

GOLDMAN SACHS MUTUAL FUND SIP/VIP AUTO DEBIT (NACH) FORM FOR GOLDMAN SACHS OPEN ENDED EQUITY SCHEMES

Application No.

Asset Management

To be accompanied with Application Form for new registration

Please read the common instructions and SIP/VIP Instructions before completing this Form.

Broker/Distributor Name*:	ARN:	Sub-Broker Name & Code	Registrar Serial No.
Employee Name & EUIN:			
"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".			

*If not routed through a broker/Distributor, will be captured as DIRECT

Upfront commission shall be paid directly by the Investor to the Distributor/broker based on the Investors' assessment of various factors including the service rendered by the Distributor / broker

SIV/VIP Through NACH

1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please tick (✓) 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)

Applicable for transaction routed through an empanelled Distributor who has opted in to receive transaction charges

2. APPLICANT S INFORMATION

I/We hereby apply to the Goldman Sachs Mutual Fund for a Systematic Investment Plan (SIP)/Value Averaging Investment Plan (VIP) through NACH Auto Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the SIP/VIP.

Folio No. for existing Investor

(Please attach attested PAN copy and KYC Acknowledgement Letter# of all Applicants / POA holders / Guardian, as applicable, if not submitted earlier)

Name of First / Sole Applicant / Non-Individual Investor

Guardian Name (in case 1st / sole applicant is a minor)

#Please submit the duly filled KYC Application Form and required documents for all Applicants/ POA holders/ Guardian (as applicable) who are not KYC compliant.

3. SIP/VIP DETAILS

Scheme: (Please mention the scheme name you are investing in)

Plan: ☐ Direct Plan ☐ Distributor Plan

Option: ☐ Growth ☐ Dividend

Default Option: Growth

For Dividend Option: ☐ Payout

☐ Reinvestment

Default Dividend Option: Dividend Reinvestment

SIP (Systematic Investment Plan)

Micro SIP#

☐ Yes ☐ No

SIP Date From: M M Y Y Y Y SIP Date To: M M Y Y Y Y

*Each SIP amount ₹

Preferred monthly investment date ☐ 1st ☐ 15th (Default SIP Date 15th)

(Minimum number of installments including first instrument should be 12.

First SIP debit will be at least 30 days after the date of allotment)

*Minimum installment should be ₹1000/- and in multiples of ₹1/- thereafter. All debits will be similar to the first instrument issued.

Investors who wish to opt for Micro SIP/VIP should provide the KYC Application Form and required documents along with the Application Form, if attested KYC Acknowledgment Letter is not provided.

VIP (Value averaging Investment Plan)

Micro VIP#

☐ Yes ☐ No

VIP Date From: M M Y Y Y Y VIP Date To (maximum up to 12 yrs): M M Y Y Y Y

*Nominal amount ₹ (First VIP installment should be for nominal amount)

Maximum debit amount ₹ (should be higher than nominal amount)

Preferred monthly investment date ☐ 1st ☐ 15th (Default VIP Date 15th)

*Minimum installment should be ₹2000/- and in multiples of ₹1/- thereafter. VIP is only applicable for GS CNX 500.

First VIP debit will be at least 30 days after the date of allotment. Default minimum investment will be "ZERO"

4. CONFIRMATION AND SIGNATURES

I/We hereby declare that the particulars given in this form are correct and complete and express my/our willingness to (i) apply for Purchase of Units of the Scheme mentioned above, (ii) make installment payments referred above through direct debit/ participation in National Automated Clearing Home (NACH), or (iii) change details of my/our bank mandate as stated in this form, as applicable. If the transaction is delayed or not effected at all for reasons of incomplete information, I/we will not hold Goldman Sachs Mutual Fund/AMC/Trustee or any other authorities/services providers/representatives responsible. I/We further undertake that any changes in my / our bank details will be informed to the Fund immediately. I/We have read and agreed to the Terms and Conditions in the instructions to this form.

First/Sole Applicant/Guardian/POA Holder

Second Applicant/POA Holder

Third Applicant/POA Holder

Asset Management

(Please ✓)

CREATE

MODIFY

CANCEL

UMRN F o r O f f i c e U s e

Date D D M M Y Y Y Y

Sponsor Bank Code For Office Use Only

Utility Code

I/We, hereby authorize Goldman Sachs Mutual Fund

To debit (Please ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank Applicant's Bank Name IFSC or MICR

an amount of Rupees In words ₹ In figures

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE : ☒ Fixed Amount ☒ Maximum Amount

Folio No. Mobile No.

Reference 2 Email ID

PERIOD

From

To

Or ☐ Until cancelled

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Name as in Bank records

Name as in Bank records

Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us.

ACKNOWLEDGMENT SLIP FOR SIP/VIP THROUGH NACH (To be filled in by the Investor)

Application No.

Asset Management

Date D D M M Y Y Y Y

Name of Sole/First Account Holder

Investment Details: Goldman Sachs Fund

Option: ☐ Growth ☐ Dividend : Dividend Option: ☐ Payout ☐ Reinvestment

SIP/VIP Amount ₹ Frequency : Monthly

SIP/VIP from M M Y Y Y Y to M M Y Y Y Y Date SIP/VIP Date ☐ 1st or ☐ 15th

Acknowledgment Stamp