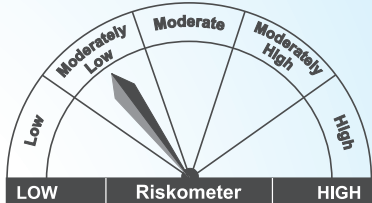


Key Information Memorandum cum Application Form

# Reliance Money Manager Fund

An Open-Ended Income Scheme

Product label	
<p><b>This product is suitable for investors who are seeking*:</b></p> <ul style="list-style-type: none"> <li>Income over short term</li> <li>Investment in debt and money market instruments</li> </ul> <p>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</p>	 <p>Investors understand that their principal will be at <b>Moderately Low risk</b></p>

Continuous offer for Units at NAV based prices.	
<p><b>SPONSOR</b>  <b>Corporate Office</b>  <b>Reliance Capital Limited</b>                      (Incorporated under the Companies Act, 1956)                      Regd. Office : 'H' Block, 1st Floor, Dhirubhai Ambani Knowledge City, Koparkhairane, Navi Mumbai - 400 710.                      Tel.: +9122 3032 7000,                      Fax: +9122 3032 7202</p> <p><b>Nippon Life Insurance Company (Co-sponsor)</b>                      Regd. Office: 3-5-12, Imabashi, Chuo-ku, Osaka 541-8501, Japan</p> <p><b>TRUSTEE</b>  <b>Corporate Office</b>  <b>Reliance Capital Trustee Co. Limited,</b>                      CIN : U65910MH1995PLC220528                      Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.                      Tel No. - 022- 33031000,                      Fax No. - 022- 33037662</p> <p>E-mail : customer_care@reliancecmutual.com                      'Touchbase' [Customer Helpline] 3030 1111</p> <p>Investors using mobile phones need to prefix STD Code of their respective city before 3030 1111.</p> <p>MTNL/BSNL subscribers need to dial 022 - 3030 1111.                      Overseas callers need to dial 91 - 22 - 3030 1111.                      Website: www.reliancecmutual.com</p>	<p><b>INVESTMENT MANAGER</b>  <b>Corporate Office</b>  <b>Reliance Nippon Life Asset Management Limited,</b>                      (formerly Reliance Capital Asset Management Limited)                      CIN : U65910MH1995PLC220793                      Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.                      Tel No. - 022- 33031000, Fax No. - 022- 33037662</p> <p><b>REGISTRAR</b>  <b>Karvy Computershare Pvt. Ltd.</b>                      Karvy Selenium Tower B, Plot number 31 &amp; 32, Fincial District, Nana-kramguda, Serilingampally Mandal, Hyderabad - 500032, India</p> <p><b>REGISTERED OFFICE</b>                      Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) /Reliance Capital Trustee Co. Limited 'H' Block, 1st Floor, Dhirubhai Ambani Knowledge City, Koparkhairane, Navi Mumbai - 400 710, Maharashtra.</p> <p><b>CUSTODIAN</b>  <b>Deutsche Bank A.G.</b>                      Deutsche Bank House, Hazarimal Somani Marg Fort, Mumbai 400 001, INDIA</p> <p><b>AUDITORS TO THE SCHEMES</b>  <b>Haribhakti &amp; Co. LLP</b>  <b>Chartered Accountants</b>                      705, Leela Business Park, Andheri Kurla Road, Andheri (E), Mumbai - 400 059, INDIA.</p>

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the Scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations, etc., investors should, before investment, refer to the respective Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website www.reliancecmutual.com.**

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM. This KIM is dated June 30, 2016.

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number
ARN-(48012 here)	ARN-		E053085

\*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

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

(Please tick (✓) any one)  I am a First time investor across Mutual Funds OR  I am an existing investor in Mutual Funds

**2. UNITHOLDING OPTION -  DEMAT MODE  PHYSICAL MODE**

**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.**

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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____										
	DP ID No. <table border="1" style="display: inline-table;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N									Target ID No. _____
	I		N										
Beneficiary Account No. _____													

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

**3. EXISTING INVESTOR'S FOLIO NUMBER**

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

**4. GENERAL INFORMATION**

APPLICATION FOR  Zero Balance Folio  Invest Now **MODE OF HOLDING :**  Single  Joint (Default)  Any one or Survivor

