Folio no.:
Name :

FINANCIAL TRANSACTION SLIP

J.P.Morgan Asset Management

TRANSACTION SLIP

ADDITIONAL PURCHASE REQUEST

Scheme name & plan _____

Option: (Please ✓) ◯ Growth ◯ Dividend payout or ◯ Dividend reinvestment

Instrument amount (Rs.)	DD charges, if any, (Rs.)	Instrument no. & date

Bank name & branch

DISTRIBUTOR INFORMATION
(Please read the instructions before investing)

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

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

Declaration for "execution only" transaction (only where EUIN box is left blank)
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.

Signature(s)

X _____ First Unit Holder

X _____ Second Unit Holder

X _____ Third Unit Holder

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.
In case of non residents (please tick as appropriate): 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 Transaction Document. The corporation is not organised or incorporated under the laws of the United States of America.
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 of 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 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.
By signing this form, I/ we explicitly warrant that I/we remain in full compliance with all the declarations set out in section 10 of the Common Application Form previously completed by me/us and these declarations are deemed repeated herein in full, for this and all future transactions in JPMorgan Mutual Fund.

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information / Key Information Memorandum of the Scheme and any Addenda issued till date and agree to abide by the terms, conditions, rules and regulations of the Scheme as on the date of this transaction.

Date : _____

Signature(s)

X _____ Sole / First Holder

X _____ Sole / Second Holder

X _____ Sole / Third Holder

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"

Folio no.:
Name :

TRANSACTION SLIP

CHANGE OF ADDRESS (For Non-KYC folios)

New address	
City	
State/country	Pin
Tel. no. (O/R)	(M)
E-mail	

SWITCH REQUEST

(Please refer to the Scheme Information Document of the Scheme you are switching from and to).

I/We wish to switch Rs. _____ or _____ units

From (scheme) _____

(Please ✓) ◯ Growth ◯ Dividend reinvestment or ◯ Dividend payout

To (scheme) _____

(Please ✓) ◯ Growth ◯ Dividend reinvestment or ◯ Dividend payout

SERVICES & FACILITIES

I/We wish to receive the following via e-mail instead of physical document.

◯ Account statement ◯ Quarterly review, annual report & other disclosures

Email R E Q U I R E D _____

Mobile _____

REDEMPTION REQUEST

Please redeem Rs. _____ or

_____ Units or ○ all units

from the Scheme _____

Payout Bank (for multiple bank registered folios)

Bank Name _____

Bank A/C No. _____

RTGS/NEFT/IFSC Code

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information / Key Information Memorandum of the Scheme and any Addenda issued till date and agree to abide by the terms, conditions, rules and regulations of the Scheme as on the date of this transaction.

Date : _____

Signature(s)

X _____ Sole / First Holder

X _____ Sole / Second Holder

X _____ Sole / Third Holder

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"