

1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	For office use
ARN-0906			E031087	

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

Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57)

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.

Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer
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2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)
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3. APPLICANT INFORMATION

Gross Annual Income Details [Please tick (✓)]: Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs > ₹ 25 Lacs

[OR] Net-worth in ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

Please tick if applicable (✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

Occupation [Please ✓]: Private Sector Service Public Sector Service Business Professional Agriculturist Retired Housewife Student Doctor Forex Dealer Government Service Others [Please specify]

Status [Please ✓]: Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FII AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] Foreign Nationals [Specify category]

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 57 and (✓) any one]

I confirm that I am a First time Investor across Mutual Funds

(₹150 deductible as Transaction Charge and payable to the Distributor).

I confirm that I am an Existing investor in Mutual Funds

(₹100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant Date of Birth*

Mr. Ms. M/s. D D M M Y Y Y Y

Name of guardian (in case of minor) Relationship: Father Mother Legal Guardian *In case where PAN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.

Mr. Ms.

Name of Contact person (In case of institutional investors)

Mr. Ms.

Designation of the contact person

Name of second applicant

Mr. Ms.

Name of third applicant

Mr. Ms.

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)

City Pin

State Country

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)

City Pincode Country

Communication

Tel. (R) / Mobile no. Tel. (O) Fax no.

E-mail R E O U I R E D

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)

Account statement Newsletter Quarterly review & annual report Other statutory information

Mode of holding [Please tick (✓)]

Single Joint Anyone or survivor (default)

Permanent Account Number (PAN) [Mandatory]

First applicant M A N D A T O R Y KYC compliant Guardian M A N D A T O R Y KYC compliant

Second applicant M A N D A T O R Y KYC compliant Third applicant M A N D A T O R Y KYC compliant

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 58)

Bank particulars (Name of the bank) Branch

Branch address City

Account number Account type Current Savings NRO NRE FCNR

RTGS or NEFT - IFSC code R E Q U I R E D 9 digit MICR code

Direct credit facility (please refer to the list of banks that offer direct credit facility on page 58). However, if you wish to receive a cheque payout, please tick here (✓)

Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. Application for units of: JPMorgan Plan

Option (please ✓): Growth Dividend reinvestment Dividend payout Daily* Weekly* Fortnightly* Monthly* Yearly* Bonus* Annual Dividend* * as applicable

Cheque / D.D. no. for ₹ dated Drawn on bank

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 58)

Scheme name : JPMorgan Plan _____

Option (Please ✓)	<input checked="" type="radio"/> Dividend reinvestment (default) <input type="radio"/> Dividend payout	
<input type="radio"/> Dividend <input type="radio"/> Growth	<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Yearly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend*	

*as applicable

6. PAYMENT DETAILS (Refer instruction no. 5 on page 58)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓) <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary
DD charges, if any, in figures (₹) (ii)		(Third party payment)
Total amount in figures (₹) (i) + (ii)		
Rupees in words		

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 64 and instructions for SIP on page 68) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only)	Enrolment period	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)
<input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Start Date	No. of instalments _____ (default as per SID)
Payment mechanism (Please ✓ any one only) 1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		
First SIP transaction via Cheque no.	Cheque dated	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)
Subsequent instalment cheque nos.	From _____ To _____	From _____ To _____
Cheques drawn on	Name of bank _____	Branch _____

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

Depository Participant (DP) ID	Beneficiary Account Number	Depository Participant (DP) ID & Beneficiary Account Number
NSDL <input type="radio"/>	OR	CDSL <input type="radio"/>

Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my/our death. I/We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	
Pin code	
Name of the guardian (If nominee is minor)	Relationship with nominee
Address of guardian	
Pin code	
Signature of guardian (mandatory) / nominee (optional)	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓) APPLICATIONS ENCLOSED (Please ✓) Total No. of enclosures

Corporate Documents	<input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP)	<input type="radio"/> Cheques <input type="radio"/> ECS Debit Facility	No. to be filled by applicant	For office use
ASL	<input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP)			
BR	<input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP)			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FII / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / 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. **In case of non residents** (please tick as appropriate):
1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as: investment business asset.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support. and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing and anti-money laundering, as well as the internal procedures and policies of JPMorgan Mutual Fund and/or its Investment Manager and that the process of subscription and/or redemption instructions including payment and transfer of moneys may be delayed and/or declined due to requirements of these laws, regulations and /or procedures and policies. I / we agree and accept that in these circumstances, JPMorgan Mutual Fund and/or its Investment Manager shall be free to take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s)/allotment of Units, delaying or withholding processing / payout of redemption proceeds and/ or effect forced redemption of Units) and that JPMorgan Mutual Fund and/or its Investment Manager shall not be held responsible to the me / us or any other person if it delays execution or declines to execute instructions in these circumstances.

