

Name of the scheme

Motilal Oswal Nifty 500 Momentum 50 Index Fund
(An open-ended fund replicating/tracking the Nifty 500 Momentum 50 Total Return Index)

This product is suitable for investors who are seeking*

- Return that corresponds to the returns of the Nifty 500 Momentum 50 Total Return Index, subject to tracking error
- Long term capital growth



Application No.

Form-1



New Fund Offer / On Going Application Form
Motilal Oswal Nifty 500 Momentum 50 Index Fund

(An open-ended fund replicating/tracking the Nifty 500 Momentum 50 Total Return Index)

New Fund Offer Price: ₹ 10/- Per Unit

NFO Opens on: September 04, 2024 NFO Closes on: September 18, 2024 Please read the Scheme Information Document / Key Information Memorandum of the Scheme and instructions carefully.

| Distributor ARN / RIA# | Distributor Name | Sub-Distributor ARN | Internal Sub-Broker/ Employee Code | EUIN |
|------------------------|------------------|---------------------|------------------------------------|------|
| | | | | |

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

Investors applying under Direct Plan must mention "Direct" in ARN Column

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.

"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."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

(Refer Instruction 12 on page 5) In case the subscription amount is ₹10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Transaction Charges for per subscription ₹ 10,000 and above

- Existing Investor - ₹100
 New Investor - ₹150

1 EXISTING INVESTOR'S DETAILS (Please fill your Folio No., Name, Section 1,7,10 &12)

Folio No. Name F I R S T M I D D L E L A S T

2 FIRST APPLICANT'S DETAILS (Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com.)

Mr. Ms. M/s

Name F I R S T M I D D L E L A S T

Father's Name F I R S T M I D D L E L A S T

PAN /PEKRN** CIN

KIN (KYC identification number)

Date of Birth / Incorporation D D M M Y Y Y Y Place of Birth / Incorporation Country of Birth / Incorporation Nationality Indian US Others (Please Specify)

City of Incorporation

For Investments "On behalf of Minor" Birth Certificate School Certificate Passport Others Specify

Guardian's Relationship Father Mother Court Appointed With Minor

KIN of Guardian/ PoA (KYC identification number)

Name of the Guardian (In case of minor) / Contact person for non individuals / PoA holder name Guardian / PoA PAN

F I R S T M I D D L E L A S T

Tax Residence Address (for KYC Address) Residential Registered office Business Residential or Business

Correspondence Address

City State Pin Code

Overseas address Mandatory incase of NRI's

Mandatory incase of NRI's

Email ID

Email ID & Mobile No. are essential to enable us to communicate better with you

** Please mention PAN/PEKRN(PAN Exempted KYC Reference Number) as it is mandatory Mobile Tel.

3 KYC Details (Mandatory)

Tax Status Partnership Firm HUF Private Limited Company Public Limited Company Listed Company Society AOP/BOI Trust H Liquidator
 Artificial Juridical Person Resident Individual Proprietor Minor FII/ FPI NRI PIO Limited Liability Partnership Trust
 Body Corporate NGO FI Govt. Body Bank Defence Establishments NPO Others Specify

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

| INDIVIDUALS | NON-INDIVIDUALS |
|---|--|
| Gross Annual Income OR Net-worth* in ₹ <input type="text"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1CR <input type="checkbox"/> >1CR | <input type="text"/> networth as on <input type="text"/> D D M M Y Y |
| <input type="text"/> Any other information | <input type="text"/> Any other information |

Is the entity involved in any of the following:

- 1 Foreign Exchange/ Money Changer Yes No
2 Gaming / Gambling / Lottery (casinos, betting syndicates) Yes No
3 Money Lending/ Pawning Yes No

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form. **Application No.**

From

| Cheque no. | Date | Amount | Scheme |
|------------|------|--------|--|
| | | | Motilal Oswal Nifty 500 Momentum 50 Index Fund |

Stamp & Signature

4 JOINT APPLICANT'S DETAILS

SECOND APPLICANT'S DETAILS

Mr. Ms. M/s

Mode of Holding Joint Anyone or Survivor (Default)

Name

Father's Name

PAN /PEKRN** Email ID Mobile

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

Date of Birth Place of Birth Country of Birth Nationality Indian US Others (Please Specify)

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ <1L 1-5L 5-10L 10-25L 25L-1CR >1CR
 networth as on
 Any other information

Politically Exposed Person (PEP) Status
 I am PEP I am Related to PEP Not Applicable

