

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

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

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	
ARN- (ARN stamp here)				
<p>*Please sign alongside in case the EUIN is left blank/not provided.</p> <p>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.</p>				SIGN HERE → First / Sole Applicant
				SIGN HERE → Second Applicant
				SIGN HERE → Third Applicant

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.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

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

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER (If you have an existing SIP Insure folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION *MODE OF HOLDING : Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN* Date of Birth

OCCUPATION* : Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others _____

STATUS* : Resident Individual NRI PIO Others _____

GROSS ANNUAL INCOME DETAILS*** Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH*** in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

5. SECOND APPLICANT DETAILS

NAME PAN / PEKRN*

OCCUPATION* : Professional Agriculturist Housewife Retired Government Service/Public Sector Business Forex Dealer Student Private Sector Service Others _____ STATUS* : NRI Resident Individual

GROSS ANNUAL INCOME DETAILS^ Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH^ in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No

6. THIRD APPLICANT DETAILS

NAME PAN / PEKRN*

OCCUPATION* : Professional Agriculturist Housewife Retired Government Service/Public Sector Business Forex Dealer Student Private Sector Service Others _____ STATUS* : NRI Resident Individual

GROSS ANNUAL INCOME DETAILS^ Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH^ in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No

*Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.1 & 2

7. FATCA and CRS DETAILS (Mandatory)

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	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/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

8. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VIII)

Correspondence Address (P.O. Box is not sufficient)

Please note that your address details will be updated as per your KYC records

															Landmark					
City					Pin Code					State										

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City					Pin Code					State				

Email ID

Mobile + (Country Code) Tel. No. STD Code Office Residence

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.

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

Bank Name

Account No. A/c. Type (✓) SB Current NRO NRE FCNR

Branch Address Branch City

PIN IFSC Code For Credit via RTGS 9 Digit MICR Code* For Credit via NEFT

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.

10. 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 OTM Facility (One Time Bank Mandate)

Investment Amount (Rs.) DD Charges (if applicable) (Rs.) Net Amount~ (Rs.) I minus II

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.

11. 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.

12. SIP ENROLLMENT DETAILS

SIP Date: 2 10 18 28 (Select any one SIP Date) Frequency: Monthly Quarterly Yearly (Refer Instruction No. X)

<input type="checkbox"/> REGULAR Enrollment Period: From: <input type="text"/> To: <input type="text"/>	<input type="checkbox"/> PERPETUAL Enrollment Period: From: <input type="text"/> To: <input type="text"/>
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SIP Amount Rs. (Refer Instruction No. VI)

13. 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) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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.

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 Insuarance of the group term insurance policy, Scheme Information Document and Statement of Additional Information.

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

SIGN HERE

 First / Sole Applicant	 Second Applicant	 Third Applicant
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ACKNOWLEDGMENT SLIP

(To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references

Received from Mr/Ms/M/s : _____ an application for allotment of **APP No.:** _____

Units under Reliance _____ as per details below.

Growth Option Dividend Reinvestment Dividend Payout

Cheque _____ Dated _____ Rs. _____
 drawn on _____

Time Stamp & Date
 of receiving office



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 | 30301111

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