

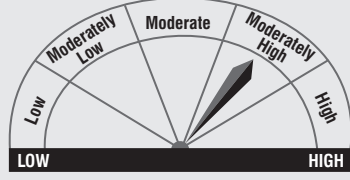
# HDFC Retirement Savings Fund

Application No.:

(AN OPEN ENDED NOTIFIED TAX SAVINGS CUM PENSION SCHEME WITH NO ASSURED RETURNS)  
Units shall be subject to a lock-in of 5 years from the date of allotment.

Investors must read the Key Information Memorandum and the instructions before completing this Form.  
The Application Form should be completed in English and in **BLOCK LETTERS** only.

**Offer of Units of Rs. 10/- each during New Fund Offer (NFO) and Continuous Offer of Units at NAV based prices**

Name of Scheme/ Investment Plan	THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*	RISKOMETER
HDFC Retirement Savings Fund - Equity Plan	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in equity and equity related instruments</li> </ul>	 <p>Investors understand that their principal will be at moderately high risk</p>
HDFC Retirement Savings Fund - Hybrid - Equity Plan	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in equity and equity related instruments &amp; balance in debt and money market instruments.</li> </ul>	
HDFC Retirement Savings Fund - Hybrid - Debt Plan	<ul style="list-style-type: none"> <li>a corpus to provide for pension in the form of income to the extent of the redemption value of their holding after the age of 60 years.</li> <li>investment predominantly in debt and money market instruments &amp; balance in equity and equity related instruments.</li> </ul>	
*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.		

**KEY PARTNER / AGENT INFORMATION** (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 1)

ARN	ARN Name	Sub Agent's ARN	Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-						

**EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 1)**

I/We hereby confirm that the EUIIN 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/ PoA Holder	Sign Here Second Applicant	Sign Here Third Applicant
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**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer Instruction 2)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in 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. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

**1. EXISTING UNIT HOLDER INFORMATION**

If you have existing Folio, please fill in folio no. and date of birth in this section and proceed to section 4, 6, 10 and 13. (Refer Instruction 3).

Folio No. \_\_\_\_\_ / \_\_\_\_\_ The details in our records under the folio number mentioned alongside will apply for this application.

**DATE OF BIRTH@ Mandatory** | D | D | M | M | Y | Y | Y | Y | Y | Proof of date of birth@ Mandatory Please (✓)  Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**2. MODE OF HOLDING [Please tick (✓)]**  Single  Joint  Anyone or Survivor

**3. UNIT HOLDER INFORMATION (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**NAME OF FIRST / SOLE APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

**DATE OF BIRTH@ Mandatory** | D | D | M | M | Y | Y | Y | Y | Y | Proof of date of birth@ Mandatory Please (✓)  Attached

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Refer Instruction 4a)**

\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PIN CODE \_\_\_\_\_

**CONTACT DETAILS OF FIRST / SOLE APPLICANT**

Country Code \_\_\_\_\_ STD Code \_\_\_\_\_  
Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_ Fax \_\_\_\_\_  
eAlerts Mobile \_\_\_\_\_ eDocs Email ^ \_\_\_\_\_

I/ We would like to register for my/our HDFCFM Personal Identification Number (HPIN) to transact online as per the terms & conditions displayed on website:www.hdfcfund.com (Email id mandatory).  
^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer Instruction 9 & 11)  
# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

**ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre or call us at our Customer Service Number 1800 3010 6767 / 1800 419 7676 (Toll Free)]**

Date :	HDFC MUTUAL FUND Head Office : HDFC House, 2nd Floor, H.T. Parekh Marg, 165-166, Backbay Reclamation, Churchgate, Mumbai - 400 020.	Application No:
Received from Mr./Ms./M/s. _____		ISC Stamp & Signature
an application for allotment of Units of the Plan (as mentioned overleaf) of the HDFC Retirement Savings Fund - _____ along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.		
<b>Please Note</b> : All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.		

... continued overleaf

**4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**4a. Status of First/ Sole Applicant (Refer Instruction 4D)**

Resident Individual  NRI-Repatriation  NRI-Non Repatriation  PIO  OCI  Foreign National Resident in India

**4b. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business

Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**4c. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**c. Net-worth** Rs. \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

**4d. Politically Exposed Person (PEP) Status**  I am PEP  I am Related to PEP  Not Applicable

**5. JOINT APPLICANT DETAILS, If any (Refer Instruction 4) (Individual investor having completed 18 years of age is eligible to invest in the Scheme.)**

**1. NAME OF SECOND APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

**DATE OF BIRTH@ Mandatory** D D M M Y Y Y Y Y Y Proof of date of birth@ Please (✓)  Attached

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business

Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**b. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**b. Net-worth** Rs. \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

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

**2. NAME OF THIRD APPLICANT**

Mr. Ms. M/s. \_\_\_\_\_  
Nationality \_\_\_\_\_ PAN#/ PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)]  Proof Attached (Mandatory)

