Nippon India Mutual Fund

Wealth sets you free

Multi SIP - OTM Form

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

APP No.:

MFD /RIA INFORMATION (Refer Instruction No. 25)

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN-169080 (Stamp here)	ARN-		E334451	

*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	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

REQUEST FOR ☐ **Registration of SIP** (Default option if not selected) ☐ **Registration of Micro SIP**

SIP TYPE ☐ SIP with first installment through cheque ☐ SIP with first installment through OTBM$$ ☐ SIP without first installment

$$This facility is available only for investors whose OTBM is already registered in the folio mentioned in the application form. First instalment shall be debited from investor's OTBM registered bank a/c on the next business day from the date of receipt of application.

APPLICANT DETAILS

FOLIO NO.

Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	MANDATORY	☐ KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	MANDATORY	☐ KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	MANDATORY	☐ KYC

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 23) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited (NSDL)

DP ID No. Beneficiary Account No. I N

Central Depository Securities Limited (CDSL)

Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

SIP 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)

** In case of Nippon India ELSS Tax Saver Fund, Nippon India Retirement fund - Income Generation Plan & Nippon India Retirement fund- Wealth Creation Plan, the SIP amount should be in multiples of ₹ 500.

$ Investor has to mandatorily mention "END DATE". "END DATE" is mandatory and should be less than or equal to 40 years from the application date.

	Scheme / Plan / Option	Frequency (Please ✓ any one)	Enrollment Period	SIP Date	SIP Amount	Step-Up Facility (Optional) (Refer Instruction No. 26) Amount	Frequency	Count
Scheme 1	Nippon India Plan: ☐ Direct ☐ Regular	☐ Daily$$ ☐ Weekly$$ ☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y OR ☐ Default Date (31/12/2060)	D D (Any date from 1st to 31st of a given month)##	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only**)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 2	Nippon India Plan: ☐ Direct ☐ Regular	☐ Daily$$ ☐ Weekly$$ ☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y OR ☐ Default Date (31/12/2060)	D D (Any date from 1st to 31st of a given month)##	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only**)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 3	Nippon India Plan: ☐ Direct ☐ Regular	☐ Daily$$ ☐ Weekly$$ ☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y OR ☐ Default Date (31/12/2060)	D D (Any date from 1st to 31st of a given month)##	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only**)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 4	Nippon India Plan: ☐ Direct ☐ Regular	☐ Daily$$ ☐ Weekly$$ ☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y OR ☐ Default Date (31/12/2060)	D D (Any date from 1st to 31st of a given month)##	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only**)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)
Scheme 5	Nippon India Plan: ☐ Direct ☐ Regular	☐ Daily$$ ☐ Weekly$$ ☐ Monthly (Default) ☐ Quarterly ☐ Yearly	From M M Y Y Y Y To$ M M Y Y Y Y OR ☐ Default Date (31/12/2060)	D D (Any date from 1st to 31st of a given month)##	₹ _____ (in figures)	₹ _____ (Multiples of ₹ 100 only**)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1 time)

Note : $$ Daily & Weekly SIP Frequencies are applicable for normal SIP and not for Flex SIP & Pause Facility. ##For weekly frequency, only 1st, 8th, 15th & 22nd date are eligible of every month.

DECLARATION I/We would like to invest in above mentioned scheme 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 Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India 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.

☐ 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/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication.

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 Form.

SIGN HERE	First / Sole Applicant / Guardian/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory

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 NIMF on any transaction day.

Note for Existing Investor : Fill the below mentioned bank details ONLY if there is a change in your bank details.
To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".

OTBM + Multiple Sip Enrollment Form / 30th May 2025 / Ver 2.8