

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

ARN-3086

Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	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 - 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

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 49 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

Mr. Ms. M/s.	Date of birth*
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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.	
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Name of Contact person (In case of institutional investors)

Mr. Ms.	
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Designation of the contact person

Mr. Ms.	
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Name of second applicant

Mr. Ms.	
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Name of third applicant

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

City	Pin	Country
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Communication

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

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	<input type="radio"/> KYC compliant	Guardian	M A N D A T O R Y	<input type="radio"/> KYC compliant
Second applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Third applicant	M A N D A T O R Y	<input type="radio"/> 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 50)

Bank particulars (Name of the bank) Branch

Branch address City

Account number Account type Current Savings NRO NRE FCNR

RTGS or neft - IFSC code 9 digit MICR code

Direct credit facility (please refer to the list of banks that offer direct credit facility on page 50). 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 (✓)

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 50)

Scheme name JPMorgan Plan

Option (Please ✓) Dividend Growth Dividend reinvestment (default) Dividend payout

Daily* Weekly* Fortnightly* Monthly* Yearly* Bonus* Annual Dividend* *as applicable

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 _____

Application no.

AF

Office Signature, stamp & date

6. PAYMENT DETAILS (Refer instruction no. 5 on page 50)**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/	
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			

6B. SYSTEMATIC INVESTMENT PLAN (Refer terms and conditions on page 64 and instructions for SIP on page 76) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only)	Enrolment period	Dates	No. of instalments
<input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Start Date M M Y Y	<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)	(default as per SID)

Payment mechanism (Please ✓ any one only) 1. Cheques (Please provide the details below) 2. ECS debit facility (Please complete the application form for ECS debit facility)

First SIP transaction via Cheque no.	Cheque dated	Amount (₹)
	D D M M Y Y	
Instalment amount (₹)	No. of instalments	Total Amount (₹)

Subsequent instalment cheque nos.	From	From	From
	To	To	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	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* 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"/> MICRO SIP Document	No. to be filled by applicant
ASL <input type="radio"/> Yes <input type="radio"/> No	Cheques <input type="radio"/> Systematic Transfer Plan (STP)	For office use
BR <input type="radio"/> Yes <input type="radio"/> No	ECS Debit Facility <input type="radio"/> Systematic Withdrawal Plan (SWP)	
Micro SIP Alternate Document: _____		
Document Number: _____		

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / 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 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 extending and offering services and support requested for and to share with and disclose the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for offering any ancillary or incidental services and products. 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 instalment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI 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

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 49 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.** 1-800-200-5763 (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