

1. MFD /RIA INFORMATION (Refer Instruction No. 22)				
Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
<b>ARN-257030</b>	ARN-		<b>E 479794</b>	

\*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.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

2. EXISTING UNIT HOLDER INFORMATION	FOLIO NO.

3. APPLICANT DETAILS				
Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	M A N D A T O R Y		<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y		<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	M A N D A T O R Y		<input type="checkbox"/> KYC

**4. FLEX SYSTEMATIC TRANSFER PLAN (FLEX STP) SCHEME DETAILS (Refer Instruction No.1, 4 & 23)**  
(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Name of 'Transferor' Scheme	Plan	Option
Name of 'Transferee' Scheme	Plan	Option <b>Growth</b>

5. FLEX STP DETAILS	
<b>Transfer Frequency</b> (Please ✓ any one of the below frequencies) <input type="checkbox"/> <b>Monthly</b> (Default)*_____ of every month <input type="checkbox"/> <b>Quarterly</b> *_____ of the starting month of every Quarter  *In case the Investor has not specified any date then the default date would be 10th	<b>Amount of Transfer per Instalment</b> ₹ _____ Amount of Transfer is subject to Flex STP calculation Please Refer Instruction No. 6,7 & 8.  <b>Flex STP Period</b> From: <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"/>

**6. DECLARATION & SIGNATURE/S**

I/We would like to opt for Flex Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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.

☐ 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.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. 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 Mutual Fund Distributor / SEBI-Registered Investment Adviser.

I hereby authorize the representatives of Nippon Life India Asset Management Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DNDC, as the case maybe.

Place		Date:	
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SIGNATURE		
First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory