

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-0186 / BONANZA <i>ARN - (ARN stamp here)</i>			

**\*Please sign alongside 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

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SIGN HERE → Second Applicant

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SIGN HERE → 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.

**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 9. Mode of holding will be as per existing folio number.)

**3. GENERAL INFORMATION APPLICATION FOR**  Zero Balance Folio  Invest Now **MODE OF HOLDING :**  Single  Joint (Default)  Any one or Survivor

**4. FIRST APPLICANT DETAILS**

**NAME**

**PAN / PEKRN<sup>^</sup>** (First Applicant)  **PAN / PEKRN<sup>^</sup>** (Guardian)

**Name of Guardian** if first applicant is minor / **Contact Person** for non individuals

**Guardian's Relationship With Minor**  Father  Mother  Court Appointed Guardian **Date of Birth of 1st Applicant#**  **Proof of Date of Birth and Guardian's Relationship with Minor**  Birth Certificate  Passport  Others *(please specify)*

#Date of birth is mandatory for investment in Reliance Retirement Fund and investors are required to provide the date of birth in application form. Refer Instruction No. II - 4. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records on the date of allotment if KYC is under process.

**OCCUPATION\*\*\* :**  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

**STATUS<sup>^</sup> :**  Resident Individual  NRI  Minor through Guardian

**COUNTRY OF BIRTH\*\*\***  **COUNTRY OF NATIONALITY/CITIZENSHIP\*\*\***

**COUNTRY OF TAX RESIDENCE\*\*\***  India  U.S.A.  Others *(please specify)*

**FOREIGN TAX ID NO\*\*\***  If you have more than one country of tax residence please specify the details of all the countries

**GROSS ANNUAL INCOME DETAILS\*\*\*** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

**NET-WORTH\*\*\*** in ₹  (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)\*\*\*  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

**5. SECOND APPLICANT DETAILS**

**NAME**  **PAN / PEKRN<sup>^</sup>**

**OCCUPATION<sup>^</sup> :**  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

**COUNTRY OF BIRTH<sup>^</sup>**  **COUNTRY OF NATIONALITY/CITIZENSHIP<sup>^</sup>**

**COUNTRY OF TAX RESIDENCE<sup>^</sup>**  India  U.S.A.  Others *(please specify)*

If you have more than one country of tax residence please specify the names of all the countries separated by commas

**FOREIGN TAX ID NO<sup>^</sup>**  **STATUS<sup>^</sup>:**  NRI  Resident Individual

**GROSS ANNUAL INCOME DETAILS<sup>^</sup>** Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

**NET-WORTH<sup>^</sup>** in ₹  (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)<sup>^</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No



**11. UNITHOLDING OPTION -  DEMAT MODE  PHYSICAL MODE**

**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.**

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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____																														
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N									Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No.II.1)**

First Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Second Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Third Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

**13. I wish to opt for SIP  Yes  No**

(Mandatory if opted for SIP) Type of SIP :  Normal SIP  Micro SIP

Note : It is mandatory to submit SIP Enrolment Cum Auto Debit / ECS Mandate Form incase you have opted for SIP.

**14. I wish to opt for SWP  Yes  No**

Frequency:  Monthly  Quarterly Amount \_\_\_\_\_  
 Enrolment Period From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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 (Minimum. Rs. 500/- & in multiples of Rs. 100/- thereafter)

Note : Please ensure that the Start date specified for SWP facility should be later than the completion of the lock in period of 5 years. In case the Start date is mentioned prior to the completion of the lock in period then the SWP facility shall automatically start post the completion of the lock in period.

**15. I wish to opt for Auto Transfer facility  Yes  No (Applicable only for investors who have invested in Wealth Creation scheme. Refer Ins No. XIV & XVI)**

To Scheme :	<input type="checkbox"/> Reliance Retirement Fund - Income Generation Scheme	<input type="checkbox"/> Growth Plan	Growth Option
	<input type="checkbox"/> Reliance Retirement Fund - Income Generation Scheme - Direct Plan	<input type="checkbox"/> Dividend Plan	Dividend Payout Option

Date of Transfer 

D	D	M	M	Y	Y
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Note : 1) If the investor has opted for Auto transfer facility then existing units of the investor in the Wealth Creation Scheme will be automatically switched to Income Generation Scheme (with nil exit load) at any date as specified by the investor which is within or after the lockin period. In case the Auto transfer option is selected and date is not specified in the application, auto transfer will happen on 5th working day of the following month upon completion of investor's 50 years of age. The balance SIP installments in Wealth Creation scheme will continue to get processed in Income Generation Scheme once the Auto transfer facility is executed. 2) This facility is not applicable for investors opting to invest in DEMAT mode.

