### APPLICATION FORM - MIRAE ASSET EQUITY ALLOCATOR FUND OF FUND

(An open ended fund of fund scheme predominantly investing in units of domestic equity ETFs)

Offer for units of ₹ 10/- each during the New Fund Offer period and at NAV based prices upon re-opening. Scheme re-opens for continuous sale & re-purchase on and from 22/09/2020



#### MIRAE ASSET EQUITY ALLOCATOR FUND OF FUND

(An open ended fund of fund scheme predominantly investing in units of domestic equity ETFs)

New Fund Offer open on : 08/09/2020 New Fund Offer closes on : 15/09/2020

Application No.:

**MICR Code** 

#### This product is suitable for investors who are seeking\*

- To generate long term capital appreciation/income
- Investments predominantly in units of equity Exchange Traded Funds

\*Investors should consult their financial advisers if they are not clear about the suitability of the product



Investors understand that their principal will be Moderately High Risk

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.
Name & Broker Code/ ARN/RIA Code  ARN - 48012			E053085		
EUIN Declaration: Declaration for "Execution Only" " the EUIN box has been intentionally left blank by me/u advice of in-appropriateness, if any, provided by the feed/portfolio holdings/NAV etc. in respect of my/our in	is as this transaction is executed witho employee/relationship manager/sale	out any interaction or advice best person of the distributor/s	by the employee/relationship rub broker. RIA/Declaration:	manager/sales person of the above dis "I/We hereby give you my/our conse	stributor/sub broker or notwithstanding the
Lumpsum Investment	ry / PoA / Karta Sign (	Micro Applicati	ion 🗆	SIPA	pplication
TRANSACTION CHARGES (Please @				Oli 70	ррпосион
Applicable transaction charges will be deduced registered Distributor) based on the investor of the EXISTING UNIT HOLDER INFORM	ucted in case your distributor h 's assessment of various factor	s including the services	ges. Upfront commission rendered by the ARN H	older.	investor to the ARN Holder (AMFI
Folio No.		CKYC Identification	on No. (KIN)		
2. APPLICANT(S) NAME AND INFO	RMATION [Refer Instruction	n 2] If the 1 <sup>t</sup> / Sole Ap	plicant is Minor, then	please provide details of n	atural / legal guardian
1 <sup>st</sup> SOLE APPLICANT Mr. / Ms. / M/s. (Please write the name as per PAN Card)				PAN	
CKYC ID No. (KIN)			Pls indi		or tax purpose / Resident of Canada os (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Min	nor)				p with Minor (Please ✓)
Mr. / Ms. / M/s.			KVC (Disease v/)	Mother	Father Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓)  Proof Attached	GUARDIAN PAN	
POA / Custodian Name:				KYO	C (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian PAN	
Contact Person for Corporate Investor	Name			Designation:	
3. FIRST APPLICANT AND KYC I		rked as '*' are Mar		-lti	0 ddb Defenlestmetics No. 471
1 <sup>st</sup> SOLE APPLICANT Individual or *Date of Birth/ Incorporation D M		of Date of Birth (Ple	- ' ' - '		& 11b - Refer Instruction No. 17] chool Leaving Certi cate / Mark Sheet
(Individual) / (Non-individual) (Please write the Date of birth as per Aadhaar Ca	ard)	(For minor applicant)	Pass	sport of the Minor	Others
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:		Nationality:	Gender	Male Female Other
		rust Bank / Fls			nrough Guardian NRI - NRO
a*. Occupation Details [Please tick (✓)]	ate Company Public Ltd. Co Private Sector Business	Public Sector  Retired	dicial Person Partner Government Servi Retired	ce Student	es Others Housewife Others
b*. Politically Exposed Person (PEP) Statu					
c*. Gross Annual Income (₹) [Please tick ( <sub>v</sub>		1-5 Lakhs	☐ 5-10 Lakhs		>25 Lakhs >1 Crore
d*. Net-worth (Mandatory for Non-Individua	als)₹		as on		Y Y (Not older than 1 year)
e*. Non-Individual Investors involved/p any of the mentioned services	<b>5</b> – •	exchange / Money Cha	inger Services	Gaming/Gambling/Lottery/C  None of the above	Casino Services
4. BANK ACCOUNT DETAILS - M					
Name of the Bank:					
Core Banking A/c No.			A/c. Type P	ls. (✓) ☐ NRE ☐ CURRENT	SAVINGS NRO Other
Branch Name:	Add	dress:			
Bank Branch City:	Sta	te:		Pin Co	ode

