

# FORM 1 - FOR LUMP SUM / SIP INVESTMENTS



Application No.

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 9992	ARN			E	

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

☐ "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."

First / Sole Applicant /  
Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer 20) In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

☐ I confirm that I am a first time investor across Mutual Funds.

☐ I confirm that I am an existing investor in Mutual Funds.

## 1 UNIT HOLDING OPTION (To be filled in case of demat holding only)

☐ DEMAT MODE ☐ PHYSICAL MODE

Demat Account Details of First / Sole Applicant

(Name should be as per demat account)

Depository Participant Name

NSDL	DP ID	IN	CDSL	Beneficiary ID
	Beneficiary ID		Note: Please attach copy of Client Master List.	

## 4 MODE OF HOLDING (in case of Demat Purchase Mode of Holding should be same as in Demat Account)

## 2 EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 6/8.)

Folio Number

## 3 INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM ☐ LUMP SUM WITH SIP ☐ LUMP SUM WITH STP

## 5 FIRST APPLICANT'S DETAILS (Non-individual investors please fill in FATCA / CRS, UBO annexure and attach along with application form) Ref. 9 & 22. All fields are mandatory.

Gender ☐ Male ☐ Female

Name (1<sup>st</sup>) (As in PAN card/KYC records)

PAN (Minor / 1st Holder)

Refer 10

Father's Name

Date of birth

(Minor / 1st Holder)

D D M M Y Y

Name of the Guardian (in case of minor please attach proof of date of birth) / POA (Contact person for non individuals / PoA holder name)

Guardian / PoA PAN

Country of Birth Place of Birth Nationality

**For Investments "On behalf of Minor"** (Refer 11) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other ☐ Specify Guardian named above is ☐ Father ☐ Mother ☐ Court Appointed

Correspondence address (Please note: Address will be replace as per KYC records)

City State Country Pin Code

Overseas address (For FIIs/NRIs/PIOs)

City State Country Pin Code

Email Mobile Tel.

**Status** ☐ Resident Individual ☐ Proprietor ☐ HUF ☐ Minor ☐ Society ☐ FII ☐ NRI ☐ PIO  
☐ Partnership Firm ☐ Trust ☐ Company ☐ NPO\* ☐ Other ☐ Specify ☐ PIO  
 \*Other than NPO

**Occupation** ☐ Pvt. Sector Service ☐ Public Sector ☐ Gov. Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business  
☐ Agriculture ☐ Student ☐ Forex Dealer ☐ Other ☐ Specify

**Are you FATCA Compliant** (Please tick any one) ☐ Yes ☐ No (if no, please fill below details)

**Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes**

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

Permissible documents are ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others ☐ specify

Gross Annual Income OR Net-worth* in ₹ *Not older than one year Any other information	<b>INDIVIDUALS</b> <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on D D M M Y Y <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	<b>NON-INDIVIDUALS</b> <input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> > 1C as on D D M M Y Y	Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

...Continued Overleaf

## 6 DEBIT MANDATE (For Axis Bank A/c only.) To be processed in CMS software under client code "AXISMF"

TO BE DETACHED BY KARVY & PRESENTED TO AXIS BANK CMS

Application No.

I/ We Name of the account holder(s) authorise you to debit my/our account no. Date

Account type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR ☐ Others ☐ Specify to pay for the purchase of

☐ Axis Income Saver ☐ Axis Midcap Fund ☐ Axis Triple Advantage Fund ☐ Axis Equity Fund ☐ Axis Focused 25 Fund ☐ Axis Long Term Equity Fund ☐ Axis Enhanced Arbitrage Fund ☐ Axis Equity Saver Fund

Amount (figures) (words)

Signature of First Account Holder Signature of Second Account Holder Signature of Third Account Holder

## ACKNOWLEDGMENT SLIP Received subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

Application No.

