Nippon India Mutual Fund
Wealth sets you free

NIPPON INDIA SIP+ FORM

APP No.:

MFD /RIA INFORMATION

Name & ARN Code	Sub Agent ARN Code	Sub Agent Code /Bank Branch Code/ Internal Code	*Employee Unique Identification Number	RIA Code**
ARN- (ARN stamp here)	ARN-			

*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 / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

APPLICANT DETAILS

Folio No.

Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN. MANDATORY	☐ KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN. MANDATORY	☐ KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN. MANDATORY	☐ KYC

INITIAL INVESTMENT DETAILS

Cheque No.	Cheque Date	Net Amount ₹	Bank Name	Branch	City

UNITHOLDING OPTION – ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 14) Demat Account details are compulsory if demat mode is opted.

National Securities Depository Limited (NSDL)

DP ID No. Beneficiary Account No. I N

Central Depository Securities Limited (CDSL)

Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

NIPPON INDIA SIP+ DETAILS (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)

Eligible Schemes / Option	Plan Name	Enrollment Period (Per SIP + only Monthly SIP+ Available)	SIP+ Date (Please ✓ any one)	SIP+ Amount
☐ Nippon India Index Fund - Nifty 50 Plan	☐ Direct ☐ Regular	From MMYYYY To$ MMYYYY OR ☐ Default Date (31/12/2065)	☐ 10**(Default) ☐ 28 (at monthly interval on 10th or 28th of every month.)**	₹ (in figures)
☐ Nippon India Index Fund - S&P BSE Sensex Plan	☐ Direct ☐ Regular	From MMYYYY To$ MMYYYY OR ☐ Default Date (31/12/2065)	☐ 10**(Default) ☐ 28 (at monthly interval on 10th or 28th of every month.)**	₹ (in figures)
☐ Nippon India Nifty Smallcap 250 Index Fund	☐ Direct ☐ Regular	From MMYYYY To$ MMYYYY OR ☐ Default Date (31/12/2065)	☐ 10**(Default) ☐ 28 (at monthly interval on 10th or 28th of every month.)**	₹ (in figures)
☐ Nippon India Nifty Midcap 150 Index Fund	☐ Direct ☐ Regular	From MMYYYY To$ MMYYYY OR ☐ Default Date (31/12/2065)	☐ 10**(Default) ☐ 28 (at monthly interval on 10th or 28th of every month.)**	₹ (in figures)

Nippon India SIP+ Form /28th April 2026 / Ver 1.8

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ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN (For Office Use Only) Date: DD MM YYYY

Utility Code (For Office Use Only) ✓ Create ✗ Modify ✗ Cancel

Sponsor Bank Code (For Office Use Only) I/We hereby authorize **Nippon India Mutual Fund**

to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other Bank a/c number (Destination Bank Account Number)

With Bank (Name of Destination Bank) IFSC / MICR

an amount of Rupees (Amount in word) ₹ (Amount in figure)

DEBIT TYPE ~~✗ Fixed Amount~~ ✓ Maximum Amount

FREQUENCY: (Ref. Instruct. No. 15) ~~☐ Daily~~ ~~☐ Weekly~~ ~~☐ e- Monthly~~ ~~☐ Monthly~~ ~~☐ Quarterly~~ ~~☐ Half Yearly~~ ~~☐ Annually~~ ✓ As & When presented

Reference 1 (Folio No.) 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 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 authorising 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 transactions 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 Instrument Act).

From : DD MM YYYY

To:*** 31 12 2065

Signature of Account Holder | Signature of Account Holder | Signature of Account Holder

Phone No: 1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

***As per NPCI Circular effective from 01st April 2024, Maximum period of validity of this mandate is 40 years only.**

DECLARATION

/We Would like to invest in above mentioned scheme 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 Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India 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.☐ 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 may be.

OTBM OPTION - ☐ **Additional OTBM** ☐ **Modification OTBM** ☐ **Change Of Bank** (Note: please specify Existing Bank details for Change of Bank / Modification OTBM)		
Existing Bank Name:		**Existing Bank A/c No.:**

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

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 NIMF on any transaction day.

Note for Existing Investor : Fill the below mentioned bank details ONLY if there is a change in your bank details.
To know existing OTBM details send SMS to 966 400 1111 by typing "OTBM (space) Last 6 digits of Folio Number".

INSTRUCTIONS cum TERMS AND CONDITIONS

1) Minimum Amount, Frequency, SIP+ dates, Instalment & eligible schemes criteria is mentioned as under.

Eligible Schemes	Minimum Base Amount	Minimum No of Instalments.	SIP+ Dates
Nippon India Index Fund - Nifty 50 Plan	Rs. 1000/- and in multiples of Rs.500/-	12 Installments.	10th or 28th of every month
Nippon India Index Fund - S&P BSE Sensex Plan			
Nippon India Nifty Smallcap 250 Index Fund			
Nippon India Nifty Midcap 150 Index Fund			

2) Default SIP+ date will be 10th , if date is not specified.

3) SIP+ facility is offered for SIPs+ with monthly frequency only.

4) One Time Bank Mandate to be submitted along with the SIP+ application form. SIP+ will be allowed only where OTBM is registered & OTBM cap amount should be thrice of the SIP base amount.

5) SIP+ is available for all the plans and options i.e., Growth/IDCW and Direct/Regular under eligible schemes.

6) Under the SIP+ - Monthly Interval unit holders will be eligible to invest 0.3X to 3X of the base amount on 10th or 28th of every month.

7) Installment Calculation day: The installment value of SIP+ determined 7 days before the installment date (T-7). If T-7th falls on a Non-Business day or falls during a book closure period, then instalment value will be determined on the previous working day prior to the T-7th day. Similarly, if the instalment date happens to be on a Non-Business day then instalment will be invested on the next working day falling after the instalment date.

8) From the first SIP+ installment onwards, the investment amount shall be computed based on the assessment of prevailing market conditions by NIMF's Quant based Proprietary Model'

9) Once the SIP+ has been stopped the unit holder needs to provide a new request to start SIP+.

10) The redemption/ switch-out of units allotted in the designated Scheme shall be processed on First in First out (FIFO) basis.

11) Facilities likes Step Up, Mid-way Step up, Portfolio SIP, Modify SIP and Flex SIP are not allowed for SIP+.

12) Under SIP+ Change of Bank (COB) of OTBM will be allowed.

13) SIP+ will get terminated after 3 Consecutive rejections with reason insufficient funds.

14) **Units held in the dematerialized form:** Unitholders can have a option to hold the units in dematerialized form in terms of the guidelines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock Exchanges (NSE / BSE). 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.

15) **XML Frequency Tags:**

Freaquency	Tag	Freaquency	Tag
Daily	DAIL	Quarterly	QUART
Weekly	WEEK	Half-Yearly (Semi-Annually)	MIAN
Bi-Monthly	BIMN	Annually (Yearly)	YEAR
Monthly	MNTH	As and when presented (Adhoc)	ADHO

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Nippon India Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate. 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 may be.

Authorisation to Bank: I/We wish to inform you that I/we have registered with Nippon India Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)	
Affix Barcode	**Date and Time Stamp No.**