IFSC Code (Mandatory for Credit via NEFT/RTGS)

Please attach a cancelled cheque OR a clear photo copy of a cheque

Mode of Holding: Anyone or							
	Survivor	Single		Joint	(Please note th	nat the Default option is	Anyone or Survivor
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Nelase write the name as per PAN Card)	lot Applicable in cas	se of Minor Applicant)			(	Gender Male	Female Othe
PAN Details		PI	s indicate if US Per	rson or a resident for tax p	urpose / Resident of Cana	ada 🗌 Yes 🗌 No	o* (*Default if not ✓
CKYC ID No. (KIN)				KYC Pls 🕢 🗌 Proof	Attached Date of B	irth (Mandatory)	MMYYYY
Place of Birth		Country of Birth			Nationality:		
a*. Occupation Details [Please tick	( <b>✓</b> )]	Private Sector  Business	Public Sector Retired	Government Se	ervice Student Proprietors	Professiona	Housewife (Please specify)
b*. Politically Exposed Person (PEP) S	tatus		I am Related to Pl				
o*. Gross Annual Income (₹) [Pleased*. Net-worth ₹	e tick (▼)]	Below 1 Lakh	1-5 Lakhs as on DDD	5-10 Lakhs	10-25 Lakh  Y (Not older than 1		> 1 Crore
Mode of Holding: Anyone or	Survivor	Single	<b>;</b>	Joint	(Please note that the	ne Default option is A	nyone or Survivor
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Nelase write the name as per PAN Card)	ot Applicable in cas	se of Minor Applicant)			(	Gender Male	Female Othe
PAN Details		PI	s indicate if US Per	rson or a resident for tax p	urpose / Resident of Cana	ada 🗌 Yes 🗌 No	o* (*Default if not√
CKYC ID No. (KIN)				KYC Pls O Proof	Attached Date of B (As per PAN	irth (Mandatory) DD DI Card)	MMYYY
Place of Birth		Country of Birth			Nationality:		
a*. Occupation Details [Please tick		Private Sector Business	Public Sector Retired	Government Se	ervice Student Proprietors	Professiona	Housewife (Please specify)
b*. Politically Exposed Person (PEP) S c*. Gross Annual Income (₹) [Please			I am Related to Pt 1-5 Lakhs	EP Not Applicable 5-10 Lakhs	☐ 10-25 Lakh	s	☐ > 1 Crore
d*. Net-worth ₹			as on DD	M M Y Y Y	(Not older than 1	year)	
6a. MAILING ADDRESS [Please	provide your E-r	nail ID and Mobile	Number to help	us serve you better]			
ocal Address of 1 <sup>st</sup> Applicant							
Tel. Off.		City		State		Pin Code	
			Resi.		Mobile		
E - Mail^^							
^Please Use Block Letters. Investors pro		*					*
6b. Mandatory for NRI / FII Applie	cant [Please pro	vide Full Address	P. O. Box No. m	ay not be sufficient. F	or Overseas Investor	s, Indian Address is	s preferred]
Overseas Correspondence Address _							
			Third Pa	arty Payment (Please a	ttach 'Third Party Payr	nent Declaration For	m')
7. INVESTMENT AND PAYMENT	DETAILS ( For o	complete informat		arty Payment (Please a			m')
Scheme - MIRAE ASSET			ion on Investme	nt Details please refer	to Instructions No. 6	Dividend	, 
Scheme - MIRAE ASSET OF FUND	EQUITY ALI	LOCATOR FU	ND Re	nt Details please referegular Plan	to Instructions No. 6. (Default) Div. F	Dividend Payout Div. Rein	m') nvestment (Default
Scheme - MIRAE ASSET OF FUND	Self (Non-Third	Party Payment) Cheque / DD /	ND Re  ☐ Third Pa  ☐ DD Charge	nt Details please referegular Plan Growth arty Payment ( Please attass, Net Purcha	to Instructions No. 6.  (Default) Div. F ach 'Third Party Payment ase Drawn o	Dividend Payout Div. Rein Declaration Form')  Declaration Form'	nvestment (Default
Scheme - MIRAE ASSET OF FUND Payment Type [Please ( )]	Self (Non-Third	Party Payment)	ND	nt Details please referegular Plan Growth	to Instructions No. 6.  (Default) Div. F ach 'Third Party Payment ase Drawn o	Dividend Payout Div. Rein Declaration Form')  Declaration Form'	nvestment (Defaul
Scheme - MIRAE ASSET OF FUND Payment Type [Please ( )]	Self (Non-Third	Party Payment) Cheque / DD /	ND Re  ☐ Third Pa  ☐ DD Charge	nt Details please referegular Plan Growth arty Payment ( Please attass, Net Purcha	to Instructions No. 6.  (Default) Div. F ach 'Third Party Payment ase Drawn o	Dividend Payout Div. Rein Declaration Form')  Declaration Form'	nvestment (Default n Bank A/c No.
