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MUTUAL FUND **Manulife**

NEW FUND OFFER

APPLICATION FORM

MAHINDRA MANULIFE BANKING &

FINANCIAL SERVICES FUND

(An open-ended equity scheme investing in banking & financial services sector)

New Fund Offer Opens on: June 27, 2025; New Fund Offer Closes on: July 11, 2025 Scheme reopens for continuous sale and repurchase from: July 21, 2025 Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only. Offer of Units of Rs. 10/- each during the New Fund Offer and Continuous offer for Units at NAV based prices.

This product is suitable for investors who are seeking* Moderate Risk High Risk • Long term capital appreciation; • Investors should consult their financial advisers if in doubt about whether the product is suitable for them. • Moderate Risk High Risk • Investors should consult their financial advisers if in doubt about whether the product is suitable for them. • Moderate Risk • Moderate Risk • Moderate Risk • Moderate Risk • High Risk • Investors should consult their financial advisers if in doubt about whether the product is suitable for them. • Moderate Risk • Moderate Risk • High Risk • Investors should consult their financial advisers if in doubt about whether the product is suitable for them. • Moderate Risk • Moderate Ris												
ARN & ARN Name	Sub Agent's ARN /	Employee Unique	RIA/PMRN			al Code for						
ARN Declaration - Upfront commission shall be paid Consent for sharing Transaction Feed with holdings/ NAV etc. in respect of my/our investments unde EUIN Declaration (only where EUIN box is interaction or advice by the employee/relationship manager/sal	n RIA/PMRN (Applicable f r Direct Plan in the scheme(s) of N s left blank) (Refer Gene	for investments through RIA/PI Mahindra Manulife Mutual Fund, to the abo eral Instruction 1) // I/We hereby of	MRN only):	ssment of variou I/We hereby give Registered Investr box has been inter	us factors inc my/our conse nent Advisor (itionally left bla	nt to share/provid RIA) or SEBI Regis nk by me/us as this	e render e the trai itered Por	nsaction feed tfolio Manag on is executed	iistributor. d / portfolio ger (PMRN). d without any			
	X			20								
First/ Sole Applicant/ Guardian / PoA Ho	lder / Karta	Second Applicant		hot		Third Applica	ant					
1. EXISTING UNIT HOLDER INFORMATION (If you have existing Folio, please fill in folio no. in this section and proceed to sections 8 and 11.) (Refer General Instruction 2)												
FOLIO NO.:		The details in our records	under the folio	number mei	ntioned ald	ongside will a	pply fo	r this app	olication.			
2. MODE OF HOLDING [Please tick (/)] Single Joint Anyone or Survivor If an application has more than one investor (maximum three permitted) the investors are required to specify the 'mode of holding' in the initial application form as either 'Joint' or 'Anyone or Survivor'. And in such an event, if the investors fail to specify the mode of holding, then by default, the mode of holding will be treated as 'Joint' for all future purposes by the AMC in respect of the folio. 3. UNIT HOLDER INFORMATION (Refer General Instruction 3) NAME OF FIRST / SOLE APPLICANT ^{\$} (In case of Minor, there shall be no jointholders)												
Mr. Ms. M/s.												
DATE OF BIRTH/INCORPORATION ^{\$} (MANDATORY)												
^s NAME and DOB/Date of incorporation for all the Applicant(s) should be exactly as per PAN												
PAN#/ PEKRN#		KYC Identification No. (K	N):									
Please attach PAN Card copy and KYC Proof and "Refer General Instruction No 14 for PAN/PEKRN and No 16 for KYC.												
GSTIN* *Refer General Instruction No 14 for PAN/PEKKN and No 16 for KYC.												
MAILING ADDRESS OF FIRST / SOLE	E APPLICANT (Manda	tory) (Address should be a	s per KYC re	cords) (Ref	er Gener	al Instructi	on 3A)				
CITY	STATE					PIN CODE						
CONTACT DETAILS OF FIRST / SOLE APP	PLICANT Country Code	STD Code		Telephone	: Off.							
Mobile No.	Res.			Fax								
*Select appropriate validation code	SE SP			GD			D					
^^Email Id			ish to receive pl able only if ema			al Report or A	bridged	I Summar	y thereof			
^^ On providing email-id investors shall receive sc	heme wise annual report or	an abridged summary thereof/ acco	ount statements/	statutory and	other docur	nents by email.	(Refer C	General Ins	truction 8.			
*Select appropriate validation code	SE SP	DC DS	DP	GD	P	M C	D	P(C			
*Description of Email & Mobile validation PM - PMS, CD - Custodian, PO - POA	on codes: SE - Self, SP	- Spouse, DC - Dependent Ch	ildren, DS - De	ependent Sit	olings, DP	- Dependent	t Paren	ts, GD -	Guardiar			
Overseas Country ^{###}				Zip Code	###							
###Mandatory for NRI/Overseas Applica		TEAD UPDE	~~									
mahindra III Manulife						lip (To be fi			plicant)			
Head Office : Unit No. 204, 2nd Floor, Amiti & Kamani Junction, Kurla (W), Mu		rporate Park, LBS Road,	1	Date : 🛛	DM	MYY	ΥΥ					
Received from Mr./Ms./M/s.					 !!	SC Stamp &	Signa	ature				
an application for allotment of Units of the Services Fund - along with Cheque / Demar Please Note : All Purchases are subject to 1	nd Draft / Payment Instrum	nent as detailed overleaf.	-	inancial				-				

