

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 - 30156		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.

Mandatory to submit Aadhaar Updation Form if not submitted earlier.

NAME OF UNITHOLDER

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

Scheme Name _____ *Option (Please any one) Growth Dividend

*Dividend Facility (Please any one) Payout Re-investment Dividend Sweep⁵ *Dividend Frequency _____

Mode of Payment Cheque Demand Draft Electronic Fund Transfer OTM[#] Source of Funds (For NRI / FIIS Investor) NRE NRO FCNR Others (please specify)

Amount ₹ (in words) _____

DD Charges ₹ Cheque / DD No. Dated

Drawn on Bank/OTM 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 SID. ⁵ Please refer SID / Addendum thereof for schemes available for DSF. # One Time Mandate

4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme _____ To Scheme _____

Option (Please any one) Growth Dividend *Option (Please any one) Growth Dividend

Dividend Facility (Please any one) Payment Re-investment Dividend Sweep⁵ *Dividend Facility (Please any one) Payment Re-investment Dividend Sweep

Dividend Frequency _____ *Dividend Frequency _____

Amount ₹ (in words) _____

OR No. of Units OR All units (Please)

*For Default option, please refer SID. ⁵ Please refer SID / Addendum thereof for schemes available for DSF

5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme _____ Option (Please any one) Growth Dividend

Amount ₹ (in words) _____

OR No. of Units OR All Units (Please)

Bank Name _____ Other than default bank registered in folio

A/c No.

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 mention bank name and account number.

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6, 6a under instructions)

Scheme _____ Plan _____ Option (Please) Growth Dividend

Dividend Frequency _____ Withdrawal Frequency Monthly Quarterly

Withdrawal Instalment ₹ _____ Withdrawal Date 1st 7th 10th 15th 21st 25th 28th All 7 dates

No. of Instalments _____ Withdrawal From to

7. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 6, 6b under instructions)

Daily (Please any one) Monthly Quarterly

Transfer Instalment Amount ₹ _____ Start Date

30 days (for DHFL Pramerica Long Term Equity Fund only) 60 days (for all Equity Schemes)

OR End Date

Daily STP: Source Scheme: DHFL Pramerica Insta Cash Fund
Target Scheme: All Open Ended Equity Funds

STP Dates (Please any one) 1st 7th 10th 15th
 21st 25th 28th All 7 dates

Transfer Instalment Amount ₹ _____

No. of Instalments _____

Start Date End Date

In case of any discrepancy between no. of investments and start-end date, period as per start-end date would be considered.

From Scheme _____ To Scheme _____

Plan _____ Plan _____

Option (Please any one) Growth Dividend Reinvestment Dividend Payout

Dividend Sweep (DSF)⁵ To DHFL PRAMERICA _____

Dividend Frequency _____

*For Default option, please refer SID. (⁵Please refer to SID / Addendum thereof for schemes available for Dividend Sweep Facility)

8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 7 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 rebates 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.

Aadhaar Updation 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.

SIGNATURE(S)

1st Unitholder/Guardian/Authorised Signatory/POA _____ 2nd Unitholder/Guardian/Authorised Signatory/POA _____ 3rd Unitholder/Guardian/Authorised Signatory/POA _____