Scheme - MIRAE ASSET OF FUND Payment Type [Please ( )] Cheque / DD / UTR No. & Date	Self (Non-Third  Amount of C RTGS / NEFT	Party Payment) Cheque / DD / in figures (Rs.)	IND Re  Third Pa  DD Charge if any	nt Details please referegular Plan Growth  arty Payment ( Please atta	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai	Dividend Div. Rein Declaration Form') Declaration Form' Declaration Form' Declaration Form' (For	nvestment (Default n Bank A/c No. Cheque Only)
Cheme - MIRAE ASSET OF FUND  Payment Type [Please ( ) ]  Cheque / DD / UTR No. & Date	Self (Non-Third Amount of C RTGS / NEFT	Party Payment) Cheque / DD / in figures (Rs.)	IND Re  Third Pa  DD Charge if any	nt Details please referegular Plan Growth arty Payment ( Please attass, Net Purcha Amount	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai	Dividend Payout Div. Rein Declaration Form')  n Bank / Pay-l nch (For	nvestment (Default n Bank A/c No. Cheque Only)
Payment Type [Please ( / )]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS- National Securities Depository Lim	Self (Non-Third Amount of C RTGS / NEFT	Party Payment) Cheque / DD / in figures (Rs.)	IND Re  Third Pa  DD Charge if any	nt Details please referegular Plan Growth arty Payment ( Please attass, Net Purcha Amount	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai	Dividend Payout Div. Rein Declaration Form')  n Bank / Pay-l nch (For	nvestment (Default n Bank A/c No. Cheque Only)
Scheme - MIRAE ASSET OF FUND  Payment Type [Please ( ) ]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS- National Securities Depository Lim DP Name	Self (Non-Third Amount of C RTGS / NEFT	Party Payment) Cheque / DD / in figures (Rs.)	ion on Investme  ND Re  Third Pa  DD Charge if any	arty Payment ( Please attas,  Net Purcha Amount  e sequence of names as m  Central Depository Se	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai	Dividend Payout Div. Rein Declaration Form')  n Bank / Pay-l nch (For	nvestment (Default n Bank A/c No. Cheque Only)
Scheme - MIRAE ASSET OF FUND Payment Type [Please (*/)] Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS- National Securities Depository Lim DP Name DP ID I N Clie	Self (Non-Third  Amount of C RTGS / NEFT  Mandatory for unit sited (NSDL)  Benef. A/C No.  nt Masters List (C	Party Payment) Cheque / DD / in figures (Rs.)	Third Pa DD Charge if any  ease ensure that the	arty Payment ( Please atta Amount  e sequence of names as m  Central Depository So  DP Name  16 Digit A/C No.  m Holding Statement	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai  entioned under section 3  ervices (India) Limited	Dividend Payout Div. Rein Declaration Form')  n Bank / Pay-l nch (For	nvestment (Default n Bank A/c No. Cheque Only)
Cheme - MIRAE ASSET OF FUND  Payment Type [Please (✓)]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS- National Securities Depository Lim DP Name  DP ID I N  Enclosures - Please (✓)	Self (Non-Third Amount of C RTGS / NEFT  Mandatory for unit nited (NSDL)  Benef. A/C No.  nt Masters List (C or / HUF / POA Ho	Party Payment) Cheque / DD / in figures (Rs.)	Transaction curuals cannot Nom	nt Details please referegular Plan Growth Growth Plan Growth Please attains, Net Purcha Amount Please of names as many Central Depository Statement Growth Please Amount Please of names as many Central Depository Statement Growth Please The Pl	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Bra  entioned under section 3  ervices (India) Limited  Delivery	Dividend Payout Div. Rein Declaration Form')  In Bank / Payout  In Bank / (Form  In Bank /	nvestment (Default n Bank A/c No. Cheque Only)
Scheme - MIRAE ASSET OF FUND Payment Type [Please ( )] Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS- National Securities Depository Lim DP Name DP ID I N Clie	Self (Non-Third Amount of C RTGS / NEFT  Mandatory for unit sited (NSDL)  Benef. A/C No.  Int Masters List (C IT / HUF / POA Ho OMINEE AS PER Date	Party Payment) Cheque / DD / in figures (Rs.)  s in Demat Mode - Ple  ML) Checker / Non Individual BELOW DETAILS of Birth	Transaction cultals cannot Nom  OR  Name of the C	nt Details please referegular Plan Growth Growth Plan Growth Please attains, Net Purcha Amount Please of names as many Central Depository Son DP Name  16 Digit A/C No. Many Many Many Many Many Many Many Many	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai  entioned under section 3  ervices (India) Limited  Delivery In No. 9]  DT WISH TO NOMINAT	Dividend Payout Div. Rein Declaration Form')  In Bank / Pay-Inch (Form  matches as per the Declaration Slip (DIS)  TE Signature of Nome	n Bank A/c No. Cheque Only)  pository Details.
Scheme - MIRAE ASSET OF FUND  Payment Type [Please ( ✓ ) ]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS - National Securities Depository Lim DP Name  DP ID I N  Enclosures - Please ( ✓ )	Self (Non-Third Amount of C RTGS / NEFT  Mandatory for unit sited (NSDL)  Benef. A/C No.  Int Masters List (C IT / HUF / POA Ho OMINEE AS PER Date	Party Payment) Cheque / DD / in figures (Rs.) Es in Demat Mode - Ple CML) Clider / Non Individual R BELOW DETAILS	Transaction curuals cannot Nom	nt Details please referegular Plan Growth Growth Plan Growth Please attains, Net Purcha Amount Please of names as many Central Depository Son DP Name  16 Digit A/C No. Many Many Many Many Many Many Many Many	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai  entioned under section 3  ervices (India) Limited  Delivery In No. 9]  DT WISH TO NOMINAT	Dividend Payout Div. Rein Declaration Form')  In Bank / Pay-Inch (Form  matches as per the Declaration Slip (DIS)	n Bank A/c No. Cheque Only)  pository Details.
Scheme - MIRAE ASSET OF FUND  Payment Type [Please (✓)]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS - National Securities Depository Lim DP Name  DP ID I N  Enclosures - Please (✓) □ Clie  9. NOMINATION DETAILS [Mino PLEASE REGISTER MY/OUR N  No. Nominee(s) Name	Self (Non-Third Amount of C RTGS / NEFT  Mandatory for unit sited (NSDL)  Benef. A/C No.  Int Masters List (C IT / HUF / POA Ho OMINEE AS PER Date	Party Payment) Cheque / DD / in figures (Rs.)  s in Demat Mode - Ple  ML) Checker / Non Individual BELOW DETAILS of Birth	Transaction cultals cannot Nom  OR  Name of the C	nt Details please referegular Plan Growth Growth Plan Growth Please attains, Net Purcha Amount Please of names as many Central Depository Son DP Name  16 Digit A/C No. Many Many Many Many Many Many Many Many	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai  entioned under section 3  ervices (India) Limited  Delivery In No. 9]  DT WISH TO NOMINAT	Dividend Payout Div. Rein Declaration Form')  In Bank / Pay-Inch (Form  matches as per the Declaration Slip (DIS)  TE Signature of Nome	n Bank A/c No. Cheque Only)  pository Details.
Scheme - MIRAE ASSET OF FUND Payment Type [Please ( ) ]  Cheque / DD / UTR No. & Date  8. DEMAT ACCOUNT DETAILS - National Securities Depository Lim DP Name  DP ID I N  Enclosures - Please ( ) Clie  9. NOMINATION DETAILS [Mino PLEASE REGISTER MY/OUR No. No. Nominee(s) Name	Self (Non-Third Amount of C RTGS / NEFT  Mandatory for unit sited (NSDL)  Benef. A/C No.  Int Masters List (C IT / HUF / POA Ho OMINEE AS PER Date	Party Payment) Cheque / DD / in figures (Rs.)  s in Demat Mode - Ple  ML) Checker / Non Individual BELOW DETAILS of Birth	Transaction cultals cannot Nom  OR  Name of the C	nt Details please referegular Plan Growth Growth Plan Growth Please attains, Net Purcha Amount Please of names as many Central Depository Son DP Name  16 Digit A/C No. Many Many Many Many Many Many Many Many	to Instructions No. 6.  (Default) Div. F  ach 'Third Party Payment  ase Drawn o  Brai  entioned under section 3  ervices (India) Limited  Delivery In No. 9]  DT WISH TO NOMINAT	Dividend Payout Div. Rein Declaration Form')  In Bank / Pay-Inch (Form  matches as per the Declaration Slip (DIS)  TE Signature of Nome	n Bank A/c No. Cheque Only)  pository Details.