**5. FIRST APPLICANT DETAILS**

NAME

PAN / PEKRN<sup>^</sup> (First Applicant)  PAN / PEKRN<sup>^</sup> (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	Date of Birth of 1st Applicant <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Proof of Date of Birth and Guardian's Relationship with Minor <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)
D	D	M	M	Y	Y	Y	Y			

OCCUPATION<sup>\*\*\*</sup> :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

STATUS<sup>^</sup> :  Resident Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust / Charities / NGOs  
 Society  FI / FII  NRI  Company/Body Corporate  Sole Proprietor  Defence Establishment  
 PIO  Bank  FPI<sup>\*\*\*</sup>  Government Body  Partnership Firm  Others \_\_\_\_\_  
 (\*\*as and when applicable)

GROSS ANNUAL INCOME DETAILS<sup>\*\*\*</sup> Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH<sup>\*\*\*</sup> in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date) 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (Mandatory for Non Individuals)

Are you a Politically Exposed Person (PEP)<sup>\*\*\*</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)<sup>\*\*\*</sup>  Yes  No

Are you involved / providing any of the mentioned services :  Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning  None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)

\*\*In case First Applicant is Minor then details of Guardian will be required.

**6. SECOND APPLICANT DETAILS**

NAME  PAN / PEKRN<sup>^</sup>

OCCUPATION<sup>^</sup> :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  STATUS<sup>^</sup>:  NRI  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_  Resident Individual

GROSS ANNUAL INCOME DETAILS<sup>\*\*\*</sup> Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH<sup>\*\*\*</sup> in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date) 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Are you a Politically Exposed Person (PEP)<sup>\*\*\*</sup>  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

**ACKNOWLEDGMENT SLIP**

APP No.:

Received from Mr/Ms/M/s : \_\_\_\_\_ an application for allotment of

Units under Scheme Reliance \_\_\_\_\_ Option \_\_\_\_\_ as per details below.

Instrument No/Cash Deposit Slip No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_ drawn on Bank \_\_\_\_\_

Time Stamp & Date of receiving office

**7. THIRD APPLICANT DETAILS**

NAME  PAN / PEKRN^

OCCUPATION^ :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  STATUS^:  NRI  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_  Resident Individual

GROSS ANNUAL INCOME DETAILS\*\*\* Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH\*\*\* in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)\*\*\*  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X

**8. FATCA and CRS DETAILS For Individuals/HUF (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form**

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

**9. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)**

## Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

Landmark

City  Pin Code  State

Email ID

Mobile + (Country Code)  Tel. No.  STD Code  Office  Residence

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

**10. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)**

Bank Name

Account No.  A/c. Type (✓)  SB  Current  NRO  NRE  FCNR

Branch Address  Branch City

PIN  IFSC Code  9 Digit MICR Code\*

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

**11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with RMF.**

Scheme **Reliance Money Manager Fund Regular Plan**

Option (Please ✓)  Growth\*\*  Dividend Payout  Dividend Reinvestment  Dividend Frequency \_\_\_\_\_

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment  OTM Facility (One Time Bank Mandate)  Cheque  DD  Funds Transfer  RTGS / NEFT  Cash \$ (Refer Instruction No. XV)

Investment Amount (Rs.) \_\_\_\_\_ DD Charges (if applicable) (Rs.) \_\_\_\_\_ Net Amount~ (Rs.) \_\_\_\_\_ I minus II \_\_\_\_\_

Instrument No/Cash Deposit Slip No. \_\_\_\_\_ Dated  Drawn on Bank \_\_\_\_\_

Bank Branch \_\_\_\_\_ City \_\_\_\_\_

(\* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. \$ Investors are requested to collect the cash deposit slip from the DISC

**Add convenience to your life with our value added service**



Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

\*\*SMS charges apply



Investor Desk. A RMF Virtual Branch Experience.  
For more details : Visit : [www.reliancecmutual.com](http://www.reliancecmutual.com)

You can also follow us on

**12. NOMINATION - I wish to Nominate**  Yes  No **(Mandatory if mode of holding is single) (Refer Instruction No. VI)**

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

**13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)**

First Applicant POA Name	Mr./Ms./M/s	PAN^	
Second Applicant POA Name	Mr./Ms./M/s	PAN^	
Third Applicant POA Name	Mr./Ms./M/s	PAN^	

