FORM 2 - SIP REGISTRATION & AUTO DEBIT/NACH

Attention: No need to attach One Time Mandate again, if already registered / submitted earlier.

Principal Mutual Funds

Tick (✓)
CREATE ✓
MODIFY X
CANCEL X

UMRN (Bank use) Date (D D M M Y Y Y Y)

Sponsor Bank Code (Bank use) Utility Code (Bank use)

I/We hereby authorize **Principal Mutual Fund** to debit (tick✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

with Bank (Name of customers bank) IFSC or MICR

an amount of Rupees (in words) ₹ (in figures)

FREQUENCY ~~☐ Mthly ☐ Qtly ☐ H Yrly ☐ Yrly~~ ✓ As & when presented DEBIT TYPE X Fixed Amount ✓ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

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

From	D	D	M	M	Y	Y	Y	Y
To	3	1	1	2	2	0	9	9
Or	X Until Cancelled							

Signature of 1st Account holder | Signature of 2nd Account holder | Signature of 3rd Account holder

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 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.

Broker ARN/RIA Code^	Sub-Broker ARN Code	EUIN	Sub-Broker Code
ARN - 30156			

☐ **I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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/relatioship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (Ref Instructions No. G).** Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ^ By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions.

Sole / First Applicant's Signature (Mandatory)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. B(14))

☐ I am a First Time Investor in Mutual Fund Industry ☐ I am an Existing Investor in Mutual Fund Industry

(For existing unit holder)

Name of First Applicant Folio No.

Cheque no. Drawn on Date Amount (₹)

SIP DETAILS (First time investors with Principal MF should fill & attach this with Form 1. Ref instruction (A) mentioned overleaf)

Scheme (SIP in upto 3 schemes with a single cheque)	Plan/Option	Dividend Frequency	SIP Amount*	SIP Date(s)#	Frequency$	Start Date	End Date	Perpetual
1. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐
2. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐
3. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐
Total (Amount in words)								

*Minium SIP amount is ₹ 2,000 per month except for Principal Tax Savings Fund for which it is ₹ 500 per month. # Default date 10th. $M-Monthly & Q-Quarterly

Dividend Sweep into Scheme Plan Option

☐ **TOP-UP DETAILS (Applicable to scheme number mentioned in above table. Ref instruction (B) mentioned overleaf)**

☐ **PAUSE DETAILS (Applicable to scheme number mentioned in above table. Ref instruction (C) mentioned overleaf)**

Scheme No.	Top up Amount (Min. ₹ 500 & Multiple of ₹1/-)	Frequency (HY-Half Yearly Y-Yearly (Default))	Top Up Start Month/Year	Cap Month / Year	Cap Amount	SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
1.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY
2.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY
3.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document. Statement of Additional Information, Key information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Principal Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/ECS/Direct Debit. The ARN holder, where applicable, 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 from amongst which the Scheme is being recommended to me/us.

First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder

Principal Mutual Funds

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Date (D D M M Y Y) Application No.

From

1
2
3

Stamp & Signature