" Option**  
 (24 x 7)

Investor can avail below facilities

1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions
5. Latest Dividend declared

For more details :

Call : Toll free : 1800-300-1111 | 30301111

**Corporate Office Address:** Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

Mutual Fund

(Use this form if One Time Bank Mandate Form is registered in the folio)

APP No.

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-6574		E019976	

\*Please sign below in case the EUIN is left blank/not provided.  
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

Sole / 1st Applicant / Guardian  
Authorised Signatory

2nd Applicant Authorised Signatory

3rd Applicant Authorised Signatory

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.

**APPLICANT DETAILS**

Name of Sole/1st holder	PAN No / PEKRN.	MANDATORY	KYC Acknowledgement Copy
			<input type="checkbox"/>
Name of 2nd holder	PAN No / PEKRN.	MANDATORY	KYC Acknowledgement Copy
			<input type="checkbox"/>
Name of 3rd holder	PAN No / PEKRN.	MANDATORY	KYC Acknowledgement Copy
			<input type="checkbox"/>

**INITIAL INVESTMENT DETAILS**

Cheque/ DD No./Cash Deposit Slip No. \_\_\_\_\_ Cheque / DD / Cash Deposition Date \_\_\_\_\_ DD Charge Rs. \_\_\_\_\_  
Net Amount Rs. \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City \_\_\_\_\_

**UNITHOLDING OPTION -  Demat Mode  Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)**

National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Securities Depository Limited	Depository participant Name _____ Target ID No. _____
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			

**Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)**

Email ID \_\_\_\_\_ Mobile no. + (Country Code) \_\_\_\_\_ (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode:  Physical Mode (Default)  Online Mode

**SIP INSURE DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)**

Scheme / Plan / Option	Frequency (Refer Ins No. 6)	Enrollment Period (Please / any one)	SIP Date (Please / any one)	SIP Amount (Refer Ins No. 5)
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: MM / YY To: MM / YY <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: MM / YY To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. _____ (in figures)

**DECLARATION:** I/We would like to invest in Reliance subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I / We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U. S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.  
 I confirm that I am resident of India.  I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

**SIGNATURE**

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

**ONE TIME BANK MANDATE**

(NACH / Direct Debit Mandate Form)  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Mutual Fund

APP No.

UMRN \_\_\_\_\_ (For Office Use Only) DDMMYYYY

Sponsor Bank Code \_\_\_\_\_ (For Office Use Only) Utility Code \_\_\_\_\_ (For Office Use Only)

Create  Modify  Cancel   
I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c no: \_\_\_\_\_ (Destination Bank Account Number)

With Bank \_\_\_\_\_ (Name of Destination Bank with Branch) IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹

FREQUENCY:  Monthly  Quarterly  Half Yearly  Yearly  as & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference / Folio No. \_\_\_\_\_ Email ID: \_\_\_\_\_

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No: \_\_\_\_\_

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.

PERIOD	From: DDMMYYYY	To: 31122099	Or: <input type="checkbox"/> Until Cancelled
1	Signature of Account Holder	2	Signature of Account Holder
1	Name of Account Holder	2	Name of Account Holder
3	Signature of Account Holder	3	Name of Account Holder

This is to confirm that the declaration (as mentioned overleaf) 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 authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.