REGISTRATION	SYSTEMATIC WITHDRAWAL PLAN (SWP)
FORM	$ ightarrow \square$ SYSTEMATIC TRANSFER PLAN (STP) FORM

MUTUAL FUND

DISTRIBUTOR INFORMATION											
Distributor Co	de	Sub-Broker (ode	Sub-Broke	er Code	Employe	e Unique	E-Code	RIA CODE^		
ARN-181	211 ARN -			INTERNAL CODE		E528	8682		ONLY FOR DIRECT INVESTMENT		
Finvestors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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 above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any provided 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". 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 Code'.											
\/We, have invested in the below mentioned scheme of JM Financial Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respec of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.											
	,				<i>b</i>						
	Signature of Sole/First Applicant/Guardian Signature of Second Applicant Signature of Third Applicant										
EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below) Folio No.											
1. APPLICANT'S DETAILS (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected)											
Name (Capital Letters) DOB											
Name of Guardian (if fi	rst applicant i	is a minor / Contact Pe	rson for non	individuals)					· · · ·		
Guardian's Relationshi	p With Mino	or O Father O M	other		Proof of I	ate of Birt	h O Birth Cer	tificate O Passport O	Others (Please specify)		
1st Applicant PAN											
2.1 STP Details											
I/We hereby apply for the follow	ving facility (Pl 1	,				1					
Facility (Please√)	From - JM	Name of t	he Scheme /	/s (Please Mention)			(Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)		
STP	TO - JM					5	lar O Direct lar O Direct		O Payout O Reinvestment		
Facility (Please ✓) STP		(Chhota STP/Combo SIP) "Day		Image: legel y Image: legel y Fortnight		ΥΥ	Y Y D D M M Y Y Y		Quarterly (Please ✓) D D M Y Y Y any day of the month		
Installment Amount	Rs.		1	nrolement Period	any day of the mo		То	day of the month	or Perpetual (i.e until it is cancelled)		
* Fifth of the month will be the	default frequer	ncy if not ticked.									
2.2 SWP Details											
	/ (Please√)		Name o	me of the Scheme /s (Please Mention)				Option (Pls mention)	Sub-Option (Please √ in case of IDCW)		
	SWP O FAW (Fixed Amount Withdrawal) O CAW (Capital Appreciation Withdrawal)					O Regul	lar O Direct		O Payout O Reinvestment		
Please select and tick any o			against the fa	acility being choosen b	ру уоц.						
Facility (Please	Facility (Please ✓) Daily			Weekly Fortnigl		/	Monthly* (Please ✓		Quarterly (Please √)		
SWP	Not Available		2	Not Available	Not Availab		O 1st O 5th O 10th O 15th O 20th O 25th of the month		O 1st of next month & every quarter thereafter		
Installment Amount	Rs.		Enro		From		То		or Perpetual (i.e until it is cancelled)		
	* Fifth of the month will be the default frequency if not ticked.										
3. Declaration		- Calenna laformation Davi					- the continue of "D		g″, I/We hereby apply to the Trustee of JM Financial		
Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, i making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statutor authority form imme to time. It is expressly understood that we have the express authority from our constitutional documents to invest in the units of the Schem and the AMC/Trustee/Fund would not be responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents. I/we authoris on the dore responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents. I/we have the express authority from our constitutional documents instrument is/are returned unpaid by my/our blankers for any reason whatsoever. I/we hereby further agree that the Fund, recover/debit my/our blankers for any reason whatsoever. I/we hereby further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. "The ARN holder has disclosed to me/us all the commissions (in the form of trai commission or any other mode), payable to him for the different competing Schemes of Various Mutual Fund. It would receive commission/distribution fees from J/M Financial AMC (J/M Financial AMC), which is the lowestment Manager to the sidesoure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of J/M Financial AMC in the form of trai commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund. It would receive commission/distribution fees from J/M Financial AMC for distributing the mutu											
Signature	of Sole/First A	Applicant/Guardian	2	S	ignature of Second Appl	icant	1	Signa	ture of Third Applicant		