mahindra Manulife MUTUAL FUND

NEW FUND OFFER **APPLICATION FORM**

MAHINDRA MANULIFE INCOME PLUS ARBITRAGE ACTIVE FOF

(An open-ended fund of fund scheme predominantly investing in units of actively managed debt oriented and arbitrage mutual fund schemes)

New Fund Offer Opens on: November 21, 2025; New Fund Offer Closes on: December 01, 2025
Scheme reopens for continuous sale and repurchase from: December 08, 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*

- Capital appreciation over long term;
- Investment in actively managed debt-oriented and arbitrage mutual fund schemes.

***Investors should consult their financial advisers if in doubt about whether the product is suitable for them.**
The product labelling /risk level assigned for the Scheme during the New Fund Offer is based on internal assessment of the Scheme's characteristics or model portfolio and the same may vary post New Fund Offer when the actual investments are made.

The risk of the scheme is Moderate

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent/Employee	FOR OFFICE USE ONLY (TIME STAMP)

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): ☐ I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).
EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1) ☐ 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.

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

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 mentioned alongside will apply for this application.

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) D D M M Y Y Y Y **(Proof of date of birth is Mandatory in case of minor)** **GENDER** ☐ Male ☐ Female ☐ Other

$NAME and DOB/Date of incorporation for all the Applicant(s) should be exactly as per PAN

PAN#/ PEKRN# | | KYC Identification No. (KIN): | |

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 3F.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 3A)

CITY		STATE		PIN CODE	

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code | STD Code | Telephone : Off.

Mobile No. | Res. | Fax

#Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

^^Email Id | ☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

^^ 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 8.)

#Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

#Description of Email & Mobile validation codes: SE - Self, SP - Spouse, DC - Dependent Children, DS - Dependent Siblings, DP - Dependent Parents, GD - Guardian, PM - PMS, CD - Custodian, PO - POA

Overseas Address###		
Overseas Country###		Zip Code###

###**Mandatory for NRI/Overseas Applicants**

TEAR HERE

mahindra Manulife MUTUAL FUND

Head Office : Unit No. 204, 2nd Floor, Amiti Building, Piramal Agastya Corporate Park, LBS Road, Kamani Junction, Kurla (W), Mumbai - 400 070.

Acknowledgment Slip (To be filled by the applicant)

Date : D D M M Y Y Y Y

Received from Mr./Ms./M/s. _____

an application for allotment of Units of the Plan / Option (as mentioned overleaf) of Mahindra Manulife Income Plus Arbitrage Active FOF - along with Cheque / Demand Draft / Payment Instrument as detailed overleaf.

Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

ISC Stamp & Signature

... continued overleaf

mahindra Manulife MUTUAL FUND

MAHINDRA MANULIFE INCOME PLUS ARBITRAGE ACTIVE FOF

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER

Mr. | Ms. | M/s. _____ Mobile No. _____

PAN#/ PEKRN# _____ KYC Identification No. (KIN): _____ **Please attach PAN Card copy and KYC Proof (Mandatory)**

Relationship with Minor **Please (✓)** ☐ Father ☐ Mother ☐ Court appointed Legal Guardian **DATE OF BIRTH OF GUARDIAN** D D M M Y Y Y Y

It is mandatory to provide DOB of Guardian and Proof of relationship with minor

ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)

Contact Person Name _____ Designation _____

Mobile No. _____ Email _____

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 3) (in Case of Minor, there shall be no joint holders)

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

PAN#/ PEKRN# _____ KYC Identification No. (KIN): _____ **GENDER** ☐ Male ☐ Female ☐ Other **Please attach PAN Card copy and KYC Proof (Mandatory)**

Mobile No. _____ ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO **§DATE OF BIRTH** D D M M Y Y Y Y

^^Email ID _____ ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

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

PAN#/ PEKRN# _____ KYC Identification No. (KIN): _____ **GENDER** ☐ Male ☐ Female ☐ Other **Please attach PAN Card copy and KYC Proof (Mandatory)**

Mobile No. _____ ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO **§DATE OF BIRTH** D D M M Y Y Y Y

^^Email ID _____ ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

§Mandatory

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3)

5a. Status of Applicants (Refer General Instruction 3D) [Please (✓) one]

Sole/First Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ QFI	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Private Ltd.
	☐ Body Corporate	☐ NRI-Non Repatriation	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club	☐ Public Ltd.
	☐ Foreign National Resident in India	☐ On Behalf of Minor	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation*	☐ Others _____ (Please specify)			
Second Applicant ☐ Individual	☐ Resident Individual	☐ Foreign National Resident in India	☐ NRI-Repatriation	☐ NRI-Non Repatriation	☐ OCI	☐ PIO			
	☐ Others _____ (Please specify)								
Third Applicant ☐ Individual	☐ Resident Individual	☐ Foreign National Resident in India	☐ NRI-Repatriation	☐ NRI-Non Repatriation	☐ OCI	☐ PIO			
	☐ Others _____ (Please specify)								

