

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

All Columns marked * are mandatory. Leave one box blank between two words.

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-0163	

2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

FOLIO NO. _____

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

3. APPLICANT INFORMATION

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
MODE OF HOLDING	<input type="checkbox"/> Single <input type="checkbox"/> Joint	<input type="checkbox"/> Any One or Survivor(s) (Default Joint)
OCCUPATION	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Current/Former MP/MLA/MLC/Head of State <input type="checkbox"/> Retired <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Forex Dealer <input type="checkbox"/> House wife <input type="checkbox"/> Senior Executive of State owned corporation <input type="checkbox"/> Political Party Official <input type="checkbox"/> Others _____	
STATUS	<input type="checkbox"/> Resi Individual <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others _____	

Name of First / Sole applicant Mr. Ms. _____

1st holder PAN* PAN Proof Enclosed _____ Date of Birth* _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Name of Second Applicant Mr. Ms. _____

2nd holder PAN* PAN Proof Enclosed _____ Date of Birth _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Name of Third Applicant Mr. Ms. _____

3rd holder PAN* PAN Proof Enclosed _____ Date of Birth _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Mailing Address*/ Overseas Address* (Mandatory for NRI Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 _____
 Add 2 _____
 Add 3 _____ City _____ District _____
 State _____ (Country) _____ PIN* _____

Overseas Address (Mandatory for NRI Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 _____
 Add 2 _____
 City _____ (Country) _____ PIN* _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code _____ Office _____ Residence _____ Mobile no. (For Receiving SMS Alert) _____
 Email ID _____ For receiving email alerts _____

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI point No. 2)

4. I Wish to apply for Transact Online

I have read & understood the Terms & conditions governing Transact online.

I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

[M a n d a t o r y] _____

Mother's maiden name in full

[M a n d a t o r y] _____

5. BANK ACCOUNT DETAILS MANDATORY (For Redemption/Dividend/Any Refund Payout)

A/c. Type ✓ SB Current NRO NRE FCNR Account No. [M a n d a t o r y] _____
 Bank [M a n d a t o r y] _____ Branch City _____
 Branch _____ City _____
 PIN _____ IFSC Code [F o r C r e d i t v i a N E F T] _____ 9 Digit MICR Code* [M a n d a t o r y] _____

Received from _____ an application for allotment of
 Units under Reliance _____ as per details below.

Cheque / DD No. _____ Dated _____ Rs. _____
 drawn on _____

APP No.: ISIN00068780

Signature, Date & Stamp
of receiving office

6. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each plan/Option. PAYMENT BY CASH IS NOT PERMITTED)

Scheme	Plan	Option	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch

7. SIP ENROLLMENT DETAILS

SIP Date: 2 10 18 28 Frequency : Monthly (Minimum Tenor 3 Years)

SIP Amount Rs. _____ (Minimum Rs.1000/-) Start Date: M M / Y Y Y Y End Date: M M / Y Y Y Y

8. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY

RMF will endeavour to provide payment of Dividend / Redemption / Refund (If any) through ECS, NEFT, Cheque, Demand Draft or Direct Credit into investors bank account wherever possible.

9. NOMINATION

Nominee's Name Mr. Ms. Date of Birth*

_____ D | D | M | M | Y | Y | Y | Y

Name of Parent/ Guardian In case of Minor Mr. Ms. Relation with Minor / Designation

Address of Nominee /Guardian _____

City _____ PIN _____ Specimen Signature of
Nominee/Minor Nominee's Guardian

10. Declaration of Good Health

Have you ever been treated from any disorder of the heart or circulatory system, chest pain, high blood pressure, stroke, asthma, tuberculosis or other lung disorder, cancer, tumor of any kind, diabetes mellitus, any blood disorder, hepatitis or other liver disorder, genito-urinary or kidney disorder, mental or nervous disorder, musculoskeletal disorders, HIV infection or a positive HIV antibody ("AIDS") test. Yes No

Are you undergoing or have been told to undergo any investigations, medical treatment and / or surgery. Yes No

Do you participate or intend to participate in any dangerous sports such as motor racing, scuba diving, parachuting, or flying except as a paying passenger on a commercial flight. Yes No

"If any or all of the above declarations is ticked YES then life insurance cover shall not be provided."

I also confirm that in the last five years no proposal for life insurance has ever been declined, postponed, withdrawn or accepted at an increased premium. I confirm that I am aware of the terms & conditions of the Insurance Cover under Reliance SIP Insure Facility and understand that each SIP member under this Group Term Life Cover will be allowed a maximum of Rs 10 lacs as life cover. To ensure the same I confirm that the aggregate of life cover facilities availed under all the Mutual fund schemes offered by RCAM under Reliance SIP Insure would not exceed the aforesaid figure. Insurance cover once refused by Reliance Life Insurance Company Limited to any SIP Investor of Reliance SIP Insure will not be accepted for part or full cover in the future. Currently I am in good physical and mental health. I also confirm that I have read this health declaration form and was interpreted to me in full at the time of signing this declaration.

Date of Birth	___/___/___	Signature of the Life Assured	Date:	___/___/___
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Place:	_____

If the declaration is negative, please provide details:

11. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM 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.

I _____ (Name of the investor) as the beneficial owner under the Reliance Group Term Plan issued by Reliance Life Insurance Company Limited do hereby nominate Reliance Capital Asset Management Limited, a company formed under the Companies Act, 1956 having corporate office at One Indiabulls Centre, Tower 1, 11 th & 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg Elphinstone Road, Mumbai-400 013 (Including its assignees, executors and administrator)

I understand that the sum insured (i.e the claim proceeds) under the Reliance SIP Insure facility shall be utilized to invest in the same scheme(s) under the same distributor code in which I have invested, in the name of my nominee as per terms and conditions stated in Reliance SIP Insure Facility, as may be amended from time to time except in the case of Reliance Tax Saver (ELSS) Fund where the claim proceeds in a lumpsum in cash will be paid to my nominee.

To enable the same, the cheque representing the claim proceeds is being sent to RCAM (by Reliance Life Insurance Company Ltd) purely for facilitating the settlement of the claim towards securing my outstanding SIP installments as on the date of death, to the exclusion of claims of all my legal heirs, in terms of priority.

Signature Sole / 1st applicant

Signature 2nd applicant

Signature 3rd applicant

Documents to be enclosed: SIP Enrolment for Autodebit/ECS Mandate & Two Pan Copies (Self Attested by the Investor)

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

One Indiabulls Centre, Tower 1, 11 th & 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai-400 013

Call : 30301111 Toll free: 1800-300-11111

www.reliancemutual.com

RELIANCE Mutual Fund
Anil Dhirubhai Ambani Group

