

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

All Columns marked * are mandatory. TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

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

Name & Broker Code / ARN	Sub Broker / Sub Agent Code	Employee Unique Identification Number (EUIN)
ARN - 0155 <small>(amp here)</small>	16336	

I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction.

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.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

(Please tick (✓) any one) I am a First time investor across Mutual Funds **OR** I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 7. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION - Please (✓) wherever applicable

Status (Please ✓)				Mode of Holding (Please ✓)	APPLICATION FOR <input type="checkbox"/> Zero Balance Folio <input type="checkbox"/> Invest Now
<input type="checkbox"/> Individual	<input type="checkbox"/> PSU	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Bank	<input type="checkbox"/> Single	<input type="checkbox"/> Professional <input type="checkbox"/> Housewife
<input type="checkbox"/> Trust	<input type="checkbox"/> FII	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> PIO	<input type="checkbox"/> Joint (Default)	<input type="checkbox"/> Business <input type="checkbox"/> Retired
<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> NRI	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Student <input type="checkbox"/> Service
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Others _____		<input type="checkbox"/> Others _____

4. FIRST APPLICANT'S DETAILS

Name of 1st Applicant Title Mr. Ms.
 PAN (1st Applicant) Enclosed PAN card copy KYC Acknowledgment* Date of Birth

(*Mandatory. Refer instruction no.II.2)

Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

Landmark
 City Pin Code State

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City Pin Code State

CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id is mandatory. Refer Instruction No. VI & VIII)

Mobile no. 9 1 (For Receiving Transaction Alerts via SMS) Tel. No. STD Code Office Residence
 Email ID

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

5. JOINT APPLICANT'S DETAILS

Name of 2nd Applicant Title Mr. Ms.
 PAN* (2nd Applicant) Enclosed PAN card copy KYC Acknowledgment*
 Name of 3rd Applicant Title Mr. Ms.
 PAN* (3rd Applicant) Enclosed PAN card copy KYC Acknowledgment*

6. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

IFSC Code For Credit via RTGS 9 Digit MICR Code* For Credit via NEFT
 Bank Name Mandatory
 Account No. A/c. Type ✓ SB Current NRO NRE FCNR
 Branch Address Branch City
 PIN

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) Please collect your time stamped acknowledged slip for future references
 Received from Mr/Ms/M/s : _____ APP No. : _____ an application for allotment of
 Units under Reliance _____ as per details below.
 Growth Option Bonus Option Dividend Reinvestment Dividend Payout
 Cheque / DD No. _____ Dated _____ Rs. _____
 drawn on _____ Time Stamp & Date of receiving office

IVR. "Self Help" Option (24 x 7)

IVR
 Investor can avail below facilities
 1. NAV
 2. Account balance
 3. Account statement
 4. Last 5 transactions
 5. Latest Dividend declared
 For more details :
 Call : Toll free : 1800-300-1111 | 30301111

7. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.

Scheme (Refer Instruction No.1.8)	Plan	Option	Dividend Frequency (if applicable)	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
		<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					

SIP ENROLLMENT DETAILS

SIP Date: 2 10 18 28 (Select any one SIP Date) Frequency : **Monthly (Minimum Tenor 3 Years)**

REGULAR Enrollment Period: From: [M | M | Y | Y] To: [M | M | Y | Y] **PERPETUAL** Enrollment Period: From: [M | M | Y | Y] To: [1 | 2 | 9 | 9]

SIP Amount Rs. _____ (Minimum Rs.1000/-)

8. NOMINATION (Mandatory)

Nominee's Name Title Mr. Ms. Date of Birth [D | D | M | M | Y | Y]
 Relation with Minor / Designation _____

Nominee's Name Title Mr. Ms. _____

Name of Parent/ Guardian In case of Minor Title Mr. Ms. _____

Address of Nominee /Guardian _____

City _____ PIN _____

Specimen Signature of Nominee/Minor Nominee's Guardian

9. 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 [D | D | M | M | Y | Y] Signature of the Life Assured _____ Date: [D | D | M | M | Y | Y]
 Gender: Male Female Place: _____

If the declaration is negative, please provide details: _____

10. DECLARATION AND SIGNATURE

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 Managements 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. Applicable for NRI Investors: 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.

_____ (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, 11th & 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.

First / Sole Applicant / Guardian Second Applicant Third Applicant

Add convenience to your life with our value added service



Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

**SMS charges apply



Investor Desk. A RMF Virtual Branch Experience.
 For more details : Visit : www.reliancemutual.com

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