**14. SIP ENROLLMENT DETAILS** Opted for SIP:  Yes  No **(Incase you have opted for SIP it is mandatory to submit OTM + SIP Enrolment Form)**

**15. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No **(Incase you have opted for STP it is mandatory to submit STP Enrolment Form)**

**16. I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD ("THE CARD")** Yes  No  **(Please refer Instructions)**

**1) Name as you would like to appear on your card\*\***  M a n d a t o r y   
 (\*\*Please mention the name of the first holder) (Maximum of 24 characters)




**2) Mother's maiden name in full\***  M a n d a t o r y

**17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes  No  **(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)**

**18. DECLARATION AND SIGNATURE**

I/We would like to invest in Reliance \_\_\_\_\_ 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 including but not limited to Reliance Any Time Money Card. 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 Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

- 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 have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

 First / Sole Applicant / Guardian	 Second Applicant	 Third Applicant
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Mutual Fund

(Use this form if One Time Bank Mandate Form is registered in the folio)

**DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (#48012mp here)		E053085	

\*Please sign below 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** →

Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
---	------------------------------------	------------------------------------

Upront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

**APPLICANT DETAILS**

Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> KYC Acknowledgement Copy
	MANDATORY	
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> KYC Acknowledgement Copy
	MANDATORY	
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> KYC Acknowledgement Copy
	MANDATORY	

**INITIAL INVESTMENT DETAILS**

Cheque/ DD No./Cash Deposit Slip No. \_\_\_\_\_ Cheque / DD / Cash Deposition Date \_\_\_\_\_ DD Charge Rs. \_\_\_\_\_  
Net Amount Rs. \_\_\_\_\_ Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ City \_\_\_\_\_

**UNITHOLDING OPTION -  Demat Mode  Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)**

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
DP ID No.	I N	Target ID No.	
Beneficiary Account No.			

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

**Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)**

Email ID \_\_\_\_\_ Mobile no. + (Country Code) \_\_\_\_\_ (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through email, unless I have already opted for IPIN in the past and have created a username.

**SIP DETAILS (Refer Instruction No. 14. 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)**

Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period (Please/ any one)	SIP Date (Please/ any one)	SIP Amount (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: M M / Y Y To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. _____	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1time)

**DECLARATION:** I/We would like to invest in Reliance \_\_\_\_\_ 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 Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors.

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.

**SIGNATURE**

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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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 RMF on any transaction day.

Mutual Fund

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

UMRN \_\_\_\_\_ (For Office Use Only)

Date D D M M Y Y Y Y

Create  Modify  Cancel  Sponsor Bank Code \_\_\_\_\_ (For Office Use Only) Utility Code \_\_\_\_\_ (For Office Use Only)

I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c no: \_\_\_\_\_ Destination Bank Account Number \_\_\_\_\_

With Bank \_\_\_\_\_ (Name of Destination Bank) IFSC \_\_\_\_\_ MICR \_\_\_\_\_

an amount of Rupees ₹ \_\_\_\_\_

FREQUENCY:  Monthly  Quarterly  Half-Yearly  Yearly  as & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference / Folio No. \_\_\_\_\_ Email ID: \_\_\_\_\_

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No: \_\_\_\_\_

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.

PERIOD	1	2	3
From: D D M M Y Y Y Y	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
To: 3 1 1 2 2 0 9 9	Name of Account Holder	Name of Account Holder	Name of Account Holder
Or <input type="checkbox"/> Until Cancelled			

This is to confirm that the declaration (as mentioned overleaf) 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. 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.



**Mutual Fund**

**SIMPLY SAVE REGISTRATION FORM**

App No.:

Corporate Office Address: Reliance Centre, 7th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

**Applicant Details (Not applicable for investors with mode of holding as Joint)**

FOLIO NO.