_	10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)  PART A To be filled by Financial Institutions or Direct Reporting Non Finacial Entity (NFEs)																
PAR We a	are a.	GIIN	istitutions or L	irect R	eporting N	on Finacial E	itity (N	IFES)									
	ncial institution		e: If you do not have a G	IIN but you a	are sponsored by	another entity, please	provide you	ur sponsor's GIIN a	above and indica	ite your sp	onsor's name be	low					
Dire	ct reporting NFE ☐ ase tick (✓ )]	Name o	of sponsoring e	ntity:													
GIIN	GlIN not available [Please tick (✓)] ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category ☐ Not obtained – Non-participating FI																
	PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																
1	Tes til ves, blease specify any one stock exchange on which the stock is requiany tradeor																
	(that is, a company traded on an establ		of stock exchang		•	Konunge on V	VIIIOII UIC	2 Stock is regi	ularly tre	adou)							
2	Is the Entity a relate	☐ Ye	es (If yes, please s	pecify na	ame of the liste	ed company a	and one	stock exchan	ge on v	hich the s	tock is reg	jularly t	raded)				
,	traded company (a regularly traded on				t) Name	of listed company	/:										
					Nature	e of relation	Subsidia	ary of the Liste	d Company	or $\square$	Controlled	by a Lis	sted Comp	any			
					Name	of stock exchang	e:										
3	Is the Entity an acti	ve NFE			☐ Ye	es (If yes, please f	II UBO d	leclaration in th	ne next section	n.)							
					Matur	e of Business:											
										1							_
					Pleas	e specify the sub-	category	of Active NFE		Mentio	on code: Refe	er instru	ction 15(c	)			
4	Is the Entity a pass	ive NFE			Ye	es (If yes, please f	II UBO d	leclaration in th	ne next section	n.)							
					Nature	e of Business:											
						details refer											
	DECLARATION FOR							<u> </u>		-41111			Di	Bak balanı	41		-411:
person	eclaration is not needed for C (s), confirming ALL countries	of tax reside	ency / permanent re	sidency /	citizenship an												
	ent and Auditor's Letter with re					he given spac	e belo	w is not ad	eguate, pl	ease a	ittach mul	tiple d	eclarati	on form	s)		
	Name of UBO & Addres		Address Type <sup>ss</sup>	PAN	/Tax Payer	Document Typ	e Co	ountry of tax	Count	ry of	UBO Co	ode	KYC (	Yes / NO)		of benef	
					fication No./ alent ID No.*	Refer instructi No. 15(d)		Residency/ permanent residency*	citizen	ship	(Mandat	ory)	the	se attach e KYC vledgemer opy]	nt	interes	it
informa that app addition	ress Type: Residential or Bus tition is not provided, it will be p olicant has concealed the facts nal information as may be requ sive NFE, please provide belo	resumed that of beneficial ired at your e	t applicant is the UB0 ownership. I/We alsend.	), with no o o undertak	declaration to see to keep you	submit. In such cas informed in writing	e, MAMF. about any	AMC reserves y changes/modi	the right to rej fication to the	ect the a above in	pplication or re formation in fu	everse that uture and	ne allotmer d also unde	nt of units, i rtake to pro	f subsec ovide an	uently it	
PAN	/ Any other Identification N	umber (PAN,	Aadhaar, Passport,	Oc	cupation Typ	<b>De:</b> Service, Busin	ess, Oth	ers		DOP:	Data of Pirth						
	ID, Govt. ID, Driving Licence NREGA	lob Card, Others	)		tionality:	Mandatory if PAN	lie not a	vailablo			Date of Birth er: Male, Fen	nale, Ot	her				
_	of Birth - Country of Birth						i io IIUL a	valiable									
1. PA					cupation Typ	oe:				Date o	of Birth:						
1	City of Birth:  Country of Birth:  Father's Name:  Nationality:  Gender Male Female Other																
2. PA	N:			Oc	cupation Typ	oe:				D-/	of Diede						
	of Birth:				tionality:						of Birth:		1 = :				
Cou	Country of Birth: Father's Name: Gender Male Female Other																
3. PA	N:			Oc	cupation Typ	oe:					6 D						
	of Birth:				tionality:					Date o	of Birth:						
"	Country of Birth:  Father's Name:  Gender Male Female Other																
	onal details to be filled by contr lude US, where controlling per				nt residency /	citizenship / Green	Card in a	ny country othe	rthan India.								