THIRD APPLICANT'S DETAILS

Mr. Ms. M/s

Name

Father's Name

PAN /PEKRN** Email ID Mobile

Email ID & Mobile No. are essential to enable us to communicate better with you

KIN (KYC identification number)

Date of Birth Place of Birth Country of Birth Nationality Indian US Others (Please Specify)

Occupation Pvt. Sector Service Public Sector Gov. Service Housewife Defence Professional Retired Business Agriculture Student Forex Dealer Others Specify

Gross Annual Income OR Net-worth* in ₹ <1L 1-5L 5-10L 10-25L 25L-1CR >1CR
 networth as on
 Any other information

Politically Exposed Person (PEP) Status
 I am PEP I am Related to PEP Not Applicable

**Please mention PAN/PEKRN (PAN Exempted KYC Reference Number) as it is mandatory

5 DEMAT ACCOUNT DETAILS

(Mandatory, only if you require units in the demat form. Please fill in all details, else the application will be processed in physical mode).
 Nomination provided in demat account shall be registered.

NSDL CDSL Depository Participant (DP) Name

DP ID Beneficiary A/c No.

Enclose for Demat option Client Master List Transaction/Holding Statement DIS Copy

6 EMAIL COMMUNICATION

Email ID provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian

Mobile No. provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. I hereby authorize MOAMC to send important information and regular updates to me. I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

7 INVESTMENT & PAYMENT DETAILS

Payment Type (Please ✓) Lumpsum Zero Balance SYSTEMATIC INVESTMENT PLAN* / MICRO SIP-ECS (please fill OTM Debit Mandate form NACH/ ECS/ Direct Debit Form-2)

| Scheme name | Plan | Option | Cheque Date | Amount Invested (₹) | DD Charges | Net Amount Paid (₹) | Cheque/DD No./UTR No./ OTM No.(in case of NEFT/RTGS) |
|--|---|---------------------------------|-------------|---------------------|------------|---------------------|--|
| Motilal Oswal Nifty 500 Momentum 50 Index Fund | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth | | | | | |

Drawn on Bank/Branch: A/c no.

A/c Type (Please Tick): Current Savings NRO NRE FCNR

8 BANK DETAILS

(Mandatory) Redemption / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom Motilal Oswal Mutual Fund has Direct Credit facility.

Bank Name

Bank A/c No. Type Current Savings NRO NRE FCNR Others Specify

Branch Name City Pin

IFSC Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

I/We understand that the instructions to the bank for Direct Credit / NEFT will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / refund proceeds. In case the bank does not credit my / our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I/We would not hold Motilal Oswal Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by Direct Cash/NEFT.

If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) Please tick the box alongside
 Cheques should be crossed "A/c Payee only" and drawn in favour of Motilal Oswal Nifty 500 Momentum 50 Index Fund

9 FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non-Individual investors should mandatorily fill separate FATCA Form Available on Website:www.motilaloswalmf.com. The below information is required for all applicants/guardian

| | Place/City of Birth | Country of Birth | Country of Citizenship / Nationality |
|------------------|---------------------|------------------|--|
| First Applicant | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Second Applicant | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |
| Third Applicant | | | <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____ |

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries[#]

| | Country of Tax Residency | Tax Identification Number or Functional Equivalent | Identification Type (TIN or other, please specify) | If TIN is not available, please tick (✓) the reason A, B, & C (as defined below) |
|------------------|--------------------------|--|--|---|
| First Applicant | | | | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Second Applicant | | | | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Third Applicant | | | | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. **Reason B:** No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected). **Reason C:** Others; please state the reason thereof.

[#]Please attach additional sheets if necessary

10 NOMINATION DETAILS (Refer Instruction 10)

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

| Name | Date of Birth if nominee is minor | Address | Nominee Relationship With Sole/1 st Applicant | Guardian Name (in case Nominee is a Minor) | Signature (Guardian in case Nominee is a Minor) | Allocation % |
|------|-----------------------------------|---------|--|--|---|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

FOR NOMINATION OPT-OUT: I/We DO NOT wish to make a nomination (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11 DECLARATION/CONSENT AND SIGNATURE

Having read and understood the contents of the Scheme Information Document of the Scheme(s), I/We hereby apply for the units of the scheme(s) and agree to abide by the terms, conditions, rules and regulation governing the scheme(s). I/We hereby declare that the amount invested in the scheme(s) is through legitimate Sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions 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 have understood the details of the scheme (s) & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme (s), legally belong to me/us. In the event " Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme(s), in Favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.

