NON-FINANCIAL REQUESTS FORM (1/2)

Please read instructions carefully. Please strike of sections that are not applicable.



| Folio No. | | | | Date | eD D - M N | 1 - Y Y Y Y | |
|--|--|--|--------------------------|---------------------------------------|-----------------------|---------------------|--|
| Name of 1st Unithold | er. | | P | PAN1 | | | |
| Name of 1st Unitholder: | | | | | | | |
| Name of 2 nd Unitholder: | | | | | | | |
| Name of 3 rd Unithold | er: ian PAN if the 1st unitholder is belo | w 19 years of ago | F | PAN | | | |
| PAN / KYC | _ | f attested copy of PAN card | KVC Askn | owledgement | | | |
| | st Unitholder / Guardian | 2nd Unithold | | | 3rd Unitholder | | |
| PAN | | | | | | | |
| | FORMATION (For Individual Inves | store including Solo Proprietor | For Non-resident In | ndividual and N | lon-individual in | vostore should | |
| mandatorily fill separat | | stors including sole Proprietor. | Tor Non-resident ii | iluiviuuai ailu N | ion-maividuai mi | vestors siloulu | |
| | 1st Unitholder | 2nd Unitholder | 3rd Unith | older | Guardia | n /POA | |
| Place of Birth | | | | | | | |
| Country of Birth (✓) | ☐ India ☐ Others Please specify | India Others Please specify | ☐ India ☐ Other | Please specify | ☐India ☐Oth | ers Please specify | |
| Nationality (✓) | ☐ Indian ☐ Others Please specify ☐ | Indian Others Please specify | ☐ Indian ☐ Othe | rs Please specify | ☐ Indian ☐ Oth | ners Please specify | |
| Are you a tax resident | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes [| No | ☐ Yes | ☐ No | |
| of any country other than India (🗸) | untry other | | | | | | |
| | INFORMATION (Please 🗸 wh | ichever is applicable) | | | | | |
| | | | overnment Service | e 🗌 Profe | essional | Agriculturist | |
| R∈ | etired Home Maker | Student Fo | rex Dealer | ☐ Othe | | specify | |
| The applicant is | a Politically Exposed Person | Related to a Politicall | · | n 🗌 Neith | ner (Not applica | | |
| Gross Annual Incom | | 5 Lacs | 10-25 Lacs | 25 Lacs-1 cr | ore | ore | |
| ☐ AUTO RENEW | AL FOR EXISTING SIP REG | STRATION | | | | | |
| | Scheme / Plar | 1 | Gre | owth IDCW | IDCW Reinvestment | Till Date | |
| PGIM INDIA | | □ Re | egular Direct [| | | DD/MM/YYYY | |
| | | <u>=</u> | egular Direct [| | | DD/MM/YYYY | |
| PGIM INDIA | | Re | egular Direct [| | | DD/MM/YYYY | |
| Auto renewal SIP option Auto renewal SIP option | is available for SIP registered upto 20 yea | rs. • If the Auto Renewal period is n | ot specified, the defaul | t period previously | y selected will be ap | oplied. • Investor | |
| | he NACH Mandate at the time of SIP regis | | | ible only for Physic | ai and Digital mode | e or registrations. | |
| CONTACT DETAIL | LS 1st Unitholder | 2nd Unitholder 3rd | Unitholder | | | | |
| Mobile | | Email | | (5) | | | |
| Mobile No. provided p Self ☐ Spouse | | | rovided pertains to: | | ren 🗆 Dener | ndent Siblings | |
| Self Spouse Dependent Children Dependent Siblings Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA Dependent Parents Guardian PMS Custodian POA | | | | | | | |
| BANK DETAILS | Change Primary Ba | | | | | | |
| Bank A/c No. | | 1 1 1 | Savings Cur | rrent NRF N | NRO □ Others | (please specify) | |
| Bank A/c No Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Others (Please specify) ☐ Bank Name Bank City | | | | | | | |
| IFSC (11 digits) MICR (9 dig | | | | | | | |
| New bank details (Attach any one of the following) (✓) | | | | | | | |
| | nal cheque leaf/self attested copy of | | | | on the face of th | e cheque leaf) | |
| | tocopy of bank passbook or bank a | , , | | · · · · · · · · · · · · · · · · · · · | | | |
| REISSUANCE OF | STALE INSTRUMENTS | ■ Please enclose | | 1 1 1 | | | |
| Instrument No. | | nt Date D D M M Y Y | | | | | |
| | to reissue the above instrument to cancel the above instrument a | | | | ndicated above | 2 | |
| NOMINATION DET | | our investments Modify ¹ nomina | | _ | el nomination regis | | |
| | Register a Norminee for C | | ation registered in the | Carice | er normination regis | stered in the follo | |
| Nominee Name | | | | | | | |
| Address | | 5 | | | | , | |
| · | Minor) D D M M M Y Y Y Y Y | Relationship with applicant | | 1 1 1 1 | Nominee (% |) | |
| Name of Guardian (non-mandatory) | | | | | | | |
| Mobile Number Email ID Email ID | | | | | | | |
| Identification No. PAN Addhar (last 4 digits) Driviing License Passport (must be provided for NRIs) ID Number I/We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: | | | | | | | |
| | Nomination: Yes / No | e statement of holding, provided | to me/ us by the Aiv | ic as ioliows. | | | |
| Declare that I / We do not wish to appoint a nominee for our investments in the above folio. I / We understand that in the event of death of all unitholder(s) | | | | | | | |
| in the folio, the lega | al heirs for the unit holders would ne gulatory requirements at the stage o | ed to submit all requisite docum | nents for transmittin | g the units in fa | avour of the lega | l heir based on | |
| applicable legal / fe | Julatory requirements at the stage o | i initiation of the transmission re | quesi. | | | | |
| SIGNATURE(S) | | | | | | | |
| | t Unitholder/Guardian/POA | 2nd Unitholde | ar | | 3rd Unitholder | | |

To be signed by (a) Guardian in case of unit holders below 18 years of age; (b) Power of Attorney holder for investments made under a power of attorney; (c) Authorised Signatories in case of non-individual unit holders; (d) Request for nominee registration/cancellation has to be signed by all the unit holders.

