

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.7)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN- 78041 <small>here</small>	ARN-		E218179	

*Please sign alongside 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.

++ I/We, have invested in the Schemes) 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:

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

2. INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)

[Please tick (✓) any one]
 I am a First time investor across Mutual Funds OR
 I am an existing investor in Mutual Funds

3. GENERAL INFORMATION ^MODE OF HOLDING : (Please tick ✓) Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME* Mr. Ms. M/s. _____
(Please mention Name as per Aadhaar card. Refer instruction no.I. 13)

PAN / PEKRN** _____ **CKYC Id***** _____

Aadhaar No*** _____
By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Date of Birth of 1st Applicant D D M M Y Y Y Y Y Y **STATUS^ :** Resident Individual NRI PIO Others _____

^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Reliance Mutual Fund. Refer instruction no.II.1 & 2

5. SECOND APPLICANT DETAILS

NAME* Mr. Ms. _____
(Please mention Name as per Aadhaar card. Refer instruction no.I. 13)

PAN / PEKRN** _____ **CKYC Id*** _____ **STATUS^ :** Resident Individual NRI

Aadhaar No*** _____
By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

6. THIRD APPLICANT DETAILS

NAME* Mr. Ms. _____
(Please mention Name as per Aadhaar card. Refer instruction no.I. 13)

PAN / PEKRN** _____ **CKYC Id*** _____ **STATUS^ :** Resident Individual NRI

Aadhaar No*** _____
By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

7. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1 st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
2 nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
3 rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(than 1 year)	D D M M Y Y Y Y

PEP DETAILS***	1st Applicant		2nd Applicant		3rd Applicant	
Are you a Politically Exposed Person (PEP)***	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)***	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

8. FATCA and CRS DETAILS (Mandatory)

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant			Second Applicant			Third Applicant		
Country #***	Tax Payer Ref. ID No [§]	Identification Type	Country *	Tax Payer Ref. ID No [§]	Identification Type	Country*	Tax Payer Ref. ID No [§]	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. *In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant		Second Applicant		Third Applicant	
Country of Birth ^{^**}		Country of Birth		Country of Birth	
Country of Nationality ^{^**}		Country of Nationality		Country of Nationality	

9. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & VII)

Correspondence Address** (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA				Overseas Address (Mandatory for NRI / FI Applicants)			
House /Flat No.				House /Flat No.			
Street Address				Street Address			
City/ Town	State	Pin Code		City/ Town	State	Pin Code	
Country				Country			
Tel. (Res.)	S D Code		Tel. (Off.)	Mobile No.		Country Code	
Email ID							

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

10. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name	M a n d a t o r y								
Account No.	M a n d a t o r y			A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Branch Address				Branch City	F o r C r e d i t v i a N E F T				
PIN	IFSC Code	o f C r e d i t i n R G			MICR Code	9 D i g i t			

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV)

Scheme _____ (Refer Instruction No. I-8) (For Product Labeling please refer last page of application form)
(If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

Option (Please ✓) Growth^{^^} Dividend Payout Dividend Reinvestment Dividend Frequency _____

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment Cheque OTBM Facility (One Time Bank Mandate) Investment Amount (₹) _____

Instrument No _____ Dated Drawn on Bank _____

Bank Branch _____ City _____

(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

12. SIP ENROLLMENT DETAILS

SIP Date: (Please / any one) <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 23 <input type="checkbox"/> 28 <input type="checkbox"/> _____ (Any other date from 1 st to 28 th of a given month)	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly (Refer Instruction No. X)
<input type="checkbox"/> REGULAR Enrollment Period: From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> PERPETUAL Enrollment Period: From: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

SIP Amount ₹ _____ (Refer Instruction No. VI)

13. NOMINATION (Mandatory. Refer Instruction No. V)

Nominee Name & Address	Guardian Name (in case Nominee is Minor)	Relationship with Investor	Date of Birth	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
							1st App
							2nd App.
							3rd App..

14. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

- 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 have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

I understand that SIP is also available without insurance cover and I willingly opt to become a member of Group Term insurance Policy issued by Reliance Life Insurance Company Ltd. as a part of Reliance SIP Insure facility.

I _____ (name of the investor), being the beneficiary under Group Term Insurance Policy issued by M/S Reliance Life Insurance Company Ltd do hereby nominate Mr/Ms/Mrs _____ aged _____ years resident of _____ being _____ (relationship with the beneficiary above named) as the person to whom the moneys secured under the said Group Term Insurance Policy shall be paid in the event of my death. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Life Insurance Company Ltd subject to the terms and conditions of insurance, read along with the Certificate of Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information.

Signed at _____ on this _____ day of _____ 20 _____.

First / Sole Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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RELIANCE
MUTUAL FUND

Wealth Sets You Free

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references

APP No.: _____

Received from Mr/Ms/M/s : _____ an application for allotment of

Units under Reliance _____ as per details below.

Growth Option
 Dividend Reinvestment
 Dividend Payout

Cheque _____ Dated _____ ₹ _____

drawn on _____

Time Stamp & Date
of receiving office

IVR

IVR. "Self Help" Option
(24 x 7)

Investor can avail below facilities

1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions
5. Latest Dividend declared

For more details :

Call : Toll free : 1800-300-1111 | 3030111

Corporate Office Address: Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

SIP Insure CAF / 24th Jan 2018 / Ver 2.7

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-78041 (here)	ARN-	E218179		

*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.
++ 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.

SIGN HERE	First / Sole Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

APPLICANT DETAILS		FOLIO NO.
Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	<input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No. _____ Cheque / DD Date _____ DD Charge ₹ _____
Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Securities Depository Limited	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID _____ Mobile no. + _____
For receiving Transaction Alerts via SMS

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

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)

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period (Please / any one)	SIP Date (Please / any one)	SIP Amount
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From : MM/YY To : MM/YY <input type="checkbox"/> PERPETUAL(Default) (Refer Instruction No. 5) From : MM/YY To : 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28 <input type="checkbox"/> 23 <input type="checkbox"/> (Any other date from 1 st to 28 th of a given month)	₹ _____ (in figures)

DECLARATION : I/We would like to invest in Reliance _____ 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 Reliance Nippon Life Asset Management Limited (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

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.

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 / Invest Easy - Individuals Mandate Form.

SIGN HERE	First / Sole Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 RMF on any transaction day.

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN (For Office Use Only) _____
Sponsor Bank Code _____ Utility Code _____
Date: _____

Create **Modify** **Cancel**
I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other
Bank A/c no: _____

With Bank _____ (Name of Destination Bank) IFSC _____ MICR _____
an amount of Rupees ₹ _____

FREQUENCY: Monthly Quarterly Half Yearly Yearly as & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1	Folio No.	Email ID: _____
Reference 2	Appln No.	Mobile / Phone No: _____

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 : DDMMYYYY
To : **3 1 1 2 2 0 9 9**
Or Until Cancelled

1 _____ Signature of Account Holder
2 _____ Signature of Account Holder
3 _____ Signature of Account Holder

1 _____ Name as in Bank Record
2 _____ Name as in Bank Record
3 _____ Name as in Bank Record

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & 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 or the bank where I have authorized the debit.