... continued overleaf

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NAME OF GUARDIA	AN (in case of First /	Sole Applica	nt is a Minor) /	/ PoA Ho	DLDER										
Mr. Ms. M/s.							٢	1obile	No.	_					
PAN#/ PEKRN#		KYC Ide	entification No. (KII	N):						Pleas	e attach PAN	N Card copy	y and KYC Pro	oof (Manda	tory)
Relationship with Mi	nor Please (⁄) 🗌 Fat	her 🗌 Mothei	r 🗌 Court appo	ointed Le	gal Guardian	DA	te of Bi	IRTH OF	GUARDIA	N D	DM	1 M	ΥΥ	ΥY]
is mandatory to provid	le DOB of Guardian and P	roof of relationshi	ip with minor												
DDITIONAL DETA	ILS REQUIRED (in c	ase of non-ind	dividual Invest	ors)											
Contact Person Na	ame						D)esigna	ation						
Mobile No.					Email										
. JOINT APPLICA	NT DETAILS, If any	(Refer Genera	al Instruction	3) (in Ca	ase of Mino	r, there	e shall	be no	joint hol	lders)					
NAME OF SECON	DAPPLICANT Mr.	Ms. M/s.													
PAN#/ PEKRN#		KYC Id	entification No. (KI	N):									male 🔲 Oth y and KYC Pro		tory)
Mobile No.				DC DS	DP GD	PM		PO	SDATE OF	BIRTH	DD	MP	1 Y Y	(Y	Y
^^Email ID							SE	SP		DS 🗌	DP	GD 🗌			PO
. NAME OF THIRD	APPLICANT Mr.	Ms. M/s.													
PAN#/ PEKRN#			entification No. (KI	N):									male 🗌 Oth		
Mobile No.											e attach PAr	Card copy	/ and KYC Proc	of (Mandato	ory)
Memail ID							SE	SP		DS _	DP	GD 🗌	PM []		PO
-	AILS (Mandatory) (F	≀efer general	instruction 3)												
a. Status of Appli	cants (Refer Genera	I Instruction	3D) [Please (🗸) one]											
	🗌 Resident Individual	□ NRI-Re		QFI P	•	🗌 Tru:					P D PIO			vate Ltd.	
	Body Corporate Body Corporate		In Repatriation		CI ole Proprietorship			anisation	Bank		∐ Soc	:iety / Cli	ub 🗌 Pub		ት እ
														ease speci	
	Resident Individual	∐ Foreign N	ational Resident in In	dia	🗌 NRI-Rep	atriatior	ו	ΠN	IRI-Non Re	patriatio	n	0		PIO 🗌 ase specit	
			at a line to be	.r.											
	Resident Individual		ational Resident in In	ula	🗌 NRI-Rep	atriation	1		IRI-Non Re	patriatio	DEL	0		PIO 🗌 ase specit	
eligious or charitab Inder the Societies	ation [NPO] to provi le purposes referred Registration Act, 18	to in clause (1 60 (21 of 18	15) of section 60) or any sin	2 of the nilar Stat	Income-tax	Act, 1	.961 (4	3 of 1	.961), an	id is re	gistered	d as a	en const trust or	tituted a soci	for
, ,	13). 🗌 Yes 🛛 No (At the NPO Registration			·											