Application No.:

Cheque/DD should be Drawn in favour of the scheme "MIRAE ASSET EQUITY ALLOCATOR FUND OF FUND"

12. FATCA AND	CRS DE	TAILS (Self Certification) (Re	efer instruction No	o. 15)		(FOR IND	IVIDUAL	LS & NON-INDIVIDUALS)	
FOR NON-INDIVIDUA	LS: Is the	rate all countries in which you are res "Entity" a tax resident of any country is in which the entity is a resident for t	other than India?	Yes	No	DW.			
1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)				pplicant	3 <sup>rd</sup> Applicant				
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency  Yes No		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		Yes No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		Yes No		
Country of Birth / Incorporation		Country of Birth			Country of Birth				
Country Citizenship / Nationality		Country Citizenship Nationality	o /		Country Citizenship / Nationality				
Are you a US specific person?	Are you a US specified Yes No Please provide Tax Payer Id.		Are you a US specified person?		Yes No Please provide Tax Payer Id.	Are you a US specif person?	ied	Yes No Please provide Tax Payer Id.	
For non-Individual inve	estor in cas	se, if you country of incorporation / Ta	ax resistance in US, but	t you are no	t a specified US person then please	mention exemption code	<b>)</b>	Refer instruction 15(e))	
Individual or Non-Indi if ticked Yes above.	lividual in	vestors fill this section	Individual investo	r have to fi	Il in below details in case of joint a	applicants			
	Country	<i>y</i> :		Country	y:		Countr	у:	
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		
	Type:			Type:			Туре:		
	Country	<i>y</i> :		Country	y:	Tax Residency Status: 2	Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:			No.:		
	Type:			Type:			Туре:		
	Country	ŗ.		Country	<i>y</i> :	Tax Residency Status: 3	Country:		
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:			No.:		
	Type:			Type:		Туре:			
Address Type			Address Type			Address Type			
(Address Type: Resid	dential or	Business (default) / Residential / E	Business / Registered	Office) (Fo	r address mentioned in form / exis	sting address appearing	g in folio)		
		he POA holder should fill separate for SIGNATURES / THUMB IMPR			•				
agree to abide by the terms, o prosions of the Income Tax. Asset Mutual Fund. (D) The information/details with the AI I/We will indemnify the Fund., form of trail commission or an indicative portfolio and/or any I/We have read, understood e (RIA) through the registrar or invest into the Scheme as per notify the AMC, in which even confirm that the information p will be presumed that applica has concealed the facts of be Aadhaar: I/We hereby volunta "Securities and Exchange B Investments (India) Pvt Ltd to	onditions, rul Act, Anti Mon information g MC / Fund/Ri AMC, Truste y other mode y indicative yi and shall be to otherwise. (I) the said FEI the AMC re rovided by m nt is the ultim neficial owner trily submit A. ioard of India 'Mirae Asset	es and regulations governing the scheme. (B) ey Laundering Laws or any other applicable I jiven in / with this application form is true an agistrars and Transfer Agent (RTA) from time te , RTA and other intermediaries in case of any applicable to him for the different competing of eld by the Fund/AMC/fits distributor for this invound by the terms & conditions of the PIN ag Applicable to Foreign Resident's Residing in MA regulations and other applicable laws and serves the right to redeem my / our investmer e / us on this Form is true, correct, and comple ate beneficial owner, with no declaration to su ership. I/We also undertake to keep you infor adhar card to the Fund/AMC for updating the s	I/We hereby declare that the aws enacted by the Governi do correct and further agrees to time. I/We hereby confirm ty dispute regarding the eligibil Schemes of various Mutual F estment. I/We have not receivement available on the AM India: I/We confirm that I/We regulations. (J) I/We confirm that I/We regulations. (J) I/We confirm that I/We is I/We also confirm that I/W bits. I/We also confirm that I/W bits. I/We also confirm that I/We i. I/We i. I/We also confirm that I/We i. I/We	amount investinent of India fire to furnish add that the AMC/F litty, validity and unds from am wed nor have be C website for to seatisfy the Ref and the AMC/F litty	ied in the scheme is through legitimate source m time to time. (C) Signature of the nominee ilitional information sought by Mirae Asset In rund shall have the right to share my informati a uthorization of my/our transactions. (E) IW ongst which the Scheme is being recommend even induced by any rebate or gifts, directly or ransacting online. (H) RIA: IWe hereby agree sidency test as prescribed under FEMA provie e are not United States person(s) under the la fication: I / We have understood the informati and understood the FATCA& CRS Terms and istered intermediary reserves the right to reje ion to the above information in future & also to D/DF5/OW/P/2019/30719/1 ("SEBI NOC") F	is only and does not involve an acknowledging receipts of my vestment Managers (India) Pion and other details with the refe further declare that "The AR fed to mefus. (F) I/We hereby cindirectly in making this invest to consent the AMC to share sions. I/We further declare thaws of United States or resider on requirements of his Form (I conditions and hereby accept the application or reverse thundertake to provide any other and granted their non-objection details.	d is not design/our credit wrivate Limiter viruate Limiter signulatory and N holder has confirm that I ment. (G) Apmy transactit LIVMe am/aratit(s) of Canacread along with the same. It is a callotment or a dditional in n to transfer	by apply for units of the said such scheme and ned for the purpose of the contravention of any ill constitute full discharge of liabilities of Mirae d* (AMC) / Fund and undertake to update the government authorities as and when needed. disclosed to me/us all the commissions (in the We have not been offered/communicated any plicable to Investors availing the online facility: on details to the registered investment advisor e "Person Resident in India" and are allowed to da. In case of change to this status, I /We shall ith the FATCA & CRS Instructions) and hereby in case the above information is not provided, it funits, if subsequently it is found that applicant information as may be required at your end. (L) or the AMC Business from 'Mirae Asset Global ardian/Authorised Signatory/PoA	
<u>-</u>								For Lumpsum 'OR' SIF	
Received A	on from Mr. / Ms. / M/s me Name and Plan		P	avment Details	as per details below:  Date & Stamp of Collection Centre / ISC				