***Non-Profit Organization [NPO] to provide the following declaration:** We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 2013) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ **Yes** ☐ **No** (Attach documentary evidence)

If yes, please quote the NPO Registration Number provided by DARPAN portal._____

(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)

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

Sole/First Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			
Second Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			
Third Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional	☐ Housewife	☐ Business
	☐ Retired	☐ Agriculturist	☐ Proprietorship	☐ Others _____ (Please specify)			

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

Sole/First Applicant Please select any one	**Gross Annual Income or Net-worth**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore
		(Mandatory for Non-Individuals) Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)					
Second Applicant Please select any one	**Gross Annual Income**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore
Third Applicant Please select any one	**Gross Annual Income**	☐ Below 1 Lakh	☐ 1 - 5 Lakhs	☐ 5 - 10 Lakhs	☐ 10 - 25 Lakhs	☐ 25 Lakhs - 1 Crore	☐ >1 Crore

✂ **TEAR HERE** ✂

Scheme Name		**Select your plan**		**Select your Option / Sub-option / Facility**	
Mahindra Manulife Income Plus Arbitrage Active FOF		☐ **Regular Plan** ☐ **Direct Plan**		☐ **Growth** ☐ **IDCW Payout** ☐ **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

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/First Applicant/Guardian	Second Applicant	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	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., an you assessed for Tax) in any other countrv outside India?	☐ Yes/ ☐ No	☐ Yes/ ☐ No	☐ Yes/ ☐ No
	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.		
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identiification 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** ☐A ☐B ☐C **2** ☐A ☐B ☐C **3** ☐A ☐B ☐C	**1** ☐A ☐B ☐C **2** ☐A ☐B ☐C **3** ☐A ☐B ☐C	**1** ☐A ☐B ☐C **2** ☐A ☐B ☐C **3** ☐A ☐B ☐C

Reason A→The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents. *Refer General Instructions 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 (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

IFSC Code*** *** Refer General Instruction 5D (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)

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 For : ☐ One time Lumpsum Investment ☐ Systematic Investment Plan (Attach Common SIP/TOP-UP SIP registration/upgrade cum debit mandate form)

***LEI No.** **Valid upto:**

*The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value' ₹50 crore and above undertaken by entities (non-individuals) using Reserve 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 Income Plus Arbitrage Active FOF	☐ **Regular Plan** ☐ **Direct Plan**	☐ **Growth** ☐ **IDCW 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 cum Capital Withdrawal*

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

^One Time Bank Mandate

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** _____	**DP ID** I N	**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

	Mandatory 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 **[Tick ✓ if same as First Applicant, or provide the complete address if different]**	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				☐ Same as First Applicant				
Nominee 2				☐ Same as First Applicant				
Nominee 3				☐ Same as First Applicant				

**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 (✓)] ☐ 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 Mahindra Manulife Income Plus Arbitrage Active Fof (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 (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.

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

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.

mahindra Manulife MUTUAL FUND

Application Supported By Blocked Amount (ASBA) Form

Please read ASBA instructions before filling the Form

MAHINDRA MANULIFE INCOME PLUS ARBITRAGE ACTIVE FOF

(An open-ended fund of fund scheme predominantly investing in units of actively managed debt oriented and arbitrage mutual fund schemes)

New Fund Offer Opens on: November 21, 2025; New Fund Offer Closes on: December 01, 2025
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This product is suitable for investors who are seeking*

- Capital appreciation over long term;
- Investment in actively managed debt-oriented and arbitrage mutual fund schemes.

***Investors should consult their financial advisers if in doubt about whether the product is suitable for them.**

The product labelling /risk level assigned for the Scheme during the New Fund Offer is based on internal assessment of the Scheme's characteristics or model portfolio and the same may vary post New Fund Offer when the actual investments are made.

The risk of the scheme is Moderate

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Sub-Broker/ Employee Code	Employee Unique Identification No. (EUIN)	RIA/PMRN Name & Code	SCSB Branch Stamp & Code	For Office Use Only

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): ☐ I/We hereby give my/our consent to share/ provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).

EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1) ☐ 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 Sole/First Applicant/Guardian/Karta	Sign Here Second Applicant	Sign Here Third Applicant

1. Applicant's Personal Details (in BLOCK LETTERS)

	First / Sole Applicant	Second Applicant / Guardian / PoA Holder	Third Applicant
Name			
PAN			

Applicants must ensure that the sequence of the names as mentioned in the application form matches with that of beneficiary account held with the Depository Participant.

2. Details of Bank Account for Blocking of Funds

Bank Account Number		Bank Name	
Bank Address			
Amount to be blocked (Rs. in figures)		Amount to be blocked (Rs. in words)	

3.