f not registered alrea	dy, please register imme ur entity on the said port	diately and confi	irm with the abov	ve informa			ceipt of	the Da	rpan porta	al regist	ration de	etails, M	F / AMC/	RTA wil	ll be
	tails [Please tick (/)			aution tice	ας αρριταδις	.)									
Sole/First Applicant	Private Sector Service	e 🗌 Public Se	ector Service	Gove	rnment Service	2	Studen	t	Profess	ional	Hous	ewife	Bus	iness	
Please select any one	Retired	🗌 Agricultu	rist	🗌 Prop	rietorship] Others						(Pleas	e specify	y)
Second Applicant	Private Sector Service	e 🗌 Public Se	ector Service	Gove	ernment Servic	e [] Studer	nt	Profess	sional	Hous	sewife	🗌 Bus	siness	
Please select any one	□ Retired	🗌 Agricultu	rist	🗌 Prop	rietorship	[] Others	5					(Pleas	se specif	-γ)
Third Applicant	Private Sector Service	 Public S€	ector Service	Gove	ernment Servic	e [Studer	nt	Profess	sional	Hous	sewife	🗌 Bus	siness	
Please select any one	□ Retired	Agricultu	rist	Prop	rietorship	[Others	5					(Pleas	se specif	Ξy)
c. Gross Annual Ir	ncome / Net-worth (i	Rs.)													
Sole/First Applicant	Gross Annual Income	🗌 Below 1 Lakh	🗌 1-5L	akhs.	🗌 5 - 10	Lakhs] 10 - 2	25 Lakhs] 25 Laki	ns - 1 Cri	ore 🗆 >	1 Crore	
Please select any one	or Net-worth	(Mandatory for N	on-Individuals) Rs.				_ as on [DD	MM	Y	YYY	Y (Not (older than	1 year)	
Second Applicant Please select any one	Gross Annual Income	🗌 Below 1 Lakh	□ 1-51	Lakhs	0 5-10) Lakhs		☐ 10 - 2	25 Lakhs] 25 Lak	:hs - 1 Cr	rore 🗌 :	>1 Crore	<u>;</u>
Third Applicant	Gross Annual Income	Below 1 Lakh	□ 1-51	Lakhs	5 - 10) Lakhs		10-1	25 Lakhs] 25 Lak		rore 🗆 :	>1 Crore	2
Please select any one			······································	···· TEAR	HERE ·····>	ç									
Scheme Name			Select your pl	lan			Sele	ct you	r Option	/ Sub-	option /	/ Facilit	y		
Mahindra Ma Financial Ser	nulife Banking rvices Fund	;&	🗆 Regular Pl	an 🗆	Direct Plan	ı	G	irowth		W Pay	out [V Reinvo	estme	nt

Drawn on (Bank and Branch)

Cheque / DD / Payment Instrument No. & Date

Amount in Figures (Rs.)

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

Sole/First Applicant (Please select any one)	🗌 I am a PEP	□ I am Related to a PEP	□ Not Applicable
Second Applicant (Please select any one)	🗌 I am a PEP	□ I am Related to a PEP	🗆 Not Applicable
Third Applicant (Please select any one)	🗌 I am a PEP	□ I am Related to a PEP	□ Not Applicable