**DATE OF BIRTH@ Mandatory** D D M M Y Y Y Y Y Y Proof of date of birth@ Please (✓)  Attached

**a. Occupation Details [Please tick (✓)]**  Service  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  Business

Retired  Agriculture  Proprietorship  Others \_\_\_\_\_ (please specify)

**b. Gross Annual Income (Rs.) [Please tick (✓)]**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  >1 Crore

**b. Net-worth** Rs. \_\_\_\_\_ as on DD MM YYYY (Not older than 1 year)

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

# Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

@Date of birth is mandatory for subscribing to the units of the Scheme. Investors are required to provide the date of birth in application form. Refer Instruction No. 1. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

**6. FATCA & CRS INFORMATION (for Individual) (Self Certification) (Refer Instruction 4D)**

The below information is required for all applicant(s)

**Address Type:**  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)

**Is the applicant(s) Country of Birth / Citizenship / Nationality / Tax Residency other than India?**  Yes  No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant	Second Applicant	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No ^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

Particulars	HDFC RETIREMENT SAVINGS FUND		
<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
Cheque / DD / Payment Instrument No.	Cheque / DD / Payment Instrument Date		Amount in Figures (Rs.)
Drawn on (Name of Bank and Branch)			

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

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**7. POWER OF ATTORNEY (PoA) HOLDER DETAILS**

Name of PoA Mr. Ms. M/s. \_\_\_\_\_  
 PAN# / PEKRN# \_\_\_\_\_ KYC# [Please tick (✓)] (Mandatory)  Proof Attached  
 # Please attach Proof. Refer instruction No 15 for PAN/PEKRN and No 17 for KYC.

**8. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer Instruction 5)**  
 (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 10 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name \_\_\_\_\_ Bank City \_\_\_\_\_  
 Branch Name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (The 9 digit code appears on your cheque next to the cheque number)  
 Account Type (Please ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_  
 IFSC Code\*\*\* \_\_\_\_\_ \*\*\* Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

**9. MODE OF PAYMENT OF REDEMPTION VIA NEFT / ECS / DIRECT CREDIT (Refer Instruction 10)**

Unitholders will receive redemption proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ NEFT/ECS facility  
 I/We want to receive the redemption proceeds (if any) by way of a demand draft instead of direct credit / credit through NEFT system / credit through ECS into my / our bank account

**10. INVESTMENTS & PAYMENT DETAILS** [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 7 & 8 for Payment and Third Party Payment Details)  
 The name of the first/ sole applicant must be pre-printed on the cheque.

HDFC RETIREMENT SAVINGS FUND			For Default Plan (viz. Direct / Regular Plan) refer instruction 6.
<input type="checkbox"/> HDFC Retirement Savings Fund - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	Currently, the Scheme offers only Growth Option.
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Equity Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	
<input type="checkbox"/> HDFC Retirement Savings Fund - Hybrid - Debt Plan	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Direct Plan	

Separate Application Form is required for subscribing the units of the Plan(s)/Option(s) of the Investment Plan(s) offered under the Scheme. Multiple cheques not permitted with single application form.

Payment For [Please (✓)]  Lump sum Investment  Systematic Investment Plan (SIP)  
 Please attach duly filled and signed SIP Enrolment Form  
 The first SIP monthly/ quarterly installment through ECS (Debit Clearing) or Direct Debit / Standing Instruction will commence on or after March 26, 2016.

Payment Type [Please (✓)]  Non-Third Party Payment  Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Cheque/ DD/ Payment Instrument/ UTR No.	Cheque/ DD/ Payment Instrument/ UTR Date	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Drawn on Bank / Branch	Pay-In Bank Account No. (For Cheque Only)

**11. UNIT HOLDING OPTION**  DEMAT MODE\*  PHYSICAL MODE (Default) (Refer Instruction 12)

\*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the name as mentioned in the application form matches with that of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.

NSDL	DP Name _____	DP ID	I	N	Beneficiary Account No.	_____
CDSL	DP Name _____	Beneficiary Account No.	_____	_____	_____	_____

**12. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)**

[Please (✓) and sign]  I/We do not wish to Nominate

\_\_\_\_\_  
 First / Sole Applicant

\_\_\_\_\_  
 Second Applicant

\_\_\_\_\_  
 Third Applicant

OR

I/We wish to nominate as under:

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

**13. DECLARATION & SIGNATURE/S (Refer Instruction 13)**

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/ We hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the HDFC Retirement Savings Fund ("the Scheme") of HDFC Mutual Fund ("Fund") indicated above.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the HDFC Asset Management Company Limited (AMC)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/ misleading, I/We will be liable for the consequences arising therefrom.
- (5) 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 Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, 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.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) 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.
- (8) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

**For Foreign Nationals Resident in India only:**

I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

**For NRIs/ PIO/OCIs only:**

I/We confirm that my application is in compliance with applicable Indian and foreign laws.

Please (✓)  Yes  No      If Yes, (✓)  Repatriation basis  Non-repatriation basis

**SIGN HERE** ↻

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

**SIGNATURE(S)**

First/ Sole Applicant/ PoA Holder	
Second Applicant	
Third Applicant	