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SYSTEMATIC INVESTMENT PLAN & TOP UP FORM

Distributor/ RIA Code	Sub Agent ARN	Sub Agent Code/Bank Branch Code/Internal Code	Employee Unique Identification Number
ARN-95070			E-101834

EUIN Declaration: 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 and the distributor has not charged any advisory fees on this transaction. If no ARN is mentioned investment will be treated as Direct.
RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above-mentioned SEBI-Registered Investment Adviser/RIA. For Transaction Charges refer SID/KIM.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

FOLIO No. _____ **Sole/First Applicant (Mr./Ms.):** FIRST NAME MIDDLE NAME LAST NAME

DETAILS OF SIP INVESTMENT (Cheque should be in the favour of scheme specific account)

Scheme: _____

Cheque No.: _____ Date: _____ Drawn on Bank _____

Each SIP amount: ₹_____ SIP Frequency (✓) ☐ Weekly (Mention Day) ☐ Fortnightly (1st or 16th as applicable) ☐ Monthly (Any Date) ☐ Quarterly (Any Date) (Default - 10th)

SIP Date D D SIP Start Month/Year: M M Y Y Y Y SIP End Month/Year M M Y Y Y Y

SIP Enrollment period should be less than 40 years and it should be less than or equal to the mandate tenure.
Investors can either submit a cheque for the first Installment or can submit a photocopy of a cancelled cheque of the bank/bank statement for which one time bank mandate is to be registered.

SIP TOP-UP DETAILS

TOP-UP Frequency (✓): ☐ **Half Yearly** ☐ **Yearly** (Under Quarterly SIP, the SIP TOP-UP frequency available is Yearly)
(If TOP-UP frequency is not selected, then the default option will be Yearly.)

Fixed SIP TOP-UP Amount (Rs.): _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

Minimum Top-Up Amount is Rs.1000/- & in multiples of Rs.100/- only.)

SIP TOP-UP Start Month/Year: M M Y Y Y Y SIP Top Up End Month/Year M M Y Y Y Y

DEMAT ACCOUNT INFORMATION (Mandatory for crediting units in demat account)

If you wish to hold your investment in dematerialised mode, please furnish the below details and enclose a copy of the Client Master/Transaction Cum Holding Statement/ Cancelled delivery instruction slip that you may have received from your Depository.

NSDL ☐ DP Name _____ DP ID I N Beneficiary Account No.

CDSL ☐ DP Name _____ Beneficiary Account No.

Signature(s) as per Helios Mutual Fund Records (in case you have existing folio) (Mandatory)

✕ Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

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ONE TIME BANK MANDATE

(NACH/OTM/Direct Debit Mandate Form)

UMRN FOR OFFICE USE ONLY Date D D M M Y Y Y Y

Utility Code FOR OFFICE USE ONLY ✓ Create (X) Modify (X) Cancel

Sponsor Bank Code FOR OFFICE USE ONLY I/We authorize **HELIOS MUTUAL FUND**

To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank a/c number

With Bank Name of Customer's Bank IFSC/MICR

an amount of Rupees Amount in words ₹ Amount in figure

Debit Type [X] Fixed Amount [✓] Maximum Amount Frequency [X] Daily [X] Weekly [X] Bi - Monthly [X] Monthly [X] Quaterly [X] Half-Yearly [X] Annually [✓] As and When presented

Reference 1 Folio/ PAN Reference 2

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit the account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years. ✕

From D D M M Y Y Y Y
To D D M M Y Y Y Y

Signature of primary account holder	**Signature of account holder**	**Signature of account holder**
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

ACKNOWLEDGEMENT – HELIOS MUTUAL FUND: SIP/ TOP-UP FACILITY/ OTM FORM

FOLIO No. _____

Name of the Investor: _____

Scheme Name, Plan & Option: _____ SIP Amount: ₹ _____

Fixed SIP Top-Up Amount: ₹ _____ Variable SIP TOP-UP: ☐ 10% ☐ 15% ☐ 20% ☐ other _____ (multiples of 5% only)

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y **Top Up Period** From D D M M Y Y Y Y To D D M M Y Y Y Y