COMMON APPLICATION FORM

Application No.:

MIRAE ASSET Mutual Fund

Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-95070			E-01834		

EUIN Declaration: Declaration for Execution Only Transaction(where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN.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 distributors/sub broker. **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".

Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

Sign of 1st Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2nd Applicant / Guardian / Auth. Signatory / PoA	Sign of 3rd Applicant / Guardian / Auth. Signatory / PoA

Please ✓ Lumpsum Investment ☐ Micro Application ☐ SIP Application ☐

1. EXISTING UNIT HOLDER INFORMATION- Please fill in your Folio Number, PAN, KIM in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.

Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐ The details in our records under the Folio No. mentioned alongside will apply for this application.All Unit Holders in the given Folio should be KYC compliant.Any updation in KYC credentials may be filled in the below sections.

2. APPLICANT(S) NAME AND IN INFORMATION [Refer Instruction 2] If the 1st/ Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. /M/s. **PAN** ☐☐☐☐☐☐☐☐☐☐

(Please write the name as per PAN Card)

LEI Code for entities ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CKYC ID No. (KIN) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No$ ($Default if not ✓)

GUARDIAN (In case 1st Applicant is a Minor) **Relationship with Minor (Please ✓)**

Mr. / Ms. / M/s. ☐ Mother ☐ Father ☐ Legal Guardian

GUARDIAN CKYC ID No. (KIN) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ KYC (Please ✓) ☐ Proof Attached **GUARDIAN PAN** ☐☐☐☐☐☐☐☐☐☐

POA / Custodian Name: KYC (Please ✓) ☐ Proof Attached

POA / Custodian CKYC ID No. (KIN) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **POA / Custodian PAN** ☐☐☐☐☐☐☐☐☐☐

Contact Person for Corporate Investor: Name Designation:

CU/03/2026

3. FIRST APPLICANT AND KYC DETAILS All fields marked as '*' are Mandatory

1st SOLE APPLICANT ☐ Individual or ☐ Non-Individual

***Date of Birth**/ **Incorporation** (Individual) (Non-Individual) D D M M Y Y Y Y

(Please write the Date of birth as per Aadhaar Card

Proof of Date of Birth (Please ✓) (For minor applicant) ☐ Birth Certificate ☐ School Leaving Certificate / Mark Sheet ☐ Passport of the Minor ☐ Others (Please specify)

Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card | **Country of Birth / Incorporation:** | **Nationality:** | **Gender** ☐ Male ☐ Female ☐ Other

Type: ☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIIs ☐ PIO ☐ Society/AOP/BOI ☐ Minor through Guardian ☐ NRI - NRO

☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridicial Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Other (Please specify)

☐ NPO Registration Number of DARPAN Portal (Mandatory)

Kindly furnish your E-Mail address & Contact Numbers, to help us serve you better.

Mobile ☐☐☐☐☐☐☐☐☐☐ **E - Mail**

Mobile No.provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

Email ID* provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

a*. Occupation Details [Please (✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Proprietorship ☐ Others (Please specify)

b*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

c*. Gross Annual Income (₹) [Please (✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services ☐ Money Lending / Pawning ☐ None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ A/c. Type Pls. (✓) ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO ☐ Other

Branch Name: **Address:**

Bank Branch City: **State:** **Pin Code** ☐☐☐☐☐☐

MICR Code ☐☐☐☐☐☐☐☐☐ Please attach a cancelled cheque OR a clear photo copy of a cheque | **IFSC Code** (Mandatory for Credit via NEFT/RTGS) ☐☐☐☐☐☐☐☐☐☐☐

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS All fields marked as '*' are Mandatory

Mode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)

2nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) **Gender** ☐ Male ☐ Female ☐ Other

PAN Details Pls indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)

CKYC ID No. (KIN) KYC Pls ✓ ☐ Proof Attached **Date of Birth**(Mandatory) (As per PAN Card) D D M M Y Y Y Y

Kindly furnish your E-Mail address & Contact Numbers, to help us serve you better.

Mobile **E - Mail**

Mobile No.provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

Email ID* provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

Place of Birth **Country of Birth** **Nationality:**

a*. Occupation Details [Please(✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (Please specify)

b*. Politically Exposed Person (PEP) Status ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

c*. Gross Annual Income (₹) [Please(✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth ₹ ____ as on D D M M Y Y Y Y (Not older than 1 year)

Mode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)

3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) **Gender** ☐ Male ☐ Female ☐ Other

PAN Details Pls indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)

CKYC ID No. (KIN) KYC Pls ✓ ☐ Proof Attached **Date of Birth**(Mandatory) (As per PAN Card) D D M M Y Y Y Y

Kindly furnish your E-Mail address & Contact Numbers, to help us serve you better.

