

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

Broker code ARN-0988	Sub-broker code	For office use
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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.

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 6 have changed, please go directly to section 6. 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

Occupation [Please tick (✓)]		Status [Please tick (✓)]	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Student	<input type="checkbox"/> Minor	<input type="checkbox"/> NRI
<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> HUF
<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Partnership	<input type="checkbox"/> AOP / BoI
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others _____	<input type="checkbox"/> Club/Society	<input type="checkbox"/> PIO
		<input type="checkbox"/> Company/BC	<input type="checkbox"/> Trust
		<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Others (pl. specify) _____
		<input type="checkbox"/> FIs	<input type="checkbox"/> Bank / FI

Name of first applicant	Date of birth*
Mr. Ms. M/s.	D D M M Y Y Y Y

Please tick (✓) if you are a first time investor in Mutual Funds. *In case where PAN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.

Name of guardian (in case of minor)	Relationship:
Mr. Ms.	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian

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/FIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)	
City	Pin code
State	Country

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIs / PIO)		
City	Pin code	Country

Communication		
Tel. (R) / Mobile no.	Tel. (O)	Fax no.
E-mail		

I/We would like to receive the following documents through e-mail instead of post (Kindly ✓)	Mode of holding [Please tick (✓)]
<input type="checkbox"/> Account statement	<input type="checkbox"/> Single
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Joint
<input type="checkbox"/> Quarterly review & annual report	<input type="checkbox"/> Anyone or survivor (default)
<input type="checkbox"/> Other statutory information	

Permanent Account Number (PAN) [Mandatory]	
First applicant	Guardian
Second applicant	Third applicant

First applicant	<input type="checkbox"/> KYC compliant	Guardian	<input type="checkbox"/> KYC compliant
Second applicant	<input type="checkbox"/> KYC compliant	Third applicant	<input type="checkbox"/> 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 32)

Bank particulars (Name of the bank)	Branch
Branch address	City
Account number	Account type
RTGS or neft - IFSC code	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
Direct credit facility (please refer to the list of banks that offer direct credit facility on page 32). However, if you wish to receive a cheque payout, please tick here (✓)	9 digit MICR code
Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)	

5. ANNUAL INCOME [Please tick (✓)]

<input type="checkbox"/> Upto ₹ 5,00,000	<input type="checkbox"/> ₹ 5,00,001 to ₹ 25,00,000	<input type="checkbox"/> ₹ 25,00,001 to ₹ 1,00,00,000	<input type="checkbox"/> ₹ 1,00,00,001 to ₹ 5,00,00,000	<input type="checkbox"/> ₹ 5,00,00,001 and above
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6. INVESTMENT DETAILS (Refer instruction no. 4 on page 33)

Scheme name JPMorgan	Plan (Please ✓) <input type="checkbox"/> Retail <input type="checkbox"/> Institutional <input type="checkbox"/> Super Institutional
Option (Please ✓)	*as applicable
<input type="checkbox"/> Dividend	<input type="checkbox"/> Dividend reinvestment (default)
<input type="checkbox"/> Growth (default)	<input type="checkbox"/> Dividend payout
<input type="checkbox"/> Daily*	<input type="checkbox"/> Weekly*
<input type="checkbox"/> Fortnightly*	<input type="checkbox"/> Monthly*

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____

Application for units of: JPMorgan _____ Plan _____

Option (please ✓): Growth (default) Dividend reinvestment Daily (as applicable) Weekly (as applicable) Fortnightly (as applicable) Monthly (as applicable) Dividend payout

Cheque / D.D. no. _____ for ₹ _____ dated _____

Drawn on bank _____

Application no.

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Office Signature, stamp & date

7. PAYMENT DETAILS (Refer instruction no. 5 on page 33)

7A. 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/	
Cheque / DD date	D D M M Y Y Y Y	Branch name	
Amount of cheque / DD in figures (₹) (i)		Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
DD charges, if any, in figures (₹) (ii)		Relationship with beneficiary	
Total amount in figures (₹) (i) + (ii)		(Third party payment)	
Rupees in words			

7B. SYSTEMATIC INVESTMENT PLAN (Refer terms and conditions on page 38 and instructions for SIP on page 40)

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	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)	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 _____	From _____ To _____
Cheques drawn on	Name of bank _____	Branch _____	

8. 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.		

9. 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) D | D | M | M | Y | Y | Y | Y

Address of nominee (Please provide full address) _____

Name of the guardian (If nominee is minor) _____ **Relationship with nominee** _____

Address of guardian _____ **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.

10. DOCUMENTS ENCLOSED (Please ✓)	APPLICATIONS ENCLOSED (Please ✓)	Total No. of enclosures
Corporate Documents <input type="radio"/> Yes <input type="radio"/> No ASL <input type="radio"/> Yes <input type="radio"/> No BR <input type="radio"/> Yes <input type="radio"/> No	Micro SIP Alternate Document: _____ Document Number: _____ <input type="radio"/> Systematic Investment Plan (SIP) <input type="radio"/> MICRO SIP Document <input type="radio"/> Cheques <input type="radio"/> Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/> Systematic Withdrawal Plan (SWP)	No. to be filled by applicant _____ For office use _____

11. 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.

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 instalment) 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.)

Date _____

SIGNATURE(S)

Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer
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Please refer to Chapter III of the Scheme Information Document. Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

Note: Please refer to page 32 for instruction on Transaction Charges.

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.** 1-800-22-5763 (JPMF)

Registrar & Transfer Agent : Deutsche Investor Services Private Limited, Nirjon Knowledge Park, 4th Floor, Block 1, Western Express Highway, Goregaon (East), Mumbai - 400 063, Maharashtra - India. **Tel.:** 022 - 6670 6900 **E-mail:** investor.jp@db.com