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 Scheme of various Mutual Funds from amongst which the Scheme is being recommended to me/us. For NRIs only : I/We confirm that I am/we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External/Non-Resident Ordinary/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I declare that the information is to the best of my Knowledge, belief, accurate and complete. I agree to notify MOMF/AMC immediately in the event of information changes.

FATCA / CRS Certification:

Declaration for Individual: I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators/ tax authorities.

| | | |
|--|------------------|-----------------|
| First / Sole Applicant / Guardian / POA | Second Applicant | Third Applicant |
|--|------------------|-----------------|

Investors who are Trusts/Societies/Section 8 companies (under Companies Act, 2013) constituted for religious or charitable purposes, have to declare their status as NPO to AMC:

| | |
|--|---|
| We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, please quote Registration No. of Darpan portal of Niti Aayog | |

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.



OTM Debit Mandate form NACH/ ECS/ Direct Debit
New Fund Offer / On Going Application Form
Motilal Oswal Nifty 500 Momentum 50 Index Fund
(An open-ended fund replicating/tracking the Nifty 500 Momentum 50 Total Return Index)
New Fund Offer Price: ₹ 10/- Per Unit
NFO Opens on: September 04, 2024 NFO Closes on: September 18, 2024 Please read the Scheme Information Document /
Key Information Memorandum of the Scheme and instructions carefully.

Application No. _____

Form-2

| Distributor ARN / RIA# | Distributor Name | Sub-Distributor ARN | Internal Sub-Broker/Employee Code | EUIN |
|------------------------|------------------|---------------------|-----------------------------------|------|
| | | | | |

#By mentioning RIA code, I/We authorize you to share with the SEBI Registered Investment Advisor the details of my/our transactions in the scheme(s) of Motilal Oswal Mutual Fund.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

| | | |
|--------------|---------------|--------------|
| First Holder | Second Holder | Third Holder |
|--------------|---------------|--------------|

1 UNIT HOLDER INFORMATION

Mr. Ms. M/s

Existing Folio Number Existing UMRN

Name

2 SYSTEMATIC INVESTMENT PLAN DETAILS

| Scheme name | Plan | Option | SIP Installment Amount |
|--|---|---------------------------------|--------------------------|
| Motilal Oswal Nifty 500 Momentum 50 Index Fund | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth | (₹) <input type="text"/> |

SIP Amount Min. ₹100/- (Daily), SIP Amount Min. ₹ 500/- (Weekly/Fortnightly/ Monthly), ₹ 1,500/- (Qtrly) & ₹ 6,000/- (Annual SIP) and in multiples of ₹1

SIP Frequency and Date*

- Daily SIP- Any date of the month except (29th, 30th and 31st)
- Fortnightly 1st-14 *7th-21st 14th-28th
- Annual SIP
- Any Day/ Date SIP Weekly - Any Day of Transfer _____ (Monday to Friday)
- Monthly SIP- Any date of the month except (29th, 30th and 31st)
- Quarterly SIP- Any date of the month for each quarter (i.e. January, April, July, October) except (29th, 30th and 31st)

SIP Period (SIP tenure should not exceed 40 years)

From To

***First sip instalment will be debited on or after 14th October 2024.**

*Incase if no date is selected, 7th would be the default SIP Date.

SIP cheque No. SIP cheque Date

3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

This is to confirm that the declaration/instruction has been carefully read, understood. I/We have understood that I/we are authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorized the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorization to Bank: This is to inform that I/We have registered for ECS/ NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Motilal Oswal Mutual Fund shall be made from my/our bank account with your Bank. I/We authorize the representatives Motilal Oswal Mutual Fund carrying this mandate form to get it verified and executed. (Please attach a cancelled cheque/cheque copy)

| | | |
|--|------------------|-----------------|
| First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant | Third Applicant |
|--|------------------|-----------------|

(To be signed by all holders if mode of operation of Bank Account is 'Joint')



OTM Debit Mandate form NACH/ ECS/ Direct Debit [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN For Official Use Date

Tick (✓)

Create

Modify

Cancel

Sponsor Bank Code Utility Code

I/We hereby authorize Motilal Oswal Mutual Fund To Debit (to tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Bank name and branch 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.

Mob. No.

Reference 2 Application No.

Email ID

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 To

1. Signature Primary account holder 2. Signature of account holder 3. Signature of account holder

1. Name in bank records 2. Name in bank records 3. Name in bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account based on the instruction 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

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Application No. _____

Folio No. Investor Name

Scheme Name Motilal Oswal Nifty 500 Momentum 50 Index Fund Plan Option

SIP Period From To

Stamp & Signature