Name of Sole / 1st applicant

Name of Second Applicant

Name of Third Applicant

Email ID  Mobile no.  + (Country Code)  (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

**Distributor / Broker Information : ARN Name :**

Broker Code / ARN <b>48012</b>	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number <b>E053085</b>	Sub Broker / Sub Agent Code
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\*Please sign below 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**  Sole / 1st Applicant / Guardian Authorised Signatory  2nd Applicant Authorised Signatory  3rd Applicant Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

**Simply Save Registration Details**

Scheme Name : **Reliance Money Manager Fund - Growth plan - Growth Option**

Amount per Save :

**Reliance Any Time Money Card Registration Details**

1) Name as you would like to appear on your card\*\*  M a i n d a t o r r y  
(\*\*Please mention the name of the first holder) (Maximum of 24 characters)

2) Mother's maiden name in full  M a i n d a t o r r y

3) Primary Account : **Reliance Money Manager Fund-Growth Plan- Growth Option**

4) Date of Birth of Sole / First Applicant  D D M M Y Y Y Y

- Note : 1) Card will be issued only for initial subscription through Self Cheque. No card shall be issued for subscription through Dds / third party cheques.  
2) The Reliance Any Time Money Card and all the communications pertaining to the Reliance Any Time Money Card will be dispatched to the investor's address as updated in the KYC.

Declaration : I have read and understood the Terms and Conditions governing the investment under Reliance of Reliance Mutual Fund and those relating to various services including, but not limited to Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the Reliance Nippon Life Asset Management Limited (RNLAM) liability. I 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 understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM debit from my folio for the service charges as applicable from time to time. I confirm that I am resident of India.

**SIGN HERE**  Sole / 1<sup>st</sup> applicant / Authorised Signatory  2<sup>nd</sup> applicant / Authorised Signatory  3<sup>rd</sup> applicant / Authorised Signatory



**ONE TIME BANK MANDATE**  
(NACH / Direct Debit Mandate Form)  
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Nippon Life Asset Management Limited  
(formerly Reliance Capital Asset Management Limited)  
A Reliance Capital Company

APP No.

UMRN  (For Office Use Only)

Date  D D M M Y Y Y Y

Create  Modify  Cancel  
Sponsor Bank Code  (For Office Use Only) Utility Code  (For Office Use Only)  
I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c no:  (Destination Bank Account Number)

With Bank  (Name of Destination Bank) IFSC  MICR

an amount of Rupees  ₹

FREQUENCY:  Monthly  Quarterly  Half Yearly  Yearly  as & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference / Folio No.  Email ID:

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No:

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.

**PERIOD**  
From:  D D M M Y Y Y Y  
To:  3 1 1 2 2 0 9 9  
Or  Until Cancelled

1  Signature of Account Holder  
2  Signature of Account Holder  
3  Signature of Account Holder

1  Name of Account Holder  
2  Name of Account Holder  
3  Name of Account Holder

This is to confirm that the declaration (as mentioned above) 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. 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.

## INSTRUCTIONS WITH REGARD TO ONE TIME BANK MANDATE FORM

1. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications.
2. Investors are required to submit One Time Bank Mandate Form along with a photo copy/cancelled cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form).
3. In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit an One Time Bank Mandate Cancellation Form or SIP cancellation form, 21 business days prior to discontinuation.
4. The Broker Code given in this mandate will be applicable for all the transactions done through Invest Easy mode. In case there is a change of Broker Code then the investor are requested to cancel the existing mandate and register a fresh mandate with us.
5. For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN.
6. Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of RNLAM or Karvy Computershare Pvt. Ltd.
7. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
8. RNLAM reserves the right to reject any application without assigning any reason thereof. RNLAM in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
9. Employee Unique Identification Number (EUIIN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.

## INSTRUCTIONS WITH REGARD TO SIMPLY SAVE REGISTRATION FORM

1. Simply Save is a special facility offered to the investors to subscribe in Reliance Liquid Fund – Cash plan at the click of a button.
2. Simply Save facility shall be available to Individual investors (Resident Indian & NRI)
3. In order to register for Simply Save the investor has to provide his existing Folio Number, Broker information & Amount per Save.

