

SIP TRANSACTION FORM



Pramerica

Investors must read the Key Information Memorandum and the instructions before completing this Form.

MUTUAL FUND

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN - 30156		ARN -		

In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 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. APPLICANTS 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)

Sole/First Unit Holder First Name Middle Name Last Name

Folio No. PAN* Aadhaar/UIDAI Enrollment No.* * Mandatory

3. INVESTMENT DETAILS (MANDATORY)

New SIP Registration SIP renewal Change in Bank Details (for a SIP registered earlier)

Scheme Plan

Option (✓) Growth OR Dividend Payout OR Dividend Reinvestment Dividend Sweep 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: DDMMYYYY Drawn on:

SIP Investment (Please ✓ any one) Monthly Quarterly

SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)
Please also fill and attach the SIP Auto Debit Facility Form OR

SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details

Cheque Nos. From To

Dated From DDMMYYYY To DDMMYYYY

Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)

Instalment Amount ₹

SIP Date: DD (Any date of the month except 29/30/31)

Till I/We instruct to discontinue the SIP

Please mention Enrolment Period: From MMYYYY To MMYYYY

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 incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will 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 ₹50,000 in a year.

Aadhaar Update Consent: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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.

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 DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of DHFL Pramerica Mutual Fund carrying this 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.

SIGNATURE (S)
(Applicants must sign as per Common Application Form)

Sole/1st Applicant/Guardian/Authorised Signatory/POA 2nd Applicant/Guardian/Authorised Signatory/POA 3rd Applicant/Guardian/Authorised Signatory/POA

4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

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)

Signature of Authorised Official from Bank (Bank stamp and date)

OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP



ONE TIME MANDATE FORM

(*Mandatory field)

UMRN For office use Date* DDMMYYYY

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

CREATE
MODIFY
CANCEL

I/We hereby authorize DHFL PRAMERICA MUTUAL FUND to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number*

With Bank* Name of customers bank IFSC* MICR*

an amount of Rupees* Amount in words ₹ In Figures

FREQUENCY* Mthly Qly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1 Application no. / Folio number 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 account as per latest schedule of charges of the bank.

PERIOD*
From DDMMYYYY x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder
To DDMMYYYY
OR Until Cancelled
Name of first account holder* Name of second account holder* Name of third account holder*

- 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.
- 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.