

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)			

***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.

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 _____

COUNTRY OF TAX RESIDENCE*** India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) [%]	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

COUNTRY OF BIRTH*** COUNTRY OF NATIONALITY/CITIZENSHIP***

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 **STATUS[^]:** NRI
 Business Forex Dealer Student Private Sector Service Others _____ Resident Individual

COUNTRY OF TAX RESIDENCE[^] India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) [%]	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

COUNTRY OF BIRTH[^] COUNTRY OF NATIONALITY/CITIZENSHIP[^]

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

10. NOMINATION - I wish to Nominate Yes No **(Mandatory. Refer Instruction No. V)**

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

11. SIP ENROLLMENT DETAILS

SIP Date: 2 10 18 28 (Select any one SIP Date) **Frequency : Monthly (Minimum Tenor 3 Years)**

REGULAR Enrollment Period: From: [M | M | Y | Y] To: [M | M | Y | Y] **PERPETUAL** Enrollment Period: From: [M | M | Y | Y] To: [1 | 2 | 9 | 9]

SIP Amount Rs. _____ (Minimum Rs.1000/-)

12. 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 Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM 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 Insurance 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

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) Please collect your time stamped acknowledged slip for future references

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

Units under Reliance _____ as per details below.

Growth Option Dividend Reinvestment Dividend Payout

Cheque _____ Dated _____ Rs. _____ **Time Stamp & Date of receiving office**

One Indiabulls Centre, Tower 1, 12th Floor, JupiterMill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai-400 013

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

IVR

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions
- Latest Dividend declared

For more details :
Call : Toll free : 1800-300-11111 | 30301111