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

	Sole/Fir	st Applicant/0	Guardian	S	econd Applica	nt	Third Applicant					
Place of Birth												
Country of Birth												
Nationality	🗌 Indian 🗌 U.S. [Others, please	specify	🗌 Indian 🗌 U.S.	Others, please	specify	□ Indian □ U.S. □ Others, please specify					
Tax Residence Address Type (as per KYC records)	Residential Registered Office Business							Registered Offic	e 🗌 Business			
Are you a tax resident (i.e., an you assessed for Tax) in	🗌 Yes/ 🗌 No			□ Yes/ □ No			□ Yes/ □ No					
any other country outside India?	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/ Gra Card Holder /Tax Resident in the Respective countries.											
Country of Tax Residency	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)					
Tax ldentiification Number OR Functional Equivalent	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)					
Identification Type (TIN of other, Please specify)	Type (1) (1)											
If TIN is not available, please tick the reason A.B.	1	2	з	1	2	3	1	2	з			
or C (as defined below)	□а□в□с	□а□в□с	□а□в□с	□а□в□с	□а□в□с	□а□в□с	□а□в□с	□а□в□с	□а□в□с			
Reason A→The country where th						- TN +- +-		Refer General Instru	uctions 3C and 18			

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

7. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (Refer General Instruction 5 & 9) Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.) Irrespective of the source of payment for subscription on behalf of minor, all redemption proceeds shall be credited only in the verified bank account of the minor or a joint account of the minor with the parent/legal guardian.

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			
Account No.	MICR Code		(The 9 digit code appears on your cheque next to the cheque number)
Branch Address		Branch City	
Account Type (Plea	se \checkmark) \Box Savings \Box Current \Box NRO \Box NRE \Box FCNR \Box Others (please specify)		
IFSC Code***	*** Refer General Instruction 5D (Mandatory for Credit via RT leaf. If you do not find this on your cheque leaf, please check for	GS / NEFT) (11 Cha or the same with yo	aracter code appearing on your cheque our bank)

Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ RTGS/NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (/)] (Refer Instruction 6 for Scheme details and Instruction 4 & 7 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.

NOTE: Same cheque cannot be used for both lumpsum & SIP investments.

Payment Type:	Non-Third Party Payment
---------------	-------------------------

Third Party Payment (Please attach 'Third Party Payment Declaration Form')

-		
Payment	Eor	٠

Payment For :	One time Lumpsum Investment

Systematic Investment Plan (Attach Common SIP/TOP-UP SIP registration/upgrade cum debit mandate form)

*LEI No.																						Valid ı	ipto:								
*The Legal E	intity I	dentif	ier (LE	EI) is a	20-di	igit nu	mber	used	to uni	quely	identii	fy part	ties fo	r all p	aymei	nt trar	nsactio	ons of	value	'₹50 (crore and	d above i	underta	aken b	y enti	ities (r	non-ind	dividua	als) usi	ng Res	serve

Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/ Dividend) of value ₹ 50 crore and above, and shall not be held responsible for any non receipt/ receipt of funds with a delay.

Scheme Name	Select your plan		Select your Option / Sub-option / Facility						
Mahindra Manulife Banking & Financial Services Fund	🗆 Regular Plan	🗆 Direct Plan	Growth DIDCW Payout	□ 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	сит	Capital	Withdrawa

Investment Amount	DD Charges, if any	Net DD/ Cheque Amount	Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No /OTBM Facility^ & Date	Drawn on Bank/ Branch	Bank Account Number

MAHINDRA MANULIFE BANKING & FINANCIAL SERVICES FUND

9. UNIT HOLDING OPTION DEMAT MODE*

PHYSICAL MODE (Default) (Refer Instruction 11)

*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		Beneficiary Account No.
CDSL	DP NAME	Beneficiary Account No.	

10. I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)** subject to nature of event as specified in the table below. This nomination shall supersede any prior nomination made by me / us, if any. Applicable for Individual Unitholders only (Refer Instruction 13)

REGISTRATION CHANGE CANCELLATION *In case of cancellation of Nomination, it is mandatory to provide opt-out declaration provided below.

	Nomination Details										
		Additional Details *****									
	Name of Nominee(s) (Recommended else read and tick (✓) the opt-out declaration below)	Proportion (%) in which the assets will be shared by each Nominee***	Relationship with Applicant (If any)	Address of Nominee(s)/ Guardian in case of Minor Nominee	Mobile No. / Telephone No. & Email ID of nominee(s) / Guardian in case of Minor Nominee	Identity Number of Nominee/ Guardian (in case of Minor Nominee)**** PAN or Driving Licence or Aadhaar (last 4 Digits) or Passport (for NRIs/ OCIs/PIOs)	D.o.B. of Nominee (Mandatory if nominee is minor)	Guardian Name (Mandatory if nominee is minor)			
Nominee 1											
Nominee 2											
Nominee 3											

**Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously – having nominee	Nominee / In case of multiple nominees in proportion % as defined
Demise of all joint holders simultaneously – not having any nominee	Legal heir(s) of the youngest joint holder as determined by D.o.B. captured in our records

*** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division shall be transferred to the first nominee mentioned in the form

**** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRIs/OCIs/PIOs, Passport number is acceptable.

***** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is mandatory for you to provide, if the nominee is minor. •

OR Declaration for opting out of Nomination (To be provided only where nomination is not provided)
[Please (1)] I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.
I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate) Name of nominee(s) with % Nomination: Yes / No (Default)

Note:

- 1. In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form
- 2. All joint holders should sign, even in case of Anyone or Survivor' mode of operation.
- 3. The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

11. DECLARATION & SIGNATURE/S (Refer Instruction 12)

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 Schemes of Mahindra Manulife Banking & Financial Services Fund (the Schemes) 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 (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 : 1 / 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.

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

à	à	à
First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant

Name(s) of Witness(s)	Address of Witness(s)	Witness Signature^

^Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Alterations in the form, if any should be countersigned.

THE PACE IS INTERNOOMALIN LEFT BLANK

Application Supported By Blocked Amount (ASBA) Form Please read ASBA instructions before filling the Form

MAHINDRA MANULIFE BANKING &

FINANCIAL SERVICES FUND

(An open-ended equity scheme investing in banking & financial services sector)

New Fund Offer Opens on: June 27, 2025; New Fund Offer Closes on: July 11, 2025 Scheme reopens for continuous sale and repurchase from: July 21, 2025

Investors must read the Key Information Memorandum and the instructions before completing this Form. The Application Form should be completed in English and in BLOCK LETTERS only. Offer of Units of Rs. 10/- each during the New Fund Offer and Continuous offer for Units at NAV based prices.

	ng term capital a estment predomir vices activities.		seeking*	urities of companies engag	ed in banking and	financial	Low to Moderate Risk Low Risk	Moderately High Risk High Risk
The pro	duct labelling /risk le	their financial advisers if in do evel assigned for the Scheme of same may vary post New Fund	during the New Fund Offer is t	oased on internal assessment o	f the Scheme's chara	acteristics	RIS The risk of the	KOMETER e scheme is Very High
	I & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Sub-Broker/ Employee Code	Employee Unique Identification No. (EUIN)	RIA/PMRN Nai & Code	me SCS	B Branch Stamp & Code	For Office U
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5. Declarations & Signatures

General Declaration:

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 under:-

- (1) 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 Banking & Financial Services Fund ('the Scheme') of Mahindra Manulife Mutual Fund ('the Fund') indicated above.
- (2) 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.
- (3) I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment.
- (4) 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 / 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.
- (5) 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.
- (6) 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, quasijudicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (7) 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,

Date	D	D	1	Μ	М		Y	Y	Y	Y	Place	
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AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.

- (8) 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.
- (9) 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).
- (10) I / We confirm that I / We are not residents(s) of Canada as defined under the applicable laws of Canada.
- (11) 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.

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.

ASBA Authorizations:

1) I/We hereby undertake that I/We am/are an ASBA applicant(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011, I/We authorize (a) the SCSB to do all acts as are necessary to make an application in the NFO of the Mahindra Manulife Banking & Financial Services Fund, including uploading of application details, blocking the amount to the extent mentioned above in the "Details of Bank Account for Blocking of Funds" or unblocking of funds in the bank account maintained with the SCSB specified in the form, transfer of funds to the nominated Mahindra Manulife Mutual Fund Bank Account on receipt of instruction from the Registrar to the New Fund Offer after finalisation of allotment entitling me/us to receive Units on such transfer of funds. (b) Registrar to the Mahindra Manulife Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon allotment and to transfer the requisite money to Mahindra Manulife Mutual Fund's nominated Bank account. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Beneficiary ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the application shall be rejected and Mahindra Manulife Investment Management Private Limited (Investment Manager to Mahindra Manulife Mutual Fund), their appointed service providers and the SCSBs representatives shall not be liable for losses, if any.

Sign Here

Sign Here

First / Sole Applicant/ Guardian / PoA Holder / Karta

Second Applicant

Third Applicant

Note: To be signed as per mode of operation of the Bank Account

ASBA Instructions

A.

B.

- Self Certified Syndicate Bank (SCSB): SCSB is a bank which offers the facility of applying through the ASBA process.
- For the complete list of SCSBs with details of controlling/designated branches please refer to websites : http://www.sebi.gov.in , http://www.nseindia.com and http://www.bseindia.com. Investors Demat Account details:
 - It is mandatory to provide Demat Account details in ASBA Application Form as the units will be credited in the Demat Account specified in ASBA Application Form.
 - Applicant should ensure that the Demat Accounts specified in the ASBA Application Form are active i.e. not frozen or suspended.
 - Applicant to note that in case the DP-ID, beneficiary account no. or PAN provided in the ASBA Application Form are incorrect or do not match with the records of Depositories (NSDL or CDSL), the applications will be rejected.
- C. Bank Account details
 - Applicants should provide Bank Account details from which the application amount is to be blocked along with Bank & Branch name and application amount.
 - Applicant should maintain sufficient balance in the Bank Account in which application amount is to be blocked. In case of insufficient funds in the specified Bank Account the
 application is liable to be rejected.
 - Applicant can make application for maximum upto 5 ASBA Applications from a single Bank Account with a Bank.
 - It may be noted that no application will be accepted for subscription to units of schemes of Mahindra Manulife Mutual Fund where such application is accompanied by Third
 Party Payment other than the exceptions allowed. 'Third-Party Payment' means a payment made through instruments issued from a bank account other than that of bank
 account of first named applicant/investor. Please refer to point no. 7 of the General Instructions for details.
- D. Please refer to point no. 19 of General Instructions.

mahindra

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COMMON SIP/ TOP-UP SIP REGISTRATION/ UPGRADE CUM DEBIT MANDATE FORM

First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf) and general instruction 6. The Application Form should be completed in English and in BLOCK LETTERS only. KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

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Terms & Conditions for SIP/ Top-Up SIP

1 (a). SIP facility is offered by the Scheme subject to following terms and conditions:

Deutlandeus	Frequency available (Default day	for weekly frequency: Wednesday), (Default	Frequency: Monthly)
Particulars	Weekly	Monthly	Quarterly
SIP Transaction Dates	Any day of the Week (except Saturday & Sunday)	Any date*	
Minimum no. of installments and Minimum amount per installment	For MMETSF - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- For MMAPRF - 6 installments of Rs. 1,000/- each and in multiples of Re. 1/- For schemes other than MMAPRF & MMETSF- 6 installments of Rs. 500/- each	thereafter;	For MMETSF - 4 installments of Rs. 1500/- each and in multiples of Rs. 500/- thereafter; For schemes other than MMETSF - 4 installments of Rs. 1500/- each and in multiples of Re. 1/- thereafter.
Mode of Payment	National Automated Clearing House (NACH) Facility, and Direct Debit manda	te through select banks with whom AMC m	av have an arrangement from time to time

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1 (b). Top-Up SIP Specifications facility available for monthly and quarterly frequencies only

MMETSF: Mahindra Manulife ELSS Tax Saver Fund; MMAPRF: Mahindra Manulife Asia Pacific REITS FOF;

Deutieuleure	Minimum Top-up installment		Top Up Frequency	
Particulars	For schemes other than MMETSF	For MMETSF	For Monthly SIP	For Quarterly SIP
Top up by Amount	Rs. 100 and in multiples of Rs 100 thereafter	Rs. 500 and in multiples of Rs 500 thereafter	• Yearly • Half Yearly	 Yearly
Top up by Percentage	10% and in multiples of 1% thereafter. Rounded off to nearest next multiple of Rs. 10.	Not available	• Yearly	

Note: Existing investors will be required to submit a request for upgrade from SIP to Top-up SIP at least 10 calendar days prior to the next SIP date. In case of Monthly SIP, if the investor has chosen half-yearly Top-Up frequency, the SIP amount will increase after every 6 SIP monthly cycle dates by the amount/percentage indicated. For Quarterly SIPs, only Yearly frequency is available for Top-up and the SIP amount will increase after every 4 SIP quarterly cycle dates by the investor has chosen very 4 SIP quarterly cycle dates by the investor date so the investor date so the indicated amount / percentage. If the Investor dates not specify either the Top-up amount/percentage or specifies both, the SIP application will be processed by default with the Minimum Top-up installment amount as per above table. The Top-up details cannot be modified once enrolled. In order to make any changes, the Investor must cancel the existing SIP and enroll for a fresh SIP with revised Top up details.

Investors/Unitholders are also requested to note that, in case of cancellation/discontinuation of SIP enrolment, any SIP Top-Up enrolment linked with the underlying SIP (whether existing OR future Top-Ups) shall also stand cancelled.

Default options : Default day for weekly frequency - Wednesday Default Frequency - Monthly Default Date (for both monthly and quarterly frequency) - 10th Default Mode - Top-up by amount. Default Top-up frequency - Yearly.

3. Ensure the duration in the SIP Registration as well as Debit Mandate form is not more than 40 years.

4. a. SIP Cap Amount: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) by specifying a SIP Cap amount. The SIP Cap amount shall be less than or equal to the amount mentioned by the Investor in the NACH Debit Mandate. In case the SIP Cap amount specified by the Investor is higher than the NACH Debit Mandate amount, then the amount mentioned in the NACH Debit Mandate shall be considered for applying Top-ups and processing of SIP installments until the end of SIP tenure.

b. SIP Cap Month-Year: Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) from a prespecified month and year. From this prespecified month and year onwards, the SIP Top-Ups will be discontinued and the last topped up SIP installment will remain constant until the end of SIP tenure.

Note: Investor shall have a flexibility to choose either SIP Cap Amount or SIP Cap Month-Year. In case of multiple selections, SIP Cap amount will be considered as default selection.

 The first installment will be processed at Applicable NAV based on the timing of credit receipt of funds to the bank account of the Scheme before the cut-off time i.e. available for utilization before the cut-off time as stated in KIMs/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor, subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.
 In case of MMETSF each SIP installment will be subject to a Lock In period of three years from the date of allotment of Units.

In case of auto cancellation the below given uniform timeline for treating a SIP as closed/cancelled will be adouted by the AMC

1.	in case of auc	o earleettation, the betow B	ter a morri americi or a casing a sin as coscarce a centre a dopted by the rance	
	S No.	SIP Frequency	requency No. of failed debit attempts prior to cancellation of SIP	
	1	Weekly, Monthly	3	
	2	Quarterly	2	

8. SIP registered for more than one day or all days of the week under the Weekly frequency OR one date or all dates of the month under the Monthly / Quarterly frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.

9. SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.

10. The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application.

11. AMC will ensure cancellation of auto-debit/SIP within 2 working days of such request submitted by the investor.

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12. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.

13. The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.

basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday. 14. Investors will not hold Mahindra Manulife Mutual Fund / Mahindra Manulife Investment Management Private Limited (MMIMPL), its Registrar and other service providers responsible, if the transaction is delayed or not affected or the

investor's bank account is debited in advance or after the specific SIP date.

15. The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is registered.

16. Mahindra Manulife Mutual Fund / MMIMPL, it's Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.

17. Top-Up SIP facility is available only through NACH debit mandate. For Upgrading fill complete information for active SIP. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Tax Saver Fund.

18. 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.

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Terms & Conditions - NACH / Auto Debit

- 1. NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in.
- This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/updation at any time in future at the sole discretion of MMIMPL, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
- 3. By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
- 4. a. New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
 - b. The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.
 - c. Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - d. Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.
- 5. Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
- 6. Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice to any of the investor service centre.
- 7. Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN.
- 8. IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.
- 9. In case of existing investor, if application is received without existing UMRN then the last UMRN registered in the folio would be considered.
- 10. As per NPCI Circular, with effect from 1st April 2024, the duration of the NACH mandate can be for a maximum period of 40 years i.e. the gap between the "From" date and "To" date mentioned in the NACH Mandate form cannot exceed 40 years.

Terms & Conditions - Auto Debit

Auto Debit: The Auto Debit Facility will be made available only with the banks with which MMIMPL or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Manulife Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.