From

Cheque no.	Date	Amount	Scheme

Stamp & Signature

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

SECOND APPLICANT'S DETAILS (All fields are mandatory)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (2 <sup>nd</sup> ) (As in PAN card/KYC records)		
Father's Name		
PAN	Mobile	Email
Date of birth	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)	
Country of Birth	Place of Birth	Nationality
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other Specify	INDIVIDUALS Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other Specify		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable

Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please fill below details)	
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes	
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

THIRD APPLICANT'S DETAILS (All fields are mandatory)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (3 <sup>rd</sup> ) (As in PAN card/KYC records)		
Father's Name		
PAN	Mobile	Email
Date of birth	Enclose <input type="checkbox"/> Attested PAN card copy <input type="checkbox"/> KYC Acknowledgment (Refer 8)	
Country of Birth	Place of Birth	Nationality
Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Proprietor <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Society <input type="checkbox"/> FII <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Other Specify	INDIVIDUALS Gross Annual Income OR Net-worth* in ₹ *Should not be older than one year Any other information	<input type="checkbox"/> < 1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> > 25L as on
Occupation <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Retired <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other Specify		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable


Are you FATCA Compliant (Please tick any one) <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please fill below details)	
Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes	
Type of address given at KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permissible documents are <input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others	specify

Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)		
Country <sup>#</sup>	Tax identification number <sup>%</sup>	Identification type (TIN or Other, please specify)

#To also include USA, where the individual is a citizen / green card holder of the USA %In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## QUICK CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> KYC acknowledgement letter (Compulsory for MICRO Investments)        | <input type="checkbox"/> SIP Registration Mandate - NACH for SIP investments  |
| <input type="checkbox"/> Self attested PAN card copy  | <input type="checkbox"/> Multiple Bank Accounts Registration form (if you want to register multiple bank accounts so that future payments can be made from any of the accounts) |
| <input type="checkbox"/> Email id and mobile number provided for online transaction facility  | <input type="checkbox"/> Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached  |
| <input type="checkbox"/> Plan / Option / Sub Option name mentioned in addition to scheme name | <input type="checkbox"/> Additional documents attached for Third Party payments. Refer instructions.  |
|   | <input type="checkbox"/> FATCA Declaration.   |

 <b>EasyInvest</b> <a href="https://online.amfi.com">https://online.amfi.com</a> Invest online without any prior registration.	 <b>EasyCall</b> 1800 221322 / 1800 2000 2300 Buy / Sell units without PINs or Passwords.	 <b>EasySMS</b> SMS HELP to 91210 10033 Transact and get fields details on the go.	 <b>EasyApp</b> SMS EasyApp to 91210 10033 to download. Invest with ease on your Android smartphone.	 <b>Risk Managed Products</b>
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\*Buy\* means purchase and \*Sell\* means redemption of units of Axis Mutual Fund schemes.

**7 BANK ACCOUNT DETAILS FOR PAY-OUT** (Mandatory. Refer 6 and avail of Multiple Bank Registration Facility.) (Please attach cancelled cheque copy or latest bank account statement.) (All fields are mandatory)

Bank Name																								
Bank A/c No.															Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	Specify		
Branch Name											City						Pin							
IFSC Code (11 digit)*											MICR Code (9 digit)*										*Mentioned on your cheque leaf			

**8 INVESTMENT & PAYMENT DETAILS** (Investors applying under Direct Plan must mention "Direct" against scheme name, refer 2) (All fields are mandatory)

Payment type	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment	(Please attach 'Third Party Payment Declaration Form')																				
Scheme						Plan						Option						Sub Option*	Dividend Frequency (Quarterly/ Half Yearly/ Annual)*				

# Dividend Re-Investment is not available for Axis Long Term Equity Fund \*Applicable only for Axis Income Saver

**8A LUMP SUM Do not submit SIP Registration Mandate - NACH (Form 2)**

Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Axis Bank Debit Mandate	(Please fill section 6.)										Cheque / DD no.						Dated								
Amount (figures)											(words)																	
Pay-in A/c no.																												
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Current	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	Specify										Drawn on bank / branch name											

**8B SIP (SIP Registration details (Form 2) with Form 1)**

Monthly SIP Amount (figure)											(words)																			
SIP frequency (tick ✓ any one)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly (Default Frequency Monthly)	Preferred Debit Date (Any date except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> ) (ref 13(b))												If no debit date is mentioned default date would be considered as 7th of every month.															
SIP period	Start Date										End Date																			
First SIP Installment details	Mode	<input type="checkbox"/> Cheque / DD	<input type="checkbox"/> Axis Bank Debit Mandate	(Please fill section 3.)										Dated																
Drawn on bank / branch name																Cheque / DD no.														

