

Use this form if you wish to transfer your investment systematically through Nippon India SMART STEP. Please read the instructions before filling up the form

1. DISTRIBUTOR / BROKER INFORMATION					Date and Time of Receipt
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-				Bank / Register Serial No.

*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. EXISTING UNIT HOLDER INFORMATION (Refer Instruction. 6)	FOLIO NO. <input style="width:100%;" type="text"/>
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New Investors are required to fill up Common Application Form for investing in Transferor (Liquid/Debt) Scheme along with Enrolment form of Nippon India SMART STEP.

3. PARTICULARS OF APPLICANT	
Name of First / Sole applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	
Name of Guardian <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (in case of First / Sole Applicant is a Minor) / Contact Person - Designation (in case of non-individual Investors)	
Name of Second Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Name of Third Applicant [Please tick (✓)] <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	


4. TRANSFEROR / TRANSFEREE SCHEME (Refer Instruction No. 10) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)			
Name of 'Transferor' Scheme/Plan/Option Refer Instruction 14 & 17	Scheme	Plan	Option
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth Option <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
Name of 'Transferee' Scheme/Plan/Option Refer Instruction 15 & 18	Scheme	Plan	Option
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth Option <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

5 FREQUENCY & TENURE (Refer Instruction No. 13)	
Frequency : Monthly (10th of every month) Enrolment Period : Refer Instruction 23	From <input style="width:100%;" type="text"/> M M Y Y No. of Years <input style="width:100%;" type="text"/> (Minimum 1 year and in multiples of 1 years thereafter)

6. PLAN (Refer Instruction No. 11)					
Plan	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E (Refer Instruction No. 19)
Low	₹ 500	₹ 1500	₹ 8000	₹ 15000	₹ _____ (Minimum ₹ 30,000 & in multiples of ₹ 500/- thereafter)
Medium	₹ 1000	₹ 3000	₹ 12000	₹ 22500	₹ 1.5X
High	₹ 1500	₹ 4500	₹ 16000	₹ 30000	₹ 2X

7. DECLARATION & SIGNATURE/S	
I/We would like to opt for Nippon India SMART STEP in the schemes mentioned on the application form subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID of the Transferor (Liquid/Debt) Scheme and Transferee (Equity) Scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I understand that the Nippon Life India Asset Management Limited may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. 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.	
<input type="checkbox"/> I confirm that I am resident of India.	
<input type="checkbox"/> 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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	Acknowledgment Receipt of Nippon India SMART STEP PLAN Enrolment Form (To be filled by the Unit holder) APP No.:
FOLIO NO. <input style="width:100%;" type="text"/>	
Received from _____	Nippon India SMART STEP PLAN application
Amount of Transfer as per <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D <input type="checkbox"/> Plan E	Stamp of receiving branch
From Scheme / Plan / Option _____	
to Scheme / Plan / Option _____	& Signature