I/We hereby read and understood the terms and conditions of the SID and SAI of the PGIM India Mutual Fund.

Page 1 of 2

NON-FINANCIAL REQUESTS FORM (2/2)

Please read instructions carefully. Please strike of sections that are not applicable.



| Folio No. | | |
|---|---|---|
| Name of 1st Holder: | | PAN |
| CHANGE IN MODE OF HOLDING (to be s | igned by all unit holders mandatorily) | |
| We would like to change our mode of holding a | <u> </u> | ☐ Anyone or Survivor to Joint |
| CONSOLIDATION OF FOLIOS | | |
| I / We wish to consolidate all my / our investme | ents in the below folios into the target folio |). |
| Folios to be consolidated (Source Folios): | Ç | |
| 1. | 2. | 3. |
| Target folio [MANDATORY] : | This folio h | nas to be one of the source folios. |
| | | address, nominee details are identical in all folios and post |
| | | on in the target folio will over-ride any information provided in Facility & Agelinked Asset Allocation cannot be consolidated. |
| CHANGE IN TAX STATUS | , | 7 . 3 |
| Resident Indian to Non Resident Indian | Non Resident Indian to Resident Ind | ian |
| | | Resident Indian. Should be same as in KRA records) |
| Powle Assessmt Details (T. b. and details and | d d 16 i | the first Disc NDI and a second |
| Bank Account Details (To be mandatorily provi | ded it investor has given change in tax stat | us from RI to NRI or vice versa) |
| <u></u> | NRE NRO Others | |
| Bank Name | 2 | |
| IFSC (11 digits) | MICR Code (9 dig | gits) |
| | in your bank account are the same. Please u | pdate your IFSC and MICR Code in order to get payouts via |
| electronic mode in to your bank account. | | |
| SIP PAUSE | | |
| Scheme PGIM INDIA | | Plan (✔) ☐ Regular ☐ Direct |
| Option (✓) ☐ Growth ☐ IDCW Payout | ☐ IDCW Reinvestment | VI |
| SIP Amount | SIP Date DDMMMYYYY | ✓ SIP Frequency (✓) ☐ Monthly ☐ Quarterly |
| I / We would like to pause my/our SIP instalmer 1 month 2 months 3 month | | n he naused only for 1 quarter) |
| | ause request should be submitted atleast 1 | |
| CANCELLATION OF REGISTRATION FO | · | ^Please provide reason for cancellation of SIP |
| ^Reason for cancellation of SIP: ☐ Non ava | | |
| ☐ Wish to invest in other schemes ☐ Change | | ☐ Not comfortable with Market Volatility |
| I / We would like to cancel my/our registration for | or SIP [®] STP ^{\$} SWP ^{\$} | Auto Renewal SIP as per details below : |
| From Scheme PGIM INDIA | | Plan (✔) ☐ Regular ☐ Direct |
| Option (✓) ☐ Growth ☐ IDCW Payout | ☐ IDCW Reinvestment | |
| #To Scheme PGIM INDIA | | Plan (✔) ☐ Regular ☐ Direct |
| Option (\checkmark) $\ \square$ Growth $\ \square$ IDCW Payout | □ IDCW Reinvestment | #Applicable only for STP |
| Installment Date D D M M Y Y Y | Installment Amount | |
| Frequency (✓) ☐ Daily* ☐ Weekly* ☐ Mo | onthly 🗌 Quarterly 🗌 Annual | *Daily & Weekly frequency is applicable only for STP. Annual facility available only for SWP. |
| [®] The discontinuation of SIP request should receive a | t least 21 business days prior to the next due | |
| \$ The discontinuation of STP & SWP request should r | eceive at least 7 calendar days. | |
| SIP/STP/SWP/Auto Renewal SIP registered through CHANGE OF IDCW ^{\$} OPTION | exchange platform, MF Utility, other online plat | form will not be eligible to avail this facility. |
| | | |
| Scheme PGIM INDIA Option (✓) □ IDCW Payout □ IDCW R | Zeinvestment | Plan (✔) ☐ Regular ☐ Direct |
| I / We would like to change my/our IDCW Prefe | | |
| | IDCW Reinvestment to IDCW Payout | |
| \$ IDCW stands for Income Distribution cum Capital W | - | |
| SIGNATURE(S) | | |
| | | |
| 1st Unitholder/Guardian/POA | 2nd Unitholder | 3rd Unitholder |

To be signed by (a) Guardian in case of unit holders below 18 years of age; (b) Power of Attorney holder for investments made under a power of attorney; (c) Authorised Signatories in case of non-individual unit holders; (d) Request for nominee registration/cancellation has to be signed by all the unit holders. I / We hereby read and understood the terms and conditions of the SID and SAI of the PGIM India Mutual Fund.