## INSTRUCTIONS WITH REGARD TO RELIANCE ANY TIME MONEY CARD (THE CARD)

1. The Card issued / to be issued by RMF is a Co-Branded debit Card, called as "Reliance Any Time Money Card" (a mutual fund linked debit card), which will be / is facilitating instant cash withdrawal / Purchase by unit holders of the eligible schemes offering this facility, at all VISA enabled ATMs and Merchant Establishments / Point of Sale (PoS) terminals. This Co-Branded Card is issued / being issued by RMF in collaboration with HDFC Bank Ltd.
2. The card shall be issued only to Resident Individuals. The card shall not be issued to Minors, HUF, NRI, Pvt / Public Ltd Companies, Partnership Firms, Proprietorship Firms, Trusts etc. No card shall be issued for subscriptions through DDs / third party cheques.
3. Only one card shall be issued per folio/ account. The card will be sent only after the realization of the subscription cheque.
4. In order to avail the Reliance Any Time Money Card facility, at the time of lumpsum purchases the investor needs to mandatorily have investments in Reliance Liquid Fund-Treasury Plan, Reliance Money Manager Fund or Reliance Liquid Fund – Cash Plan. The investor can treat either of the schemes as Primary scheme account in the folio. In case of zero balance SIP, the card shall be issued before processing the first SIP installment (without investment balance being there in the primary scheme account i.e Reliance Liquid Fund - Treasury Plan, Reliance Money Manager Fund or Reliance Liquid Fund – Cash Plan). The investor can also link other schemes to this folio.
5. In case investor is KYC Compliant card will be despatched to the KYC address. For KYC Non Compliant cases card will be despatched to KYC address if address in KYC is made available within 15 days from CVL. If KYC address is not made available from CVL, On 16th day the card will be despatched to the address given in the application form.
6. The card will offer instant liquidity to the unitholder upto a permissible limit as fixed/determined by the Bank for ATM/POS withdrawals or 50% of withdrawal limit as set by RMF, from time to time, whichever is lower.
7. Processing the redemptions through any Point of Service or ATM (other than HDFC Bank ATMs) the withdrawals would be made from Primary Scheme Account. If the balance is not available in the primary scheme, the withdrawal / PoS transaction would be declined. Further, the investor will have an option to withdraw from any of the scheme of his choice linked to the card through HDFC Bank ATMs after knowing the consequences of such a withdrawal.
8. The card shall be issued only to the 1st holder where the mode of holding is Single or any one or survivor. No card shall be issued where mode of operation is Joint.
9. Cash withdrawal & Balance Enquiry at ATM and Transaction at POS terminals are currently not chargeable. Please refer to the Tariff Card in the Welcome Kit for the applicable charges.
10. PIN is required to authorize all POS transactions also, this will be in addition to signature validation.
11. Redemption facility through this card will be purely optional and in addition to the conventional method of redemption i.e. physical redemption request to be submitted at the Designated Investor Service Centres of the Reliance Mutual Fund. Investor can opt for any mode of redemption as per his choice and convenience. SEBI guidelines on uniform cut off timings for redemption shall also be applicable to the aforesaid facility of alternative means of redemption.
12. Your Personal Identification Number (PIN) shall be mailed to you separately. Please ensure that you receive the PIN after you receive your card. In case you do not receive the same it please contact the RNLAM / Karvy branch Investor Service Center or call 022 30301111/ 1800 300 11111 or send an e-mail to customer\_care@reliancecmutual.com. Please change your PIN immediately on receipt.
13. Please sign on the reverse of the card on the signature panel.
14. Withdrawals through ATM or POS terminals can be stopped temporarily or permanently for want of any statutory compliance.
15. Please retain a copy of transaction slip generated by the ATM Machine after completion of transaction as confirmation of the transaction done.
16. If your card ever gets lost or stolen, please contact us immediately on toll free no. 1800 300 11111. We will hot list your card (no transactions shall be possible thereafter through the hot listed card).
17. In order to receive the credit back on void transactions done on your card, you need to send/fax a copy of void transaction slip to the address mentioned at the back of the card.
18. Your card is valid in India only. You can not make any International Transactions via ATM & POS.
19. Please read the terms and conditions carefully, which will be provided in the Welcome kit of the card.
20. RMF/RNLAM reserve the right to discontinue/modify/alter the said facility on a prospective basis subject to compliance with the prevailing SEBI guidelines and Regulations.
21. Employee Unique Identification Number (EUIIN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.
22. Please refer respective SID/KIM for product labeling.



\*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 Reliance 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.

**Authorisation to Bank:** I/We wish to inform you that I/we have registered with Reliance 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.