



**Pramerica**  
**MUTUAL FUND**

## 1. DISTRIBUTOR INFORMATION

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
107270			E144929

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.

Sole/First Unit Holder	First Name	Middle Name	Last Name	Folio No.
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**FATCA Details (To be filled, only if not submitted previously or in case of change in status). # Citizens/tax residents of USA must submit Self Certification Form. Non Individuals must submit UBO declaration form.**

**\*Default**

1st/Sole Unit holder	<input type="checkbox"/> Yes <input type="checkbox"/> No*	If yes, specify country(ies) _____	Tax Ref. No. _____
2nd Unit Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No*	If yes, specify country(ies) _____	Tax Ref. No. _____
3rd Unit Holder	<input type="checkbox"/> Yes <input type="checkbox"/> No*	If yes, specify country(ies) _____	Tax Ref. No. _____
Guardian (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*	If yes, specify country(ies) _____	Tax Ref. No. _____
POA (If applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*	If yes, specify country(ies) _____	Tax Ref. No. _____

<input type="checkbox"/> New SIP Registration	<input type="checkbox"/> SIP renewal	<input type="checkbox"/> Change in Bank Details (for a SIP registered earlier)
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Scheme \_\_\_\_\_ Plan \_\_\_\_\_

Option (✓) ☐ Growth OR ☐ Dividend Payout OR ☐ Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Payment Type [Please (✓)] ☒ Non-Third Party Payment ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details	Amt. (₹) _____	Chq/DD No. _____	Dated: <u>DDMMYYYY</u>	Drawn on: _____
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<input type="checkbox"/> <b>SIP Investment</b> (Please ✓ any one) <input type="checkbox"/> <b>Daily*</b> <input type="checkbox"/> <b>Monthly</b> <input type="checkbox"/> <b>Quarterly</b> <small># Only for Pramerica Dynamic Asset Allocation Fund &amp; Pramerica Large Cap Equity Fund.</small> <input type="checkbox"/> <b>SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)</b> Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> <b>SIP THROUGH POST-DATED CHEQUE</b> <b>Second and subsequent Instalment cheque Details</b> <div style="margin-top: 5px;">             Cheque Nos.    From _____ To _____              Dated    From <u>DDMMYYYY</u> To <u>DDMMYYYY</u> </div>	<b>Second and Subsequent Instalment Details:</b> (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ _____ SIP Date (Please ✓) : <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All 5 dates SIP Period (Please ✓) : <input type="checkbox"/> Till I/We instruct to discontinue the SIP <input type="checkbox"/> No. of instalments _____
<b>Please mention</b> Enrolment Period:    From <u>MMYYYY</u> To <u>MMYYYY</u>	

**DECLARATION & SIGNATURE:** I/we hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of complete or incorrect information, I/we would not hold the user institution responsible. I/we would also inform AMC, about any changes in my/our bank account. I/we have read and agreed to the terms and conditions mentioned. I/we confirm that 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is 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. **Applicable to Micro Investors (Delete if not applicable):** I/we hereby declare that I/we do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,00,000 in a year.

☐ **Please ✓ if the EUIN space is left blank:** 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.

**Authorisation to Bank:** This is to inform that I/we have registered for ECS / NACH (Debit Clearing)/ Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/we authorize the representatives of Pramerica Mutual Fund carrying t his mandate form to get it verified and executed. I/we authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

<b>SIGNATURE (S)</b> (Applicants must sign as per Common Application Form)	✕ Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	✕ 2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	✕ 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA
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Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature verification request (To be retained by the Customer's Bank)



**Pramerica**  
MUTUAL FUND

[illegible][illegible]

CREATE	<input checked="" type="checkbox"/>	I/We hereby authorize	PRAMERICA MUTUAL FUND	to debit (Please ✓)	SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY	<input checked="" type="checkbox"/>				
CANCEL	<input checked="" type="checkbox"/>	Bank a/c number*			

With Bank*	Name of customers bank	IFSC*								MICR*						
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an amount of Rupees*	SIP instalment amount in words	₹ In Figures
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FREQUENCY\* ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ As & When presented DEBIT TYPE\* ☐ Fixed Amount ☐ Maximum Amount

Reference - 1      Application no. / Folio number      Phone No

Reference - 2  Email ID

<b>PERIOD*</b>																						
<b>From</b>	D D		M M		Y Y Y Y				<u>  X X  Signature of first account holder  </u>				<u>  X X  Signature of second account holder  </u>				<u>  X X  Signature of third account holder  </u>					
<b>To</b>	D D		M M		Y Y Y Y																	
<b>OR</b>	<input type="checkbox"/> <b>Until Cancelled</b>										Name of first account holder*				Name of second account holder*				Name of third account holder*			

V1 - 11.06.15

## GENERAL GUIDELINES

- This form should only be used by existing investors for the following:
  - Registering systematic investments under existing folios through Auto Debit/Post Dated cheques.
  - Renewal of SIP investments.
  - Change in Bank details for Auto Debit for existing SIPs.
- Please read the Scheme Information Document(S) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
- PERMANENT ACCOUNT NUMBER (PAN)** : It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.
- KNOW YOUR CUSTOMER (KYC)**  
KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.
- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of Pramerica Mutual Fund or Karvy.

## INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

- Distributor Information**
  - In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
  - Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
  - Quoting of EUIN is mandatory in case of advisory transactions.
  - Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
  - Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
  - Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI Circular CIR/ARN-14/12-13 dated July 13, 2012.
- APPLICANT'S DETAILS:**
  - Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2. Please fill the FATCA Details and submit the mandatory documents only if they were not submitted previously or in case of change in your tax status.
- INVESTMENT DETAILS:**
  - Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. **"Pramerica Ultra Short Term Bond Fund - Direct Plan"**. Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
  - Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
  - Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
  - The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
    - Minimum amount per instalment
    - Minimum number of instalments
    - Aggregate investment via SIP
  - Please furnish/indicate the below mentioned details with respect to your systematic investment
    - Scheme/Plan/Option and Dividend Frequency, where applicable.
    - SIP Instalment Amount
    - SIP Frequency** - Daily, Monthly or Quarterly. Please tick the appropriate option. (# Only for Pramerica Dynamic Asset Allocation Fund & Pramerica Large Cap Equity Fund.)
    - SIP Dates (Monthly/Quarterly)** - 1, 7, 10, 15 and 25 of every month or quarter. You also have a choice to have SIP instalments on all 5 dates by ticking the appropriate box provided for all 5 dates.
    - SIP Instalment Requirement  
Monthly: 10 instalments of ₹ 500/- each and in multiples of ₹ 100/- thereafter.  
Quarterly: 5 instalments of ₹ 1,000/- each and in multiples of ₹ 100/- thereafter.
    - SIP Auto Debit Enrollment Period - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.
    - Your first Instalment Details. Please note that the instrument should be made favoring the scheme name in which you wish to invest. For eg. Pramerica Large Cap Equity Fund.
    - Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
    - If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
  - Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).

### Note:

- Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please attached Banker certificate as well.

### 4. INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:

- Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
- UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by Pramerica Mutual Fund.
- Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
- Please indicate the Bank Account Type
- It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP application would be rejected.
- Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
- For the convenience of our investors, the following fields have been pre-populated on the Mandate:
  - Action - 'Create'
  - Name of the Company - 'Pramerica Mutual Fund'
- The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "X" in the same order and manner in which their signatures appear on bank records.

## TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you agree to abide by the terms and conditions of NACH facility of National Payment Corporation of India (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at the time of investment and as may be modified or amended from time to time.
- ECS** - The SIP through ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
 

• Agra • Ahmedabad • Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman • Baroda • Belgum • Bhavnagar • Bhillwara • Bhopal • Bhubaneshwar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Dargeeling • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolhapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Siliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udipi • Varanasi • Vijaywada • Vizag • Hasan • Imphal • Shillong

The cities listed above may be modified/ removed at any time purely at the discretion of Pramerica Mutual Fund without assigning any reason or prior notice. **Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.**
- Direct Debit** - Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.
 

**Direct Debit banks with Core Banking Account Number Length**

Bank of Baroda - 14 digits, Bank of India - 15 digits, Union Bank of India - 15 digits, IDBI Bank - 13 to 16 digits, IndusInd Bank - 13 to 16 digits, Kotak Mahindra Bank - 15 digits, Citibank - 10 digits, State Bank of India - 11 digits starting with 1, 2, 3, 5 and 6, Punjab National Bank - 16 digits, Axis Bank - 15 digits, United Bank of India - 13, State Bank of Patiala - 11, Corporation Bank - Not fixed but should accompany with copy of the bank passbook
- In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. Pramerica Mutual Fund (PMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
- The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
- For Cancellation/ Modification of the Auto Debit (NACH/ ECS/Direct Debit) Facility, you need to give a SIP Cancellation cum Modification request in the prescribed format at least 21 days in advance to the AMC or its Registrars. The cancellation request format is available on our website [www.pramericaamf.com](http://www.pramericaamf.com)
- You will not hold Pramerica Mutual Fund (PMF)/ Pramerica Asset Managers Private Limited (PAMPL)/ Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH/ RBI's ECS/local holidays.
- PMF/PAMPL reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
- PMF/PAMPL/Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred / suffered by you as a result of use of this facility.
- As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.