Prism SIF
Provided by Jio | BlackRock

SIP MODIFICATION FORM

Please refer Key Information Memorandum, the instructions and product labelling before filling this form.

Name & ARN Code / RIA Code# / PMRN	Sub-Broker ARN Code	Sub-Broker Code	Employee Unique Identification No.*	TIME STAMP HERE

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. #I/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

1st Holder/Guardian/POA Holder
Authorised Signatory

Folio Number **Name of Investor**

☐ Change of Investment Strategy/Modification in Existing SIP ☐ Change of OTM Bank for Existing SIP

1. CHANGE OF INVESTMENT STRATEGY/MODIFICATION IN EXISTING SIP [PLEASE TICK (✓)]

Particulars	Existing Details	Modification/ New Investment Strategy details
Investment Strategy Name	**Prism**	**Prism**
SIP Installment Amount	₹	₹
SIP date	D D	D D
End Month Year	M M Y Y Y Y	M M Y Y Y Y
SIP Frequency	☐ Weekly_____ (Any day from Monday to Friday) ☐ Monthly ☐ Quarterly	☐ Weekly_____ (Any day from Monday to Friday) ☐ Monthly ☐ Quarterly

2. CHANGE OF OTM BANK FOR EXISTING SIP [Please tick (✓)]

New Bank Name

New Account No.

☐ To be registered (Attach OTM form given below, duly signed along with cancelled cheque of new bank account)

☐ OTM is already registered

DECLARATION AND SIGNATURES

I/We have read, understood and agree to abide with the terms and conditions of the Investment Strategy Information Document (ISID), Key Information Memorandum (KIM) of the above-mentioned Strategy(s) and Statement of Additional Information (SAI) of Prism SIF provided by Jio BlackRock and the addendums issued thereto till date.

Sign below as per mode of holding

1st Holder/Guardian/ Authorised Signatory	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory	POA Holder

INSTRUCTIONS / TERMS & CONDITIONS

1. In order to provide flexibility, an investor investing through SIP shall have an option to modify the selected Investment Strategy and / or SIP instalment amount and / or SIP end date, in the Investment Strategy wherein the SIP investments are currently being made.
2. The SIP modification facility can be availed by an investor for 2 times in SIP life cycle.
3. Request has to be submitted atleast 21 days prior to the next SIP instalment date (excluding the request date and the next SIP instalment date).
4. Please use separate modification forms for different Investment Strategies in the same folio or different folios.
5. SIP Modification Request shall be taken as Cease of Existing SIP & Registration of a fresh SIP. Hence, the load structure prevailing at the time of registration of SIP Modify request, will be applicable.
6. Modify SIP request shall be liable for rejection if the modified details do not meet the amount / tenure conditions as per the Investment Strategy Information Document of the respective Investment Strategy or the registered mandate.
7. If your current SIP is already registered with the OTM Mandate, you do not need to fill out the OTM form again unless you want to increase the amount. However, if you want to add a new bank account or any change in OTM to your SIP then, you will need to fill out the OTM form. Modifications to SIPs are not available for Exchange-registered SIPs, SIPs through Channel Partners, Online SIPs. If an investor requests to modify SIP details for a registration that includes the SIP top-up facility, the top-up will be cancelled immediately upon receiving the modification request
8. If there is modification in SIP amount then, unit holder needs to verify limit/ frequency set in existing OTM mandate. If the SIP instalment after modification exceeds the maximum amount for debit, then the request to modify SIP instalment amount will be rejected.
9. Alterations in the form, if any should be countersigned as per the mode of holding registered in the folio(s).
10. In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP/ will be processed on the immediate next business day/date.

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ACKNOWLEDGEMENT SLIP - SIP MODIFICATION FORM

Received, subject to verification and conditions.

Prism SIF provided by JioBlackRock

TIME STAMP HERE

Folio No.

Name of Investor

Investment Strategy Name

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OTM Debit Mandate Form NACH

[Applicable for Lumpsum, Additional Purchases as well as SIP Registrations]

UMRN Office use only Date D D M M Y Y Y Y

Utility Code Office use only Tick (✓) ☑ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code Office use only I/We hereby authorize: **Prism SIF**

to debit (tick ✓) ☐ **SB** ☐ **CA** ☐ **CC** ☐ **SB-NRE** ☐ **SB-NRO** ☐ **Other** _____ **Account No.**

With Bank Bank Name & Branch IFSC / MICR

an amount of Rupees In Words ₹ In Figures

Debit Type ☒ Fixed Amount ☑ Maximum Amount **FREQUENCY** ☒ Daily ☒ Weekly ☒ Bi - Monthly ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Annually ☑ As and When presented

Reference 1 Reference 2

1. 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. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. 3. I am authorizing the user entity/corporate to debit the account, based on the instructions as agreed and signed by me. 4. 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 / corporate or the bank where I have authorised the debit. 5. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

From D D M M Y Y Y Y

to D D M M Y Y Y Y

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

1.	Signature of Primary Account Holder	2.	Signature of Account Holder	3.	Signature of Account Holder
1.	Name as in bank records	2.	Name as in bank records	3.	Name as in bank records

INSTRUCTIONS FOR ONE TIME MANDATE (NACH) FORM

1. 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.
2. 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.
3. 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.
4. Please mention the mandate amount in both words and figures.
5. 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.
6. The 9-digit MICR or the 11-digit IFSC is a mandatory requirement without which OTM will be rejected.
7. The UMRN, the Sponsor Bank Code and the Utility Code are for official use only and need not be filled by the investors.
8. 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.
9. Investor can transact using this mandate, within the limit of maximum amount and tenure specified.
10. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.

Email: service.prismsif@jioblackrockamc.com Website: **www.jioblackrockamc.com/prismsif**
Contact Center no.: **+91 22-3520 7700 / +91 22-6998 7700** (Monday-Friday, 9 am - 6 pm & Sat, 9 am - 1 pm)