## MIRAE ASSET EQUITY ALLOCATOR FUND **OF FUND**

# **SYSTEMATIC INVESTMENT PLAN (SIP)**

Registration Cum Mandate Form with Goal SIP & Top-Up Fac

(An open ended fund of fund scheme predominantly investing in units of domestic equity ETFs)

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

Phone No.

Application No.:

ility	MIRAE ASSET
	Mutual Fund

Name & Broker Code/ ARN/RIA Code	Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN - 48012			E053085		
ANN - 40012			L033003		
EUIN Declaration: Declaration for "Execution Only" the EUIN box has been intentionally left blank by me/u advice of in-appropriateness, if any, provided by the feed/portfolio holdings/NAV etc. in respect of my/our in	us as this transaction is executed with employee/relationship manager/sale	out any interaction or advice less person of the distributor/s	by the employee/relationship is sub-broker. <b>RIA/Declaration:</b>	manager/sales person of the above d "I/We hereby give you my/our cons	listributor/sub broker or notwithstanding the
Toolan To	Trocumonic unider Billoch landraine	nomeo managea by year, to t	no above menacined of bi ite	giolorea investinenti avissi, raiv :	
Signature of 1st Applicant / Guardian / Authorised Sign		re of 2 <sup>nd</sup> Applicant / Guardian /			Guardian / Authorised Signatory / PoA
	gistration (Please fill all section	,	The character of	OR Goal SIP	. X
1. EXISTING UNIT HOLDER INFORM  Name of 1st Unit Holder	MATION (The details in our	records under the fo		d will apply for this application No.	ation.)
2. SIP ENROLMENT DETAILS (Plea	se check the Minimum Am	ount Criteria for the			afl)
Frequency Please ( ) Monthly (De		Regular Plan			Dividend Reinvestment (Please ✓
Scheme: MIRAE ASSET EQUITY ALLO					Dividend Payout
SIR Data (Please choose Any	Date from 1 <sup>st</sup> till 28 <sup>th</sup> of the mode considered as the default		(₹) □ 5,000 □ 10,0	000	her Amount. (₹)
SIP Start Month (MM/YY) M M Y	Y SIP End Month (MM/YY	M M Y Y	OR Perpetual De	ec 2099 (Till you instruct Mirae As	set Mutual Fund to discontinue your SIP)
2a. Goal SIP - Do you want to assign			s please select (🗸 ) yo	our goal [Refer Instruction	•
Please specify your goal amount ₹		Kids Marriage 💍	☐ Kids Educ	ation R	etirement Planning (Default) 🧳
☐ Tax Savings 🙀 ☐ Dream Hou	use 💮 🗌 Dream Ca	Dre	eam Vacation 🏄	Others-	
2b. SIP TOP-UP FACILITY (You can s	tart SIP Top-up facility afte	r minimum 6 months	from 1st SIP) Refer I	nstruction No. 23 on the re	verse on SIP Top-up
All Applicants have to submit NACH ma	indate and will need to fill th	e maximum amount i	n line with Top Up am	ount, SIP amount & tenure.	(Not available for micro SIPs)
Top-up Amount (₹) (minimu	m ₹ 500/- & in multiples of ₹ 1.	/- only) Top-up Start N	Month (MM/YY)	Y Y Top-up End Mo	onth (MM/YY) M M Y Y
Existing Investors Availing Top-Up: Plea	ase provide current SIP IH N	umber as per SOA	F	requency Please 🕢 🔲 I	Half Yearly 🗌 Yearly (Default
3. SIP PAYMENT DETAILS (New Inv	·	by of cancelled cheq			and NACH mandate.)