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 do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following- Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FII or a client. (These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Note: Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 57 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. **Tel.:** 022 - 6157 3000 **Fax :** 022 - 6157 4170
E-mail: india.investors@jpmorgan.com **Toll free no.:** 1-800-200-5763 (JPMF)

Registrar & Transfer Agent

Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq.jpm@camsonline.com

1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	For office use
ARN-0906			E031087	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57)
 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.

Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer
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Please read Terms & Conditions overleaf

First SIP cheque and subsequent SIP via ECS (debit clearing) in select banks.

The Trustee
JPMorgan Mutual Fund India Private Limited

I / We have read and understood the contents of the Scheme Information Document of the following scheme(s) and the terms & conditions of SIP ECS (debit clearing).
 Please (✓) any one.

- I / We hereby apply for ECS under the SIP (debit clearing) of the following scheme(s) / option and agree to abide by the terms and conditions of the following scheme(s) / plan / option (new registration).
- Please change my / our bank account for ECS (debit clearing) (change in bank account).
- I / We hereby apply for cancellation of ECS (debit clearing) facility for SIP of the following scheme / option (cancellation).

INVESTOR AND SIP DETAILS

Folio no. (for existing unit holder) / Application no. (for new investor) _____

Sole / First investor name _____

Scheme name **JPMorgan** _____ Option Growth (default option) Dividend
 (Please ✓) Dividend reinvestment (default) Dividend payout
 Daily* Weekly* Fortnightly* Monthly*
 Yearly* Bonus* Annual Dividend* *as applicable

Plan _____

Each SIP instalment amount (₹) _____ Frequency Monthly (default) Quarterly

First SIP transaction via cheque no. _____ Cheque dated D D M M Y Y Amount (₹) _____

SIP date (Please ✓) [for ECS (debit clearing)] 1st (default) 10th 15th 25th All dates* (see overleaf)

There must be at least 21 days gap between the first SIP cheque and subsequent due date of ECS (debit clearing).

SIP period [for ECS (debit clearing)] Start from M M Y Y End on M M Y Y (default - as per SID)

I/We hereby, authorise JPMorgan Mutual Fund and its authorised service providers, to debit my/our following bank account by ECS (debit clearing) for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Bank name _____

Branch name _____

Bank city _____

Account number _____ Account type (Please ✓) Savings Current

9 digit MICR code* _____ RTGS or NEFT - IFSC code R E Q U I R E D

* Please provide the MICR code of the bank branch from where the ECS is to be effected. MICR codes starting or ending with 00 are not valid for ECS.

Account holder name as in bank account _____

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (debit clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform JPMorgan Mutual Fund about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date _____

SIGNATURE(S)

First account holder's signature (As in bank records)	Second account holder's signature (As in bank records)	Third account holder's signature (As in bank records)
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For office use only (not to be filled in by the investor)

Recorded on _____	Scheme code _____
Recorded on _____	Credit account number _____



Authorisation of the bank account holder (to be signed by the Investor)

This is to inform that I/we have registered for the RBI's Electronic Clearing Service (debit clearing) and that my payment towards my investment in JPMorgan Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/we authorise the representative carrying this ECS (debit clearing) mandate form to get it verified & executed.

Bank account number _____

SIGNATURE(S)

First applicant	Second applicant	Third applicant
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1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	For office use
ARN-0906			E031087	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57)
 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.

Sole / First applicant	Second applicant	Third applicant
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Please read Terms & Conditions overleaf

First SIP cheque and subsequent SIP via **Direct Debit (debit clearing)** in select banks.

The Trustee
JPMorgan Mutual Fund India Private Limited

I / We have read and understood the contents of the Scheme Information Document of the following scheme(s) and the terms & conditions of SIP Direct Debit (debit clearing). Please (✓) any one.

I / We hereby apply for Direct Debit under the SIP (debit clearing) of the following scheme(s) / option and agree to abide by the terms and conditions of the following scheme(s) / plan / option (**new registration**).

Please change my / our bank account for Direct Debit (debit clearing) (**change in bank account**).

I / We hereby apply for cancellation of Direct Debit (debit clearing) facility for SIP of the following scheme / option (**cancellation**).

INVESTOR AND SIP DETAILS

Folio no. (for existing unit holder) / Application no. (for new investor) _____

Sole / First investor name _____

Guardian (incase of minor) _____

Scheme name **JPMorgan** _____

Option Growth (default option) Dividend
 (Please ✓) Dividend reinvestment (default) Dividend payout
 Daily* Weekly* Fortnightly* Monthly*
 Yearly* Bonus* Annual Dividend* *as applicable

Plan _____

PAN No. _____

Each SIP instalment amount (₹) _____

Frequency Monthly (default) Quarterly

First SIP transaction via cheque no. _____

Cheque dated **D D M M Y Y** Amount (₹) _____

SIP date (Please ✓) [for Direct Debit (debit clearing)] 1st (default) 10th 15th 25th All dates* (see overleaf)

There must be at least 21 days gap between the first SIP cheque and subsequent due date of Direct Debit (debit clearing).

SIP period [for Direct Debit (debit clearing)] Start from **M M Y Y** End on **M M Y Y** (default - as per SID)

I/We hereby, authorise JPMorgan Mutual Fund and its authorised service providers, to debit my/our following bank account by Direct Debit (debit clearing) for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Bank name _____

Branch name _____

Bank city _____

Account number _____ Account type (Please ✓) Savings Current

9 digit MICR code* _____ RTGS or NEFT - IFSC code **R E Q U I R E D**

* Please provide the MICR code of the bank branch from where the Direct Debit is to be effected. MICR codes starting or ending with 00 are not valid for Direct Debit.

Accountholder name as in bank account _____

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Direct Debit (debit clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform JPMorgan Mutual Fund about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date _____

SIGNATURE(S)

First account holder's signature (As in bank records)	Second account holder's signature (As in bank records)	Third account holder's signature (As in bank records)
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For office use only (not to be filled in by the investor)

Recorded on _____	Scheme code _____
Recorded on _____	Credit account number _____

Authorisation of the bank account holder (to be signed by the Investor)

This is to inform that I/we have registered for the Auto Debit and that my payment towards my investment in JPMorgan Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/we authorise the representative carrying this Auto Debit mandate form to get it verified & executed.

Bank account number _____

SIGNATURE(S)

First applicant	Second applicant	Third applicant
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1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

Broker code	Sub-broker code	For office use
ARN-0906		

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. Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor.

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only transaction" without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction."

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

The Trustee

JPMorgan Mutual Fund India Private Limited

I / We have read and understood the contents of the Scheme Information Document of the following scheme(s) and the terms & conditions overleaf. I / We hereby apply for enrolment under the STP / SWP of the following scheme(s) / plan(s) / option(s) and agree to abide by the terms and conditions of the following scheme(s) / plan(s) / option(s).

2. APPLICANT INFORMATION

Folio no. (for existing Unit holder) / **Application no.** (for new investor)

Name of sole / first applicant

Mr. Ms. M/s.

PAN No. M A N D A T O R Y **Mandatory** Please tick (✓) KYC compliant

Name of guardian (in case First / Sole applicant is a minor)

Mr. Ms. M/s.

PAN No. M A N D A T O R Y **Mandatory** Please tick (✓) KYC compliant

Name of second applicant

Mr. Ms. M/s.

PAN No. M A N D A T O R Y **Mandatory** Please tick (✓) KYC compliant

Name of third applicant

Mr. Ms. M/s.

PAN No. M A N D A T O R Y **Mandatory** Please tick (✓) KYC compliant

3. SYSTEMATIC TRANSFER PLAN (STP) DETAILS (This application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Transfer Plan)

From Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly*	<input type="radio"/> Monthly* <input type="radio"/> Yearly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
To Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly*	<input type="radio"/> Monthly* <input type="radio"/> Yearly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
1st STP date			Fixed Amount per instalment (₹)
Frequency (Please ✓ any one only)	<input type="radio"/> Daily STP <input type="radio"/> Weekly STP <input type="radio"/> Fortnightly STP <input type="radio"/> Monthly STP (default)	No. of instalments	
Enrolment period	From MMYY To MMYY	Total amount of transfer (₹)	

4. SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (This application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Withdrawal Plan)

Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly*	<input type="radio"/> Monthly* <input type="radio"/> Yearly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
SWP dates (Please ✓)	<input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th	Amount of withdrawal per instalment (₹)	
Frequency (Please ✓ any one only)	<input type="radio"/> Monthly SWP (default) <input type="radio"/> Quarterly SWP	No. of instalments	
Enrolment period	From MMYY To MMYY	Total withdrawal amount (₹)	

5. DECLARATION AND SIGNATURES

Applicable to NRI / FII / PIO : I am / we are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / we are Non-Resident(s) of Indian nationality / origin and that I/we have remitted funds and 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.

In case of non residents (please tick as appropriate): The units issued to me / us will be held as a) investment b) business asset

Corporate applicants only : (A corporation should affix its company stamp or seal, if any.) I am / we are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or incorporated under the laws of the United States of America.

By signing this form, I / we explicitly warrant that I / we remain in full compliance with all the declarations set out in section 10 of the Common Application Form previously completed by me / us and these declarations are deemed repeated in full for this and all future transactions in JPMorgan Mutual Fund.

If you have any doubt as to the content of these declarations, please contact 1800-200-5763 (JPMF) before signing this form.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

Date _____

SIGNATURE(S)

Sole / First applicant	Second applicant	Third applicant
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Please note : Signature(s) should be as they appear in the application form and in the same order. In case the mode of holding is joint, all applicants are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. / M/S. _____ (please ✓)

STP From Scheme JPMorgan To Scheme JPMorgan

SWP From Scheme JPMorgan

Total STP /SWP amount (₹) _____ on Daily Weekly Fortnightly Monthly (default) Yearly Bonus Annual Dividend basis.

Enrolment form no.

ST

Office Signature, stamp & date

Scheme name **JPMorgan** _____

Plan _____

- Option (✓)
- Growth (default) Dividend
 Dividend reinvestment (default) Dividend payout
 Daily* Weekly* Fortnightly* Monthly* Yearly* Bonus* Annual Dividend* *as applicable

I / we _____ and _____

do hereby nominate the person(s) more particularly described hereunder / and / cancel the nomination made by me / us on the _____ day of _____

_____ in respect of the Folio No. _____

1. FIRST NOMINEE

Name of the nominee _____ Date of Birth (if nominee is minor) _____
 Mr. Ms. M/s. _____ D | D | M | M | Y | Y | Y | Y

Address of nominee (Please provide full address) _____ Percentage of allocation / share _____
 _____ Pin code _____

Name of the guardian (if nominee is minor) _____ Relationship with nominee _____
 Mr. Ms. M/s. _____

Address of guardian _____ Signature of guardian (mandatory) / nominee (optional) _____
 _____ Pin code _____

2. SECOND NOMINEE

Name of the nominee _____ Date of Birth (if nominee is minor) _____
 Mr. Ms. M/s. _____ D | D | M | M | Y | Y | Y | Y

Address of nominee (Please provide full address) _____ Percentage of allocation / share _____
 _____ Pin code _____

Name of the guardian (if nominee is minor) _____ Relationship with nominee _____
 Mr. Ms. M/s. _____

Address of guardian _____ Signature of guardian (mandatory) / nominee (optional) _____
 _____ Pin code _____

3. THIRD NOMINEE

Name of the nominee _____ Date of Birth (if nominee is minor) _____
 Mr. Ms. M/s. _____ D | D | M | M | Y | Y | Y | Y

Address of nominee (Please provide full address) _____ Percentage of allocation / share _____
 _____ Pin code _____

Name of the guardian (if nominee is minor) _____ Relationship with nominee _____
 Mr. Ms. M/s. _____

Address of guardian _____ Signature of guardian (mandatory) / nominee (optional) _____
 _____ Pin code _____

NAME AND SIGNATURE(S) OF APPLICANT(S)

First applicant Mr. Ms. M/s. _____

Second applicant Mr. Ms. M/s. _____

Third applicant Mr. Ms. M/s. _____

Date	Sole / First applicant	Second applicant	Third applicant
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Signature of all applicants is necessary.
 The address as per our records, under the folio, is applicable for this form.

For Office Use