OTM DEBIT MANDATE FORM NACH / ECS / DIRECT DEBIT
(Applicable for Lumpsum Purchases as well as SIP Registration)

J.P.Morgan Asset Management

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

J.P.Morgan Asset Management

Tick (✓) UMRN (office use only) Date D D M M Y Y Y Y

CREATE ☐ MODIFY ☐ CANCEL ☐

Sponsor Bank Code (office use only) Utility Code (office use only)

I/We hereby authorize **JP MORGAN MUTUAL FUND** to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank A/c Number

with Bank (Bank Name and Branch) IFSC or MICR

an amount of Rupees (in words) ₹ (in figures)

FREQUENCY ⊗ ~~Mthly~~ ⊗ ~~Qtly~~ ⊗ ~~H-Yrly~~ ⊗ ~~Yrly~~ ✓ As & when presented

DEBIT TYPE ⊗ ~~Fixed Amount~~ ✓ Maximum Amount

Reference 1 **Folio No.** Mobile

Reference 2 **Appln. No.** Email ID

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 as per bank record) 2. (Name as per bank record) 3. (Name as per bank record)

This is to confirm that the declaration 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.

SIP REGISTRATION /RENEWAL FORM (for OTM registered investors only)

J.P.Morgan Asset Management

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-107329			E145137	

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 13 overleaf.

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

Please (✓) as applicable : ◯ **New Registration** ◯ **Change of Bank** ◯ **Cancellation**

Please (✓) as applicable :

◯ OTM Debit Mandate is already registered in the folio (No need to submit again).

◯ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.

The total of all installment in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted if not registered.

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 NACH (debit clearing).

INVESTOR AND SIP DETAILS

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

Sole / First investor name

PAN / PEKRN No. **Mandatory** Please tick (✓) ◯ KYC compliant

Scheme name JPMorgan **Plan**

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

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 ✓) ◯ 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 SIP.**

SIP period 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 NACH for collection of SIP payments.

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)