

# TRANSACTION FORM

Please read instructions carefully. Please strike off any sections that not relevant or not applicable.



Pramerica

MUTUAL FUND

## 1. DISTRIBUTION INFORMATION

(Refer Section 1 under instructions)

ARN Code	RIA Code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN-		ARN-		

In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 8 related to EUIIN.

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

## 2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Existing Folio No.	
NAME OF FIRST/SOLE UNITHOLDER	Mr. Ms. M/s.
NAME OF GUARDIAN (if applicable)	Mr. Ms. M/s.
NAME OF SECOND UNITHOLDER	Mr. Ms. M/s.
NAME OF THIRD UNITHOLDER	Mr. Ms. M/s.
NAME OF PoA (if applicable)	Mr. Ms. M/s.

## 3. ADDITIONAL PURCHASE REQUEST

(Refer Section 3 under instructions)

Scheme Name	*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep <sup>§</sup>	*Dividend Frequency	
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer	Source of Funds (For NRI / FIIS Investor) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify)	
Amount ₹	(in words)	
DD Charges ₹	Cheque / DD No.	Dated
Drawn on Bank		Branch & City

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.

\*For Default option, please refer to SID. § Please refer to SID / addendum thereof for schemes available for DSF

## 4. SWITCH REQUEST

(Refer Section 4 under instructions)

From Scheme	To Scheme
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep <sup>§</sup>	*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep
Dividend Frequency	*Dividend Frequency
Amount ₹	(in words)
OR No. of Units	OR <input type="checkbox"/> All units (Please ✓)

\*For Default option, please refer to SID. § Please refer to SID / addendum thereof for schemes available for DSF

## 5. REDEMPTION REQUEST

(Refer Section 5 under instructions)

Scheme	Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Amount ₹	(in words)
OR No. of Units	OR <input type="checkbox"/> All Units (Please ✓ any one)
Bank Account	<input type="checkbox"/> Option 1 (Default) <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5
For Corporate Investors with more than 5 registered Banks Accounts <input type="checkbox"/> Please specify option no.	
Option (Please ✓ any one)	

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please (✓) the appropriate Option.

## 6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal)

(Refer Section 6 under instructions)

Scheme	Plan
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
Withdrawal Instalment ₹	Withdrawal Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
No. of Instalments	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates
Total Withdrawal	Withdrawal From <input type="text"/> to <input type="text"/>
	(First Instalment) (Last Instalment)

## 7. SYSTEMATIC Transfer Plan (STP) (To be submitted at least 7 days before the 1st due date for transfer)

(Refer Section 7 under instructions)

From Scheme	Plan
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
To Scheme	Plan
*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Sweep	Dividend Frequency
*For Default option, please refer to SID.	
Transfer Instalment ₹	No. of Instalments
Total Transfer ₹	Transfer Frequency (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Transfer Period From <input type="text"/> to <input type="text"/>	STP dates (Monthly or Quarterly) (Please ✓ any one)
(First Instalment) (Last Instalment)	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates

## 8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

(Refer Section 8 under instructions)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of DHFL Pramerica Mutual Fund, I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

For investors investing in Direct Plan : I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product / scheme / plan.

☐ Please ✓ if the EUIIN space is left blank : I/We hereby confirm that the EUIIN 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.

SIGNATURE(S)

1 <sup>st</sup> Unitholder/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> Unitholder/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> Unitholder/Guardian/Authorised Signatory/POA
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