

## Change of Bank Mandate Form (for Existing Investors only)

| Please<br>Kindly                              |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  | iot b            | e ex         | kecu | ted. |
|---|--|--|----------------------------------|----------------------------------|-------------------------|---------------------------|---------------------|-------------------------------|----------------------|--------------------------|-----------------------|--------------------------|------------------------|------------------------|--------------------------|------------------------|--------------------------|-------------------------|------------------------------|--------------|----------------|---------------------|----------------|----------------|----------------|---------------|--------------|-------------|----------------|-------|-------------|---------------|---------------|----------------|--------------|--------------|------------------|------------------|--------------|------|------|
| Folio N                                       | os.  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              | ] /            |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      | ]    |
|   |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Name  | of the   | First  | /Sol                             | e Un                             | it Ho                   | olde                      | er                  |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
|   |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| New   | Bank   | Ma   | nda                              | te D                             | eta                     | ils (                     | to                  | be                            | up                   | dat                      | ted                   | las                      | def                    | aul                    | t ba                     | ank                    | acc                      | ou:                     | ınt)                         |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Bank A  | ccoun  | nt Nu  | mbe                              | er:                              |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Account Type : Savings Current NRE NRO FCNR   |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          | Others                 |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Bank N  | lame   | :  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Branch  | Nam  | e :  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| & Addr  | ess  | :  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             | _ PII          | N Co  | de          |               |               |                |              |              |                  |                  |              |      |      |
| MICR C  | Code (   | 9-dig  | git):                            |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          | ]                      |                          |                         | I                            | FSC          | C Co           | de                  | (11            | -di            | git)           | :             |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Sr.<br>No.                                    |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        | Existing Bank<br>Account |                        |                          |                         |                              |              |                | New Bank<br>Account |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 1   | Cano   | ancelled Cheque with name & account number pre-printed |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          | [                      |                          | ]                       |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 2   | Latest Bank statement                                |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        | [                        |                        | 1                        |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 3   | Latest Pass book depicting the names and Account No. |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          | 1                      |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 4 Bank Letter                                 |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          | [                      |                        | 1                        |                        | +                        |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Submi   | t orig   | inals  | ofa                              | ny c                             | one                     | of t                      | he                  | doc                           | cur                  | mer                      | nts                   | mei                      | ntio                   | nec                    | l ab                     | ove                    | e, or                    | со                      | pies                         | at           | test           | ed                  | by             | the            | e Ba           | nk            | or           | ori         | gina           | als s | ho          | uld           | be            | pro            | odu          | ice          | d fo             | r ve             | rific        | atio | n.   |
| All sup                                       | porti  | ng d   | ocu                              | men                              | ts s                    | hou                       | ıld                 | clea                          | arly                 | y ev                     | ide                   | ence                     | e the                  | e ba                   | nk                       | nar                    | ne, l                    | baı                     | nk a                         | cco          | unt            | nu                  | ımk            | ber            | an             | d n           | am           | es          | of a           | ll ac | co          | unt           | ho            | lde            | ers.         |              |                  |                  |              |      |      |
| Decla   | aratio   | on &   | Sig                              | natu                             | ires                    | (A                        | ll h                | old                           | ler                  | s to                     | si                    | gn,                      | if tł                  | ne n                   | noc                      | le c                   | of ho                    | old                     | ling                         | is J         | loin           | t)                  |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| I/We con<br>I/We will<br>may hole<br>that the | not ho<br>d any re                                   | old the<br>edemp                                       | Fund<br>Fund                     | d/AM<br>paym                     | C for<br>nent,          | any<br>pen                | dela<br>ding        | ay in<br>g ver                | pay<br>rifica        | /mer<br>ation            | nt, il<br>1 of        | <sup>f</sup> any<br>chan | rede<br>ge ir          | mpti<br>n ban          | ion r<br>ik m            | eque<br>anda           | est is<br>ate. Th        | sub<br>he A             | omitte<br>MC/I               | ed w<br>RTA  | vithir<br>rese | rves                | / day<br>a rig | ys oi<br>ght t | r alo<br>to ca | ng v<br>II fo | with<br>r an | cha<br>y ac | inge<br>Iditio | of ba | ank<br>deta | man<br>ils ai | idate<br>nd/o | e and<br>or do | d un<br>ocum | ders<br>nent | stanc<br>ts. l/V | d that<br>Ve als | the<br>so ui | AMC  | /RTA |
| Signature of Sole/First Applicant/Guardian    |  |  |                                  |                                  |                         |                           |                     | Signature of Second Applicant |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         | Signature of Third Applicant |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
|   |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| Date : _                                      |  |  |                                  |                                  |                         |                           |                     |                               |                      |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                | F     | Plac        | e:_           |               |                |              |              |                  |                  |              |      |      |
| Instructions:                                 |  |  |                                  |                                  |                         |                           |                     |                               | For Office Use Only  |                          |                       |                          |                        |                        |                          |                        |                          |                         |                              |              |                |                     |                |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 2. This<br>3. NRIs<br>4. Bank<br>docu         | form sh<br>need to<br>accour<br>iments               | nould<br>o mar<br>nt cha<br>are su                     | be sig<br>ndato<br>ange<br>ibmit | gned<br>rily pi<br>reque<br>ted. | as pe<br>rovid<br>st wi | er the<br>le NF<br>ill be | e mo<br>RO c<br>acc | ode (<br>or NR<br>cepte       | of h<br>RE b<br>ed 8 | oldii<br>ank a<br>& pro  | ng (<br>acco<br>oces  | only.<br>ount<br>sed c   | deta<br>only i         | ils.<br>if all (       | othe                     | er de                  | tails a                  | are                     | -                            |              |                |                     | d ne           | cess           | sary           |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |
| 7. In ca                                      | inancia<br>unts, th                                  | il Muti<br>ne inve<br>ny Uni                           | ual Fu<br>estor<br>itholo        | und al<br>can u<br>der/s v       | so pi<br>se ar<br>who   | rovic<br>ny of<br>have    | les t<br>reg<br>alr | the fa<br>jister<br>eady      | acil<br>red<br>/ op  | ity to<br>bank<br>ited f | o re<br>c ac<br>for i | giste<br>coun<br>multi   | r mu<br>ts to<br>ple k | ltiple<br>rece<br>bank | e bar<br>eive r<br>acco  | nk ac<br>redei<br>ount | ccoun<br>mptic<br>s regi | nts.  <br>on/o<br>istra | divide<br>ation              | end<br>facil | proc<br>lity a | eed<br>nd ι         | s              |                |                |               |              |             |                |       |             |               |               |                |              |              |                  |                  |              |      |      |

| Acknowledgement   | Change of Bank Mandate: Request Form | JM Financial Mutual Fund |  |  |  |  |  |  |  |  |
|---|--------------------------------------|--------------------------|--|--|--|--|--|--|--|--|
| Received, subject to verification, request for change of bank mandate ISC Stamp & Signature |                                      |                          |  |  |  |  |  |  |  |  |
| From:   |                                      |                          |  |  |  |  |  |  |  |  |
| Folio nos:  |                                      |                          |  |  |  |  |  |  |  |  |
| email: investor@jmfl.com www.jmfinancialmf  | com Toll Free No.: 1800-1038-345     |                          |  |  |  |  |  |  |  |  |