

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No.8)

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

*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	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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Upfront 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.

2. Investor Details (Refer Instruction No.6,7,14 & 44)

Name	FOLIO NO.	Date of birth	PAN No / PEKRN.	KYC
Name of First applicant Mr./Ms./M/s		DD MM YY	M A N D A T O R Y	<input type="checkbox"/>
Name of Guardian (In case of Minor) Mr./Ms.		DD MM YY	M A N D A T O R Y	<input type="checkbox"/>
Name of Second Applicant Mr./Ms.		DD MM YY	M A N D A T O R Y	<input type="checkbox"/>
Name of Third Applicant Mr./Ms.		DD MM YY	M A N D A T O R Y	<input type="checkbox"/>

3. Unitholding Option - Demat Mode Physical Mode

National Securities Depository Limited (NSDL)	Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. I N	Target ID No.

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

4. Additional Purchase (Refer Instruction No.3, 5, 9 & 19)

Payment Mode: Cheque DD Funds Transfer RTGS / NEFT Cash⁹ (Refer Instruction No. 19) \$Investors are requested to collect the cash deposit slip from the DISC

Cheque/DD/RTGS/NEFT/Cash Deposit Slip No. _____ Payment Date/Instrument Date/Cash Deposition Date ____/____/____

Net Amount ₹ _____ DD Charge ₹ _____ Bank Name: _____ Branch: _____ City: _____

Scheme : Nippon India Retirement Fund - Wealth Creation Scheme
 Nippon India Retirement Fund - Wealth Creation Scheme - Direct Plan
 Nippon India Retirement Fund - Income Generation Scheme
 Nippon India Retirement Fund - Income Generation Scheme - Direct Plan

Growth Plan Growth Option
 Dividend Plan Dividend Payout Option

5. I wish to opt for Auto SWP facility Yes No (Refer Instruction No. 16, 17 & 20)

Frequency: Monthly Quarterly Annual SWP Date : 1 8 15 22 Start Date : Refer Note End Date : MM/YY

Amount (Minimum Amount for Auto SWP :
A) Monthly Frequency: ₹ 500 & in multiples of ₹ 500 thereafter. B) Quarterly Frequency: ₹ 1,500 & in multiples of ₹ 500 thereafter. C) Annual Frequency: ₹ 5,000 & in multiples of ₹ 500 thereafter)

6. I wish to opt for Auto Transfer facility Yes No (Applicable only for investors who have invested in Wealth Creation scheme. Refer Ins No. 15, 17 & 20)

To Scheme :	<input type="checkbox"/> Nippon India Retirement Fund - Income Generation Scheme	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option
	<input type="checkbox"/> Nippon India Retirement Fund - Income Generation Scheme - Direct Plan	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Dividend Payout Option

7. I wish to opt for SWP Yes No (Refer Instruction No. 18)

Frequency: Monthly Quarterly Enrolment Period: From DD MM YY To DD MM YY Amount _____ (Minimum Amount. ₹ 500)

8. Switch (Refer Instruction No. 9 & 19) (Allotment of units in Demat mode is not available in case of switch transaction)

Partial Switch Amount: ₹ _____ or Units: _____ OR Full Switch

From Scheme _____ Plan _____ Option _____
To Scheme : Nippon India Retirement Fund Plan _____ Option _____

DECLARATION

I/We would like to invest in Nippon India Retirement Fund 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. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Nippon Life India Asset Management Limited (NAM India) liability. I understand that the NAM India may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree NAM India can debit from my Folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. **Applicable for NRI Investors:** I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the Funds for subscription have been remitted from abroad through normal banking channels or from Funds in my/our Non-Resident External/Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.
++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

SIGN HERE	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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Received from Mr./Mrs./Ms. _____ an application in Nippon India Retirement Fund _____ in Folio _____

Purchase Application: Cheque / DD No. _____ Dated ____/____/____ ₹ _____ Drawn on Bank _____

Switch Over From (Scheme) _____ Plan: _____ Option: _____

Amount : ₹ _____ Or Units _____ Facilities Opted: SWP Auto Transfer Auto SWP