SPECIAL PRODUCTS APPLICATION FORM (SWP/ STP)

Bank of India Mutual Fund

1 DISTRIBUTOR INFORMATION

FOR OFFICE USE ONLY

Distributor ARN/ RIA	Bank Branch Code/ RIA Registration Number	EUIN No.	CO Code	MO Code	Registrar Serial No.	Date/Time of Receipt
ARN-64606		E220195				

☐ 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/1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Authorised Signatory	3rd applicant/Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2 INFORMATION OF EXISTING INVESTOR

Folio Number ☐☐☐☐☐☐☐☐☐☐ *Mandatory field**

3 APPLICANT INFORMATION (Please refer Point No. 8) *(Please ✓)*

Name of Sole /First Applicant* ☐ Mr. ☐ Ms. ☐ M/s. Date of Birth D D M M Y Y Y Y (*Mandatory for all investors)

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed ^ ☐ PAN Proof ☐ KYC~ PAN*

Name of Guardian/Contact Person# Relationship with MINOR Guardian's Date of Birth D D M M Y Y Y Y

FIRST NAME MIDDLE NAME LAST NAME

Documents Enclosed ^ ☐ PAN Proof ☐ KYC~ PAN*

#Please mention the contact person in case of Non-individual

Mode of Holding ☐ Single ☐ Joint ☐ Anyone or Survivor[1] ([1]Default)

4 SYSTEMATIC WITHDRAWAL PLAN (SWP)

FROM SCHEME*:_____ **PLAN*:**_____ **OPTION*:**_____

SUB OPTIONS*:_____ **IDCW FREQUENCY*:**_____

Withdrawal Option *(Please ✓)* ☐ FIXED or ☐ APPRECIATION WITHDRAWAL Amount (₹) (in figures)

Fixed Withdrawal Frequency *(Please ✓)* ☐ MONTHLY ☐ QUARTERLY ☐ HALF YEARLY ☐ ANNUALLY

Dates (Only one date) ☐ 1st ☐ 7th* ☐ 10th ☐ 15th ☐ 20th ☐ 25th (*Default date is 7th) Withdrawal Period From D D M M Y Y Y Y To D D M M Y Y Y Y

5 SYSTEMATIC TRANSFER PLAN (STP)

FROM SCHEME*:_____ **PLAN*:**_____ **OPTION*:**_____

TO SCHEME*:_____ **PLAN*:**_____ **OPTION*:**_____

Amount per Transfer (₹) Transfer Period From D D M M Y Y Y Y To D D M M Y Y Y Y

Transfer Frequency *(Please ✓)* ☐ MONTHLY Dates ☐ 1st ☐ 7th* ☐ 10th ☐ 15th ☐ 20th ☐ 25th (*Default date is 7th) ☐ WEEKLY (Monday to Friday)* Day of Transfer (*Default day is Wednesday)

No. of Installments_____

6 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund) including the section on "Who cannot invest" and "Prevention of Money Laundering". I/We hereby apply for Allotment/Purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that 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 Bank of India Mutual Fund (Formerly BOI AXA Mutual Fund), its Investment Manager and its agents to disclose details of my investment to my bank(s)/Bank of India Mutual Fund's (Formerly BOI AXA Mutual Fund) bank(s) and /or Distributor /Broker / Investment Advisor. 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.

Applicable to NRI only: I /We confirm that I am/we are Non-Resident Indian/Person of Indian Origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/NRO/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/NRO/FCNR Account.

Applicable to citizen of USA/ Canada: I/We hereby confirm that I/We am/are not restricted persons resident in Canada or in Countries which are non-compliant with FATF Agreements or in the United States of America (USA), or corporations, or partnerships or any other entity created or organised in or under the laws of USA or any person/entity falling within the definition of the term 'US Person' under the US Securities Act of 1933, (as amended). I/We hereby confirm that I/We are not giving a false confirmation and/or disguising my/our country of residence. I/We confirm that Bank of India Investment Managers Pvt. Ltd. (Formerly BOI AXA Investment Managers Pvt. Ltd.) is relying upon this confirmation and in no event shall members of the Bank of India Group and / or their directors, officers and employees be liable for any direct, indirect, special, incidental or consequential damages arising out of false confirmation/information.

I/ We confirm that 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.

Signature(s)

Sole/1st applicant/Guardian/Authorised Signatory/POA	2nd applicant/Authorised Signatory	3rd applicant/Authorised Signatory

(To be signed by All Applicants if mode of operation is Joint)

Bank of India Mutual Fund

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. / Application No. ☐☐☐☐☐☐☐☐☐☐

(To be filled in by the First applicant/Authorized Signatory) :

Received from Name & address :

☐ SWP/ STP ☐ *For* ₹

Acknowledgement Stamp