

APP No.:

TRANSACTION SLIP

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

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

Folio/Account No:

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
AR107764		E146454	

*Please sign below in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

2. Investor Details (Refer Instruction No.5,6 & 13)

	Name	PAN No / PEKRN.	KYC Acknowledgement Copy
Name of First applicant			<input type="checkbox"/>
Name of Guardian (In case of Minor)			<input type="checkbox"/>
Name of Second Applicant			<input type="checkbox"/>
Name of Third Applicant			<input type="checkbox"/>

3. Unitholding Option - Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No.10) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. <table border="1"><tr><td>I</td><td>N</td></tr></table> Beneficiary Account No. _____	I	N	Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
I	N				

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Payment Mode: OTM Facility (One Time BankMandate) Cheque DD Funds Transfer RTGS / NEFT Cash[§] (Refer Instruction No. 14)

Cheque/DD/RTGS/NEFT/Cash Deposit Slip No. _____ Payment Date/Instrument Date/Cash Deposition Date ____/____/____

Net Amount Rs. _____ DD Charge Rs. _____ Bank Name: _____ Branch: _____ City _____

Scheme _____ Plan _____ Option _____

Note : [§] Investors are requested to collect the cash deposit slip from the DISC

5. Redemption (Refer Instruction No.4.3 & 4.4)

<input checked="" type="radio"/> Partial Redemption	OR	<input type="radio"/> Full Redemption
Amount: Rs _____ or Units: _____		
Scheme _____	Plan _____	Option _____

*Bank Account No: _____ Bank Name: _____
(*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

<input checked="" type="radio"/> Partial Switch	OR	<input type="radio"/> Full Switch
Amount: Rs _____ or Units: _____		
From Scheme _____	Plan _____	Option _____
To Scheme _____	Plan _____	Option _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of RMF

7. Contact Number (The contact details are required for Reference purpose only. Kindly note that the same will not be updated in your folio.)

Mobile No / Tel No. _____

DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Nippon Life Asset Management Limited (RNLM) liability. I understand that the RNLM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLM can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. **Applicable for NRI Investors:** I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

SIGN HERE ✕

Sole / 1st applicant/Guardian/ Authorised Signatory

2nd applicant

3rd applicant

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

APP No.:

Folio/Account No: _____

Received from Mr./Mrs. _____

Additional Purchase Redemption Switch