Mobile **E - Mail**

Mobile No.provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

Email ID* provided pertains to (Please tick(✓) * if below any option is not ticked (✓) or selected then (Self) option is considered as a default.
☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents ☐ Dependent Siblings ☐ Guardian ☐ PMS

Place of Birth **Country of Birth** **Nationality:**

a*. Occupation Details [Please(✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (Please specify)

b*. Politically Exposed Person (PEP) Status ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

c*. Gross Annual Income (₹) [Please(✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth ₹ ____ as on D D M M Y Y Y Y (Not older than 1 year)

6. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better Refer Instructions 7]

Local Address of 1st Applicant

City **State** **Pin Code**

Tel. Off. **Resi.**

CU/03/2026

6a. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address

7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please Refer to Instructions No. 6.)

Cheque should be in favour of scheme name. If the investment is in Multiple schemes, Cheque should be drawn favouring "Mirae Asset MULTI SCHEME SUBSCRIPTION A/C " . Multiple cheques not permitted with single application form

Scheme Name	Plan	Option	Purchase Amount
Scheme1	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default) ☐ IDCW Payout ☐ IDCW* ☐ IDCW Reinvestment Frequency^	
Scheme2	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default) ☐ IDCW Payout ☐ IDCW* ☐ IDCW Reinvestment Frequency^	
Scheme3	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default) ☐ IDCW Payout ☐ IDCW* ☐ IDCW Reinvestment Frequency^	
Scheme4	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default) ☐ IDCW Payout ☐ IDCW* ☐ IDCW Reinvestment Frequency^	
Scheme5	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default) ☐ IDCW Payout ☐ IDCW* ☐ IDCW Reinvestment Frequency^	

Mode of Payment : ☐ Cheque ☐ Fund Transfer ☐ RTGS/NEFT ☐ OTBM Facility* (One time mandate)

Net Amount	Instruction No/ UTR No.	Date	Drawn on Bank	Bank Branch	City	Investment Amount

***OTBM Facility selected please provide the below details** (OTM is available for existing investors where One Time Mandate is registered)

UMRN No.	Bank Name	Bank A/c No.

*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Ultra Short to Short Term Fund (Erst while known as Mirae Asset Low Duration Fund) Default option here will be Daily if frequency not selected. *Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

8. DEMAT ACCOUNT: Mandatory for units in Demat Mode -Please Ensure the sequence of names as mentioned under sec-3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name	DP Name
DP ID I N ☐☐☐☐☐☐☐☐ Benef. A/C No. ☐☐☐☐☐☐☐☐	16 Digit A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

9. NOMINATION DETAILS MANDATORY [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Nomination Instruction No. 20]

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Particulars	Nominee 1	Nominee 2	Nominee 3
Nominee Name*			
Relationship with the Applicant*			
Nominee Address			
Allocation (equal share if % is not specified)			
Date of Birth (In case of Minor Mandatory)			
Nominee PAN (Gaurdian PAN to be Provided in case of Minor)			
Identity number (tick any one) ☐ PAN ☐ Driving License Number ☐ Passport Number ☐ Last 4 digits of Aadhar ☐ Date of Birth(in case of Minor)*			
Mobile Number (of nominee)			
Email ID (of nominee)			
In case if Nominee is a Minor			
Guardian Name (incase of minor, the details can be provided for guardian)			
Guardian's Relationship with the Minor (Attach Proof)	☐ Mother ☐ Father ☐ Legal Guardian	☐ Mother ☐ Father ☐ Legal Guardian	☐ Mother ☐ Father ☐ Legal Guardian
Nominee/Guardian Signature			

*Mandatory Fields
Birth certificate proof to be attached in case of Minor

Incase if you do not wish to nominate

☐ **Declaration for opting-out of nomination**

Incase of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming ofof assets held in my / our MF Folio which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/mutual fund folio at this point of time.

I understand that –

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

✕ Sole / First Unitholder Signature	Second Unitholder Signature	Third Unitholder Signature

* If the account holder affixes thumb impression, instead of wet signature. Signature of two witness(es), along with name and address are required.