Cancelled cheque Leaf Fire	st SIP Cheque No.			rawn on Bank	
Cheque Date		/c. Type	☐ NRE	CURRENT	SAVINGS NRC
4. BANK ACCOUNT DETAILS (Man					
Name of 1st A/c. Holder as in Bank Records		Coro Ponking A/o No			
Bank Name		Core Banking A/c. No.		City	
Branch Name & Address				City	
9 Digit MICR Code	Bar	nk Account Type 🕢	□ NRE □ □	CURRENT SAVING	GS NRO
DECLARATION & SIGNATURE: To The Trustees, Mirae Ass such scheme and agree to abide by the terms, conditions, rule reasons of incomplete or incorrect or any other operational re bank account on the date of execution of the said standing in Mutual Funds from amongst which the Scheme is being exceeding \$50,000 in a rolling 12 month period or in a fina "Securities and Exchange Board of India ("SEBI") vide its letter (India) Pvt Ltd" to 'Mirae Asset Investment Managers (India) Pr	as and regulations governing the scheme & asons, I/We would not hold Mirae Asset Inv structions. "The ARN holder has disclose recommended to me/us". "I/We have no notial year". Addhaar: I/We hereby voluntai dated November 20, 2019 bearing referenc	conditions of SIP enrolment and estment Managers (India) Privat dt to me/us all the commission t made any other Micro applica tily submit Aadhaar card to the Ful e no. SEBI/HO/IMD/DF5/OW/P/2	registration through NACH/ECS or e Limited*, their appointed service is (in the form of trail commissic ation [including Lumpsum + SIP nd/AMC for updating my address in 2019/30719/1 ("SEBI INOC") had gi	Direct Debit (Auto Debit). I/We also agree providers or representatives responsible. on or any other mode), payable to him for sj which together with the current appl my folio. (I) (Please tick, if enclosed)	that if the transaction is delayed or not effected fo I/We also undertake to keep sufficient funds in m or the different competing Schemes of variou ication would result in aggregate investment
Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Si (AS IN BANK RECORDS)	ignatory/PoA/Karta Signatur	re of 2 <sup>nd</sup> Applicant/Guardian (AS IN BANK REC	/Authorised Signatory/PoA CORDS)		Guardian/Authorised Signatory/PoA BANK RECORDS)
MIRAE ASSET		Bank wse		Date	
Mutual Fund Sponsor Bank Cod	e Bank use			CREATE X MC	
Utility Code	Ban	k use	autho	nereby Mirae Asset Investr	nent Managers (India) Pvt. Ltd.
To Debit (tick ✓) SB CA C	C SB-NRE SB-NR	O Other Bank A	Vc		
With Bank	Name of customer	s bank		IFSC / MICR	
An Amount Of Rupees				₹	
DEBIT TYPE X Fixed Amount	✓ Maximum Amount	FREQUENCY	Mthly X Qtly	X H-Yrly X Yrly	✓ As & when presented
Reference 1	Folio No.	Re	eference 2	Scheme N	ame
1. I agree for the debit of mandate processing charges by the buthe user entity/Corporate to debit my account, based on the incorporate or the bank where I have authorized the debit.  PERIOD  PERIOD					
From D D M M Y Y Y	Υ				
To DDMMYYY	Y Signature (				
Or X Until Cancelled	Signature (	Of Primary Account Holo	Signature Of	Joint Account Holder	Signature Of Joint Account Holder

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