**9 NOMINATION DETAILS** (All fields are mandatory) (Refer 18)

	First Nominee	Second Nominee	Third Nominee																																										
Name (as in PAN card/KYC records)																																													
PAN																																													
Date of Birth																																													
Relationship with Investor																																													
Address																																													
Guardian Name (in case Nominee is a Minor)																																													
Signature (Guardian in case Nominee is a Minor)																																													
Allocation % (Total to be 100%)																																													
Unit Holder's Signature If you do not wish to nominate sign here.	First / Sole Applicant / Guardian					Second Applicant					Third Applicant					Power of Attorney Holder																													

**10 DECLARATION AND SIGNATURE**

Having read and understood the content of the SID / SAI of the scheme, I/we hereby apply for units of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, (I/we hereby authorize the Mutual Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.) The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/ us. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

**CERTIFICATION**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Date : 

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 Place : 

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# FORM 2 - SIP REGISTRATION MANDATE - NACH

(Investor must read Key Scheme Features and Instructions before completing this form.)



THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY.

Distributor ARN	Sub-Distributor ARN	Internal Sub-Broker / Sol ID	Employee Code	EUIN	Serial No., Date & Time Stamp
ARN 9992	ARN			E	

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

☐ "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."

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

☐ I confirm that I am a first time investor across Mutual Funds.

☐ I confirm that I am an existing investor in Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

Tick whichever is applicable :

☐ New SIP registration by new investor

☐ New SIP registration by existing investor

## 1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants)		OR	Folio No. (For Existing Unit holders)	
Sole / 1st Unitholder	First Name		Middle Name	Last Name
Guardian's Name (in case of minor)			Email ID	For receiving statements over email instead of post
PAN	1st Applicant	2nd Applicant	3rd Applicant	
Enclose	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	<input type="checkbox"/> Attested PAN card <input type="checkbox"/> KYC Letter	

## 2 SIP DETAILS

Scheme Name	Plan	Option
SIP frequency (tick ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly (Default Frequency Monthly)	Preferred Debit Date (Any date except 29 <sup>th</sup> , 30 <sup>th</sup> and 31 <sup>st</sup> ) (ref 12(b))	<input type="text"/> <input type="text"/> <input type="text"/> If no debit date is mentioned default date would be considered as 7th of every month.
SIP period from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> End date (ref 13(i)) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If end date is not mentioned then the SIP will be considered for perpetuity (Dec 2099).	
SIP Amount (figures) ₹	(words)	
First SIP Installment details	Drawn on bank / branch name	Cheque / DD Amount
Mode <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Axis Bank Debit Mandate	Cheque / DD no.	MICR No.
		Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 3 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')

I / We declare that the particulars furnished here are correct. I / We authorize Axis Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Axis Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in AXISMF by debit to my /our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Axis Mutual Fund using this facility.

<input checked="" type="checkbox"/> Sole/ 1st Unit Holder / POA / Guardian	<input checked="" type="checkbox"/> 2nd Unit Holder	<input checked="" type="checkbox"/> 3rd Unit Holder
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AXIS MUTUAL FUND	UMRN	Bank use	Date
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Tick (✓)	Sponsor Bank Code	Utility Code
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize	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
MODIFY <input checked="" type="checkbox"/>	Bank a/c number	
CANCEL <input checked="" type="checkbox"/>		

with Bank	Name of customers bank	IFSC	or MICR
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an amount of Rupees	₹
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FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
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Reference 1	Folio No.	Phone No.
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Reference 2	Scheme Name	Email ID
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I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD	Signature Primary Account holder	Signature of Account holder	Signature of Account holder
From			
To			
Or <input type="checkbox"/> Until Cancelled	1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

