helios MUTUAL FUND
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SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-169080			E334451

EUIN Declaration: 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 and the distributor has not charged any advisory fees on this transaction. If no ARN is mentioned investment will be treated as Direct.
RIA Declaration: 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 SEBI-Registered Investment Adviser/RIA. For Transaction Charges refer SID/KIM.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

FOLIO No. | | | | | | | | | **Sole/First Applicant (Mr./Ms.):** FIRST NAME MIDDLE NAME LAST NAME

DETAILS OF SIP INVESTMENT

Scheme: _____

Cheque No: _____ Date: _____ Drawn on Bank: _____

Each SIP amount: ₹ _____ SIP Frequency (✓) ☐ Weekly (Mention Day) _____ ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date D D SIP Start Month/Year: M M Y Y Y Y SIP End Month/Year M M Y Y Y Y

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☐ **Half Yearly** ☐ **Yearly** (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Fixed SIP TOP-UP Amount (Rs.): _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year: M M Y Y Y Y SIP Top Up End Month/Year M M Y Y Y Y

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip that you may have received from your Depository.

NSDL ☐ DP Name _____ DP ID I N | | | | | | | | Beneficiary Account No. | | | | | | | | | | | | | | | |

CDSL ☐ DP Name _____ Beneficiary Account No. | | | | | | | | | | | | | | | |

Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

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ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

UMRN F O R O F F I C E U S E O N L Y | | | | | | **Date** D D M M Y Y Y Y

Tick (✓)
CREATE ✓
MODIFY X
CANCEL X

Sponsor Bank Code FOR OFFICE USE ONLY **Utility Code** FOR OFFICE USE ONLY

I/We hereby authorize HELIOS MUTUAL FUND **to debit (tick ✓)** ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

with Bank Name of customers Bank **IFSC** | | | | | | | | | | | | **or MICR** | | | | | | | | | |

an amount of Rupees Amount in words ₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented **DEBIT TYPE** ☒ Fixed Amount ☑ Maximum Amount

PAN | | | | | | | | | | | **Phone No.** +91

Reference _____ **Email ID** _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per lastest schedule of charges of the bank.
This is to confirm that the declaration has been carefully read, understood and 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 of the bank where I have authorized the debit.

PERIOD
From D D M M Y Y Y Y
To D D M M Y Y Y Y

Signature of Primary Account Holder	Signature of Account Holder	Signature of Account Holder
1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

As per the Mandate circular dated October 31, 2023, for the mandates submitted till March 31, 2023, maximum duration can be of 30 years & from April 1, 2024, it can be for 40 years from date of application.

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND - SIP + TOP-UP FACILITY FORM

FOLIO No. | | | | | | | | |

Name of the Investor: _____

Scheme Name, Plan & Option: _____ SIP Amount: ₹ _____

Fixed SIP Top-Up Amount: ₹ _____ Top-Up Frequency (✓): _____

Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)