Sub-Plan(s) / Option(s)	Amount (in Rs.)	ISIN
Regular Plan - Growth		
Regular Plan - IDCW Reinvestment		
Regular Plan - IDCW Payout		
Direct Plan - Growth		
Direct Plan - IDCW Reinvestment		
Direct Plan - IDCW Payout		

4. Demat Account Details (Mandatory) Please (✓)

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

The investors shall receive payments of Redemption/IDCW proceeds in the Bank Account linked to the above mentioned Demat A/c.

TEAR HERE

Mahindra Manulife Income Plus Arbitrage Active FOF

(An open-ended fund of fund scheme predominantly investing in units of actively managed debt oriented and arbitrage mutual fund schemes)

Acknowledgment Slip (To be filled by the Applicant)

Received from _____

ASBA Form Dated D D M M Y Y Y Y Amount to be Blocked (Rs.) _____

SCSB (Bank & Branch) _____ Bank Account No. _____ Submission Date D D M M Y Y Y Y

IDCW: Income Distribution cum Capital Withdrawal

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 Income Plus Arbitrage Active FOF ('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, quasi-judicial 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, 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 Income Plus Arbitrage Active FOF, 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.

Date D D M M Y Y Y Y **Place**

Sign Here	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. 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.

B. 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 Manulife MUTUAL FUND

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)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): ☐ I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).

EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): ☐ 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

(✓) ☐ **SIP/ Top-Up SIP** ☐ **Micro SIP** ☐ **Change in Bank Account for Auto Debit (Proceed directly to fill the NACH mandate and provide a cancelled cheque)**

1. Investment and SIP Details: First / Sole Investor

Name ____________________

Folio No.(Existing Unitholder) ☐☐☐☐☐☐☐☐☐☐ **KYC Identification Number** ____________________

PAN / PEKRN^ ☐☐☐☐☐☐☐☐☐☐ Enclosed (✓) #KYC Proof ☐ **Existing UMRN** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAYMENT THROUGH ☐ SINGLE CHEQUE ☐ MULTIPLE CHEQUES Refer Note (i) and general instruction 4 D. In case of, Payment through single cheque, for investment in more than 1 Scheme the cheque/DD should be issued in favour of 'Mahindra Manulife MF Multiple Scheme' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.

Please mention Scheme-Plan-Option-Sub Option

☐ New SIP ☐ Upgrade Existing SIP	SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b) – Top-Up Details	CAP Details (Optional)	Frequency
1. Mahindra Manulife ______ ______ ______ Cheque No.______ Cheque Date______		☐ Weekly ☐ Monthly (Default) ☐ Quarterly	☐ Mon ☐ Tue ☐ Wed (Default) ☐ Thu ☐ Fri 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y Ensure SIP Duration is not more than 40 years.	Amount*(₹) ______ Or Percentage ______	CAP Amount* (₹) ______ Or CAP Month-Year M M Y Y Y Y	☐ Yearly (Default) ☐ Half yearly
☐ New SIP ☐ Upgrade Existing SIP 2. Mahindra Manulife______ ______ ______ Cheque No.______ Cheque Date______		☐ Weekly ☐ Monthly (Default) ☐ Quarterly	☐ Mon ☐ Tue ☐ Wed (Default) ☐ Thu ☐ Fri 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Start: M M Y Y Y Y End: M M Y Y Y Y Ensure SIP Duration is not more than 40 years.	Amount*(₹) ______ Or Percentage ______	CAP Amount* (₹) ______ Or CAP Month-Year M M Y Y Y Y	☐ Yearly (Default) ☐ Half yearly

2. Demat Account Details (Optional)

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

The investors shall receive payments of Redemption/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^Refer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

Declaration : I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit/NACH and agree to abide by the same. I /We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/Auto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution of this mandate form responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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.

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

TEAR HERE

mahindra Manulife MUTUAL FUND

One Time Bank Mandate (NACH/Direct Debit Mandate Form)

Date : D D M M Y Y Y Y

UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Please ✓) ✓ CREATE ☒ MODIFY ☒ CANCEL

Sponsor Bank Code Office use only Utility Code N A C H 0 0 0 0 0 0 0 0 0 0 0 3 2 6 2

I/We hereby authorize: **Mahindra Manulife Mutual Fund** to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others______

Bank A/c No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC ☐☐☐☐☐☐☐☐☐☐☐

with Bank Bank Name & Branch MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees In Words ₹ In Figures

Frequency : ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☒ ~~Half Yearly~~ ☒ ~~Yearly~~ ✓ As & when presented Debit Type : ☒ ~~Fixed Amount~~ ✓ Maximum Amount

Folio No. ______ **PAN** ______

1. 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 banks. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

IDCW: Income Distribution cum Capital Withdrawal

PERIOD
From DD / MM / YYYY
To DD / MM / YYYY

Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Phone ______

Maximum period of validity of this mandate is 40 years only.