

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 4) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT Mr. Ms. M/s. _____

KYC Identification No. (KIN): _____ PAN#/ PEKRN# _____ GENDER Male Female Other
 [Please (✓)] #KYC Proof Attached(Mandatory)

Mobile No. _____ ^^Email Id _____ DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

II. NAME OF THIRD APPLICANT Mr. Ms. M/s. _____

KYC Identification No. (KIN): _____ PAN#/ PEKRN# _____ GENDER Male Female Other
 [Please (✓)] #KYC Proof Attached(Mandatory)

Mobile No. _____ ^^Email Id _____ DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

*** Please attach Proof. Refer General Instruction No 15 for PAN/PEKRN and No 17 for KYC.**

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer General Instruction 9)

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 4)

5a. Status of Applicants (Refer General Instruction 4D) (Please tick one)

Sole/First Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
Second Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
Third Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> AOP <input type="checkbox"/> FI	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company

5b. Occupation Details (Please tick (✓))

Sole/First Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business
Second Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business
Third Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____ (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Third Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs. _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/Trustee/Whole time Directors)

Sole/First Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Second Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Third Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

← TEAR HERE →

Scheme Name Mahindra Manulife Balanced Advantage Yojana	Select your plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	Select your Option / Sub-option / Facility <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)

Note: In case of above IDCW option/sub-option(s)/facilities, the amounts can be distributed out of investors' capital (Equalization Reserve), which is part of sale price that represents realized gains.

IDCW: Income Distribution cum Capital Withdrawal

SIP/ Micro SIP Date (s) _____

Top Up SIP Amount / Percentage _____ Frequency _____

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Country of Tax Residency	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.		
	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A, B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C → Others; please state the reason thereof.

Refer General Instructions 4C and 19

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name _____

Branch Address _____ Branch City _____

Account No. _____ MICR Code _____ (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others (please specify) _____

IFSC Code*** _____ *** Refer General Instruction 6C (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

Unit holders will receive redemption/dividend (IDCW) proceeds directly into their bank account (as furnished in Section 8) via Direct credit / RTGS / NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

Scheme Name	Select your plan	Select your Option / Sub-option / Facility
Mahindra Manulife Balanced Advantage Yojana	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment

Note: In case of above IDCW option/sub-option(s)/facilities, the amounts can be distributed out of investors' capital (Equalization Reserve), which is part of sale price that represents realized gains.

IDCW: Income Distribution cum Capital Withdrawal

8A. For Lumpsum Investment Payment Type: Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Investment Amount	DD Charges, if any	Net DD / Cheque Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number

8B. For investment through SIP / Micro SIP mode Payment Type: Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form') (Refer General Instruction 7) Payment Through: (Refer instruction 5 D)

Cheque details	SIP Installment Amount (₹)	SIP Date(s) (Refer instruction 7.1)	Frequency	Period	Top-Up (Optional) (Refer instruction 7.6)		
					Top-Up Details	CAP Details (Optional)	Frequency
Bank Name _____			<input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled*	Amount*(₹) _____	CAP Amount*(₹) _____	<input type="checkbox"/> Yearly*
Cheque No. _____					Percentage _____	CAP Month-Year _____	<input type="checkbox"/> Half-yearly
Bank Name _____	TOTAL		<input type="checkbox"/> Daily** <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: M M Y Y Y Y End: M M Y Y Y Y or <input type="checkbox"/> Until cancelled*	Amount*(₹) _____	CAP Amount*(₹) _____	<input type="checkbox"/> Yearly*
Cheque No. _____					Percentage _____	CAP Month-Year _____	<input type="checkbox"/> Half-yearly

* Default Option. Note: Top-Up SIP facility is available only through NACH debit mandate. In case of Quarterly SIP and Percentage based Top-up, only Yearly Top-up frequency is available. CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued. **The SIP instalments under Daily frequency will be processed ONLY on Business Days

For existing investors if 1st SIP Installment is through NACH mandate attach Blank cancelled cheque OR Copy of cheque

For SIP through Auto Debit / NACH please also fill & attach SIP Registration cum Debit mandate form.

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

SIP 1 : Period M M Y Y Y Y TO M M Y Y Y Y No. of cheques attached [] [] []

SIP 2 : Period M M Y Y Y Y TO M M Y Y Y Y No. of cheques attached [] [] []

The first cheque & the Post dated cheques should be drawn on the same bank & account number.

9. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (Refer Instruction 12)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the names as mentioned in the application form matches with that of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.

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

10. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

OR
 [Please (✓)] I/We do not wish to Nominate

11. DECLARATION & SIGNATURE/S (Refer Instruction 13)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as follows:- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Mahindra Manulife Balanced Advantage Yojana ("the Scheme") of Mahindra Manulife Mutual Fund ("the Fund") indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorization(s). The amount invested in the Scheme 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 confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Mahindra Manulife Investment Management Private Limited (Formerly known as Mahindra Asset Management Company Private Limited)(AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. 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. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. 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 authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT. 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 (ii) 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. **FATCA Declaration:** I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. **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.

SIGNATURE(S)

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

Sign Here _____ First / Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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