**16. I wish to opt for Auto SWP facility  Yes  No (Not applicable for investors opting to invest in DEMAT mode. Refer Ins No. XV & XVI)**

Frequency:  Monthly  Quarterly  Annual SWP Date :  1  8  15  22

Start Date : Refer Note below End Date : MM/YY (optional)

Amount \_\_\_\_\_ (Minimum Amount for Auto SWP : A) Monthly Frequency: Rs. 500 & in multiples of Re 500 thereafter. B) Quarterly Frequency: Rs. 1,500 & in multiples of Re.500 thereafter. C) Annual Frequency: Rs.5,000 & in multiples of Re.500 thereafter)

Note : Auto SWP shall start from the 1st/8th/15th/22nd transaction day of the month/quarter/year (as specified by the investor) followed by the month in which the investor completes 60 years or age after completion of 5 year lock in period, whichever is later.

**17. I WISH TO APPLY FOR TRANSACT ONLINE** Yes  No  **OR** **I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes  No   
 (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

**18. DECLARATION AND SIGNATURE**

I/We would like to invest in Reliance Retirement Fund \_\_\_\_\_ 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. 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 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. 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. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

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.

First Applicant /	Second Applicant	Third Applicant

**ACKNOWLEDGEMENT**

Received from \_\_\_\_\_

An application for allotment of Units under	<input type="checkbox"/> Reliance Retirement Fund - Wealth Creation Scheme	<input type="checkbox"/> Growth Plan	Growth Option
	<input type="checkbox"/> Reliance Retirement Fund - Wealth Creation Scheme - Direct Plan	<input type="checkbox"/> Dividend Plan	Dividend Payout Option
	<input type="checkbox"/> Reliance Retirement Fund - Income Generation Scheme		
	<input type="checkbox"/> Reliance Retirement Fund - Income Generation Scheme - Direct Plan		

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Rs. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

Facilities Opted:  SIP  SWP  Auto Transfer  Auto SWP

App. No. \_\_\_\_\_

**Signature, Date & Stamp**

**SIP ENROLLMENT DETAILS**

Mutual Fund

(Use this form if One Time Bank Mandate Form is registered in the folio)

APP No.

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code

\*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** →

Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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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.

**APPLICANT DETAILS**

**FOLIO NO.**

Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy

**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. 25) Demat Account details are compulsory if demat mode is opted above.

<b>National Securities Depository Limited</b>	Depository participant Name _____ DP ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Central Depository Securities Limited</b>	Depository participant Name _____ Target ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc** (Applicable for individual investor with mode of holding as either Single or Anyone or Survivor)

**Email ID**

**Mobile no.** + (Country Code)  (For Receiving Transaction Alerts via SMS) Tel. No.  STD Code  Office  Residence

**Email id & Mobile no. provided in this form will supercede the existing details in our records.** Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode:  Physical Mode (Default)  Online Mode

**SIP DETAILS** (Refer Instruction No. 15. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please / any one)	Enrollment Period (Please / any one)	SIP Date (Please / any one)	SIP Amount	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default)	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly	Increase SIP amount time(s) (Default 1time)
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5)	<input type="checkbox"/> 18 <input type="checkbox"/> 28			<input type="checkbox"/> Yearly (Default)	
	<input type="checkbox"/> Yearly	From: M M / Y Y To: 1 2 / 9 9					

**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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 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. 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. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

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.

**SIGNATURE**

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

**ONE TIME BANK MANDATE**

(NACH / ECS / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

Mutual Fund

UMRN  (For Office Use Only)

Create  Modify  Cancel

Sponsor Bank Code  (For Office Use Only) Utility Code  (For Office Use Only)

I/We hereby authorize **Reliance Mutual Fund** to debit (tick )  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c no:  Destination Bank Account Number

With Bank  (Name of Destination Bank with Branch) IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY:  Monthly  Quarterly  Half Yearly  Yearly  as & when presented **DEBIT TYPE**  Fixed Amount  Maximum Amount

Reference / Folio No.  Email ID:

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No:

<b>PERIOD</b> From : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Or <input type="checkbox"/> Until Cancelled	1 _____ Signature of Account Holder	2 _____ Signature of Account Holder	3 _____ Signature of Account Holder
	1 _____ Name of Account Holder	2 _____ Name of Account Holder	3 _____ Name of Account Holder

\*This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us.

