Mahindra Manulife MUTUAL FUND

# COMMON TRANSACTION FORM
(For Existing Investor Only)

**(PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM)**

**DATE** D D M M Y Y Y Y

| ARN & ARN Name | Sub Agent's ARN / Bank Branch Code | Employee Unique Identification Number (EUIN) | RIA/PMRN Name & Code | Internal Code for Sub-Agent / Employee |
|---|---|---|---|---|
| ARN-169080 | | E334451 | | |

ARN Declaration - 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.

**Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only)** ☐ I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife MF, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).

**EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1)** ☐ 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 / PoA Holder / Karta | Second Applicant | Third Applicant |
|---|---|---|
| | | |

**Folio No.:**

**First/ Sole Account Holder Name:**

**Joint Holder 1 / Guardian Name:**

**Joint Holder 2 Name**

## ADDITIONAL PURCHASE

**Payment Type** : ☐ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

**Payment Mode** : ☐ Cheque ☐ DD ☐ Fund Transfer ☐ RTGS / NEFT ☐ OTBM Facility (One Time Bank Mandate)

**Payment Through** : ☐ Single Cheque ☐ Multiple Cheques (Refer instruction 4) **Existing UMRN** (If UMRN is registered in the folio)

**LEI No.** **Valid upto:**

**1.NOTE:** LEI No. is Mandatory for transaction amount ₹ 50 crs and above for Non individual investors. **2. NOTE:** In case of, Payment through single cheque for investment in more than one scheme, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.

| | | | |
|---|---|---|---|
| **Mahindra Manulife** Scheme/Plan/Option/Sub Option | ₹: Amount | Payment Ref. / Cheque No./DD/RTGS | Date: |
| | | Pay in A/c No.: | Bank : |
| **Mahindra Manulife** Scheme/Plan/Option/Sub Option | ₹: Amount | Payment Ref. / Cheque No./DD/RTGS | Date: |
| | | Pay in A/c No.: | Bank : |

**SWITCH** (Refer instruction C)

Amount ₹: _____

Units: _____ ☐ All free Units:

**From Scheme** _____

Plan _____ Option _____

**To Scheme** _____

Plan _____ Option _____

**REDEEM** (Refer instruction C)

Amount ₹: _____

Units: _____ ☐ All free Units:

Scheme _____

Plan _____ Option _____

Credit redemption proceeds to registered* Bank Name: _____

_____ A/c No. _____

* Mention your bank account for redemption proceeds, if multiple bank accounts are registered, else Default account will be considered.

Investors desiring to get allotment of units in dematerialized mode instead of physical mode should provide the details in their demat account below:

| | | | |
|---|---|---|---|
| **NSDL** | **DP NAME** _____ | **DP ID** I N | **Beneficiary Account No.** |
| **CDSL** | **DP NAME** _____ | **Beneficiary Account No.** | |

Please attach a copy of he DP statement / Client Master Form to enable us to verify the demat account details. **Important:** Names, mode of holding, PAN details, etc. of the Investor will be verified against the Depository data. **The units will be credited to the beneficiary (demat) account only after successful verification with the depository records and relization of payment.** In case the verification fails, units will be credited in physical mode.

## DECLARATION(S) AND SIGNATURE(S)

**To, The Trustee, Mahindra Manulife Mutual Fund**

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) as on the date of this transaction. I / We confirm that I / We are not residents(s) of Canada as defined under the applicable laws of Canada. 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 have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. 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.

| First Unitholder / Authorised Signatory | Second Unitholder | Third Unitholder |
|---|---|---|
| | | |

✂ TEAR HERE ✂

Mahindra Manulife MUTUAL FUND

## Acknowledgement Slip (To be filled by the applicant)

**Head Office :** Sadhana House, 1st Floor, 570 P B Marg, Worli, Mumbai – 400018. Phone: +91-22-66327900, Toll Free No.: 1800 419 6244.

Date : D D M M Y Y Y Y

Received from Mr./Ms./M/s. _____

transaction form for Additional Purchase/Switch/Redemption of/from Scheme _____ to Scheme _____

of Rs _____ OR _____ units.

**ISC Stamp & Signature**

**Contact Us** www.mahindramanulife.com 1800 419 6244 mfinvestors@mahindra.com