Mahindra MUTUAL FUND

Flex STP
Flex Systematic Transfer Plan

☐ **Enrolment /** ☐ **Cancellation**

Date: D D M M Y Y Y Y

(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 9)				**FOR OFFICE USE ONLY (TIME STAMP)**
ARN & ARN Name	**Sub Agent's ARN / Bank Branch Code**	**Internal Code for Sub-Agent / Employee**	**Employee Unique Identification Number (EUIN)**	
ARN-169080			E334451	

EUIN Declaration (only where EUIN box is left blank) (Refer Instruction 9)

☐ 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	Sign Here	Sign Here
First/Sole Unit holder / Guardian / Karta / PoA Holder	Second Unit holder	Third Unit holder

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.

Folio No. of 'Transferor' Scheme (for existing Unit holder) ☐☐☐☐☐☐☐☐☐☐

	Name	**PAN#/PEKRN#**
First / Sole Applicant		☐☐☐☐☐☐☐☐☐☐
Guardian (in case First / Sole Applicant is a minor)		☐☐☐☐☐☐☐☐☐☐
Second Applicant		☐☐☐☐☐☐☐☐☐☐
Third Applicant		☐☐☐☐☐☐☐☐☐☐

For PAN / PEKRN requirement refer instruction10.

Investors with existing investment under the Regular Plan who wish to invest under the Direct Plan of the Transferee Scheme must cancel their existing enrollment and register afresh for the facility.

Name of 'Transferor' Scheme/Plan/Option	
Name of 'Transferee' Scheme/Plan (Under Flex-STP, only growth option is available in Transferee Scheme)	[GROWTH option]

Amount and Frequency of Flex-STP [Please (✓) any one]

Amount of Transfer per installment: Rs._____ (The transfer amount shall be determined by formula in instruction 8 & 11)

Frequency

○ Daily	No. of Installments:* _____
○ Weekly [Day of Transfer (Please ✓ any one)] ☐ Monday ☐ Tuesday ☐ Wednesday+ ☐ Thursday ☐ Friday	No. of Installments:* _____
○ Monthly+ ○ Quarterly ☐ 1 ☐ 5 ☐ 10+ ☐ 15 ☐ 20 ☐ 25 Please select any one or more	Enrolment Period*: From: M M Y Y Y Y To: M M Y Y Y Y

In case of multiple registrations, please fill up separate Enrolment Forms.

*Refer Instruction No. 7 +Default Frequency/Date/Day [Refer Instruction 7]

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 Flex Systematic Transfer Plan (Flex-STP) 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.

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.

Sign Here	Sign Here	Sign Here
First/Sole Unit holder / Guardian / Karta / PoA Holder	Second Unit holder	Third Unit holder

Please note : Signature(s) should be as it appears on the Application Form for new investors and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

✂ **TEAR HERE** ✂

Mahindra MUTUAL FUND

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) ARN-169080 E334451

Head Office : Sadhana House, 1st Floor, 570 P.B. Marg, Worli, Mumbai -400018, Tel.: 1800 419 6244

Date : D D M M Y Y Y Y

☐ **Enrolment /** ☐ **Cancellation** Folio Number: _____

ISC Stamp & Signature

Received from Mr./Ms./M/s. _____ 'Flex-STP' application for transfer of Units;

from Scheme / Plan / Option _____

to Scheme / Plan / Option _____