

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, ARN: 18862, E040813

Folio/Account No grid

\*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

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)

Table with columns: Name, PAN No / PEKRN, KYC Acknowledgement Copy. Rows for Name of First applicant, Name of Guardian, Name of Second Applicant, Name of Third Applicant.

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, Central Depository Securities Limited, Depository participant Name, DP ID No., Beneficiary Account No., Target ID No.

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

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)

Partial Redemption, Full Redemption, Amount: Rs, 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)

Partial Switch, Full Switch, Amount: Rs, Units, From Scheme, 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. grid

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 (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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. grid

Received from Mr./Mrs.

Additional Purchase, Redemption, Switch