## mahindra MUTUAL **Manulife** FUND



## **Enrolment / Cancellation ARN-181211 E528682** Date: D D M M Y Y Y Y

(Please refer Product labeling The Application Form should be c					er applicable and strike o	off the section(s) not in use.	
1. Applicant Details							
Folio No. for existing Unit holder							
Name of First / Sole App							
<b>Name of Guardian</b> (in case First / Sole Applicant is	s a minor)						
Name of Second Applic	ant						
Name of Third Applican	nt						
2. Systematic Withdrawal Plan (SWP) Mandate							
Scheme / Plan / Option	Mahindra Manu	ife					
SWP Date (√)          □         1         □         2         □         3         □         4         □         5         □         6         □         7         □         8         □         9         □         10         (Default)         □         11         □							
Frequency (√)	Monthly (Default)	Quarterly	Half-Yearly	<i>ı</i> 🗆	Yearly		
Period of Enrollment	From (1st Installment)	MM/ YYYY		To (Last Insta	allment)	MM/ YYYY	
Withdrawal Amount (Per Installment)		₹ in Words			₹in	Figures	
No. of Installments Total Withdrawal (Rs.)							
3. PAYMENT BANK details FOR SWP (Registered in the folio)							
For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated by me/us. Bank Name							
Account number				A/	C type 🗌 Savings		
Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.							
4. SWP Form Declaration(s) and Signature(s)							
I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) including the terms and conditions/instructions pertaining to the Systematic Withdrawal Plan Facility as on the date of this transaction. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIL-IND) etc without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible.							
Sign Here		Sign Here			Sign Here		
		Second Unit holder m for new investors and in the same order. In case the mode of hol			Third Unit holder		
Manulife       MUTUAL FUND       Acknowledgement Slip (To be filled by the applicant)       Folio No.:							
Head Office : Unit No. 204, 2nd Floor, Amiti Building, Piramal Agastya Corporate Park, LBS Road, Kamani Junction, Kurla (W), Mumbai – 400 070. Date :							
transaction form for Systematic Withdrawal Plan from Scheme Mahindra Manulife							
per installment.							