	Name & Address	Signature
Witness 1		
Witness 2		

Nominee Name option to be printed on Statement of Account (Mandatory)

I/We want the details of my/our Nominee to be printed in the Statement of Holding / SOA, provided to me/us by the AMC/DP as follows; (Please tick as appropriate)

☐ Name of the Nominee(s) ☐ Nomination: Yes/No ^

^ If there is no option ticked, default will Nomination: Yes/No reflected in the statement of account.

10. FATCA & CRS INFORMATION For Individual Investors including Sole Proprietor (Non Individual Investors should mandatory fill seperate FATCA and UBO form)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ **Residential or Business** ☐ **Residential** ☐ **Business** ☐ **Registered O ce (for address mentioned in form/existing address appearing in Folio)**

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			

Is the applicant(s)/guardian's Country of Birth/Citizenship/ Nationality/Tax Residency other than India? Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below*.	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Category	First Applicant/Guardian in case of Minor	Second Applicant/ Guardian	Third Applicant
Tax Payer Ref. ID No^			
Identi☐cation Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identi☐cation Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identi☐cation Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identi☐cation Number is not available, kindly provide its functional equivalent.

CU/03/2026

11 DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f)

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited (AMC) / Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTAand other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMAprovisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMAregulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio.

× Sign of 1st Applicant / Guardian / Authorised Signatory / PoA	Sign of 2nd Applicant / Guardian / Authorised Signatory / PoA	Sign of 3rd Applicant / Guardian / Authorised Signatory / PoA

ACKNOWLEDGMENT SLIP

For ☐ Lumpsum 'OR' ☐ SIP

Received Application from Mr. / Ms. / M/s. _____ **as per details below:**

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs) _____ Cheque/ DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM
with Goal SIP & Top - Up Facility

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

MIRAE ASSET Mutual Fund

Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-95070			E-101834		

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. 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. **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".

Signature of 1st Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2nd Applicant	Signature of 3rd Applicant

Please ✓ SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) ☐ SIP Top-up Facility ☐ Goal SIP

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder (as per PAN card) **Folio No.**

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer General Instruction 17 Overleaf]).

Frequency Please ✓ ☐ **Monthly (Default)** ☐ Quarterly ☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment ☐ IDCW* Frequency^

Scheme:

*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Ultra Short to Short Term Fund (Erst while known as Mirae Asset Low Duration Fund) Default option here will be Daily if frequency not selected. *Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

SIP Date D D **(Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)** **SIP Amount (₹)** ☐ **5,000** ☐ **10,000** ☐ **25,000** ☐ **Any other Amount. (₹)**

SIP Start Month (MM/YY) M M Y Y **SIP End Month (MM/YY)** M M Y Y

2a. Goal SIP - Do you want to assign a goal for your SIP. ☐ **Yes** ☐ **No If yes please select (✓) your goal [Refer General Instruction No. 24 Overleaf].**

If Goal & SIP amount is same default will be taken as ₹ 1 crore **Goal Amount ₹** ☐ **Kids Education** ☐ **Retirement Planning (Default)**

☐ **Tax Savings** ☐ **Dream House** ☐ **Dream Car** ☐ **Dream Vacation** ☐ **Kids Marriage** ☐ **Others-** Please specify

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) (minimum ₹ 500/- & in multiples of ₹ 1/- only) **Top-up Start Month (MM/YY)** M M Y Y **Top-up End Month (MM/YY)** M M Y Y

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA **Frequency** Please ✓ ☐ **Half Yearly** ☐ **Yearly (Default)**

3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)

☐ Cancelled cheque Leaf First SIP Cheque No. Drawn on Bank

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/We would not hold Mirae Asset Investment Managers (India) Private Limited, their appointed service providers or representatives responsible. I/We also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. **"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/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding ₹50,000 in a rolling 12 month period or in a financial year".**

CU/03/2026

× Signature of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)

MIRAE ASSET Mutual Fund

UMRN Bank use **Date** D D M M Y Y Y Y

Utility Code N A C H 0 0 0 0 0 0 0 0 0 0 5 1 4 8 ☑ CREATE ☒ MODIFY ☒ CANCEL

Sponsor Bank Code Bank use I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other **Bank A/c**

With Bank Name of customers bank **IFSC / MICR**

An Amount Of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount **FREQUENCY** ☒ Daily ☒ Weekly ☒ Bi-monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☑ As and when presented

Reference 1 Folio No. **Reference 2** Scheme Name

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of 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 my 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 only

PERIOD

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 Joint Account Holder | Signature Of Joint Account Holder

Phone No.

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder