

|                                                                                                                                                                                                                                                                                                                                                                                     |                    |  |                                                                                                          |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|----------------------------------------------------------------------------------------------------------|-----------------|
| UMRN                                                                                                                                                                                                                                                                                                                                                                                | Office use only    |  | Date                                                                                                     | D D M M Y Y Y Y |
| Utility Code                                                                                                                                                                                                                                                                                                                                                                        | Office use only    |  | Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL |                 |
| Sponsor Bank Code                                                                                                                                                                                                                                                                                                                                                                   | Office use only    |  | I / We hereby authorize: <b>Jio BlackRock Mutual Fund</b>                                                |                 |
| to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other _____ Account No. _____                                                                                                                                                        |                    |  |                                                                                                          |                 |
| With Bank                                                                                                                                                                                                                                                                                                                                                                           | Bank Name & Branch |  | IFSC / MICR                                                                                              |                 |
| an amount of Rupees                                                                                                                                                                                                                                                                                                                                                                 | In Words           |  | ₹                                                                                                        | In Figures      |
| <b>Debit Type</b> <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount <b>FREQUENCY</b> <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented |                    |  |                                                                                                          |                 |
| PAN / PEKRN _____                                                                                                                                                                                                                                                                                                                                                                   |                    |  |                                                                                                          |                 |

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me / us. I / We have understood that I / we are authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH / Direct Debit. I / We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH / (Debits) / Direct Debits. Authorisation to Bank: This is to inform that I / We have registered for NACH (Debit Clearing) / Direct Debit facility and that my / our payment towards my / our investment in JioBlackRock Mutual Fund shall be made from my / our above mentioned bank account with your Bank. I / We authorize the representatives of JioBlackRock Mutual Fund carrying this mandate form to get it verified and executed.

|      |                 |    |                                     |  |    |                             |  |    |                             |  |
|------|-----------------|----|-------------------------------------|--|----|-----------------------------|--|----|-----------------------------|--|
| From | D D M M Y Y Y Y | 1. | Signature of Primary Account Holder |  | 2. | Signature of Account Holder |  | 3. | Signature of Account Holder |  |
| to   | D D M M Y Y Y Y | 1. | Name as in bank records             |  | 2. | Name as in bank records     |  | 3. | Name as in bank records     |  |

Maximum period of validity of this mandate is 40 years only.

## INSTRUCTIONS FOR ONE TIME MANDATE (NACH) FORM

- Please fill the OTM form in **ENGLISH**, using **BLOCK LETTERS** only. If you already have a registered OTM, you do not need to submit the form again.
- Investors who have not registered for the OTM facility can submit the form with a cancelled cheque (original or copy) with the investor's name and account number pre-printed, or a bank verification letter on the bank's letterhead with complete account details. Incomplete or unverifiable documentation may lead to rejection.
- Provide the full bank account number and bank name. The first holder in the folio must be one of the holders in the bank account. The form must be signed by all bank account holders as per the mode of operation in the bank records. Signatures must match those recorded with the bank.
- Please mention the mandate amount in both words and figures.
- Mention the start date of the mandate and the end date. As per NPCI guidelines, the end date cannot exceed 40 years from the start date.
- The 9-digit MICR or the 11-digit IFSC is a mandatory requirement without which OTM will be rejected.
- The UMRN, the Sponsor Bank Code and the Utility Code are for official use only and need not be filled by the investors.
- Investors should retain the acknowledgement evidencing submission of the transaction till they receive a confirmation of acceptance or rejection of transaction. In case of difference of details in acknowledgement vis-à-vis actual transaction document, the details as mentioned on transaction document will prevail.

Version 1.1

|                  |  |     |  |                 |
|------------------|--|-----|--|-----------------|
| Folio No.        |  | PAN |  | TIME STAMP HERE |
| Name of Investor |  |     |  |                 |