**MANDATORY FIELDS :** • Account type • Bank A/c number (core banking a/c no only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount in words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record

## ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No.	Investor Name	Stamp & Signature
Scheme Name	(Scheme Name)	
Plan	Option	
SIP Period From	Amount ₹	

# FOR NON-INDIVIDUALS - SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA, CRS & ULTIMATE BENEFICIAL OWNERSHIP (UBO) SELF CERTIFICATION FORM



Name of the entity

Type of address given at KRA

☐ Residential or Business

☐ Residential

☐ Business

☐ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Folio Number  /

PAN  Date of incorporation

City of incorporation  Country of incorporation

Entity Constitution Type (Please tick as appropriate)

☐ Partnership Firm

☐ HUF

☐ Private Limited Company

☐ Public Limited Company

☐ Society

☐ AOP/BOI

☐ Trust

☐ Liquidator

☐ Limited Liability Partnership

☐ Artificial Juridical Person

☐ Others

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

## ADDITIONAL KYC INFORMATION

Gross Annual Income (₹)

☐ Below 1 Lac

☐ 1 - 5 Lacs

☐ 5 - 10 Lacs

☐ 10 - 25 Lacs

☐ > 25 Lacs - 1 Crore

☐ > 1 Crore

OR

Net-worth (Mandatory for Non-Individuals)

₹

as on

(Not older than 1 year)

Politically Exposed Person (PEP) Status\* (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ PEP

☐ Related to PEP

☐ Not Applicable

Is the entity involved in any of the mentioned services:  
(Please tick as appropriate)

☐ Foreign exchange/ Money changer

☐ Gaming/ Gambling/ Lottery (Casinos, betting syndicates)

☐ Money lending/ Pawning

☐ Not applicable

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

## FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution <sup>6</sup> <input type="checkbox"/>	GIIN <input type="text"/>
OR	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Direct reporting NFE <sup>7</sup> <input type="checkbox"/> (please tick as appropriate)	Name of sponsoring entity <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <sup>10</sup> <input type="text"/> <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active <sup>3</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive <sup>4</sup> NFE	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

<sup>1</sup>Refer 2a of Part C

<sup>2</sup>Refer 2b of Part C

<sup>3</sup>Refer 2c of Part C

<sup>4</sup>Refer 3(ii) of Part C

<sup>6</sup>Refer 1 of Part C

<sup>7</sup>Refer 3(vii) of Part C

<sup>10</sup>Refer 1A of Part C

UBO Declaration

(Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Category (Please tick applicable category)

☐ Unlisted Company

☐ Partnership Firm

☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals

☐ Private Trust

☐ Public Charitable Trust

☐ Religious Trust

☐ Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).  
(Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No. ^			
Tax ID Type			
Address			
	Zip State Country	Zip State Country	Zip State Country
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
Father's Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
Date of Birth			
Percentage of Holding (%) ^			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

^Refer 3(iii) of Part C | "Refer 3(iv) (A) of Part C

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Axis Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signatures

Signatures

Signatures

Date

Place

## PART C FATCA Instructions & Definitions

### 1 Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- Investment entity is any entity:
  - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (I) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
    - (ii) Individual and collective portfolio management; or
    - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
  - or
  - The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made;
- or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

#### • FI not required to apply for GIIN:

##### A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

### 2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

#### Types of NFEs that are regarded as excluded NFE are:

##### a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

##### b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

### c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> <li>(I) an Investor Protection Fund referred to in clause (23EA);</li> <li>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</li> </ul>

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

#### (iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,



## PART C FATCA Instructions & Definitions (Contd.)

- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

### (iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settl or, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

### (A) Controlling Person Type:

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

### (v) Specified U.S. person – A U.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);

- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

### (vi) Owner documented FFI

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non-participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

### (vii) Direct reporting NFE

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

### (viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan