Pramerica MUTUAL FUND

Common Application Form

Investors must read the Key Information Memorandum, the instructions and Product Labeling on cover page before completing this Form.

Application No.

DISTRIBUTOR INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)

ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
ARN-52719	ARN -		E079989

Incase the Employee Unique Identification Number (EUIN) box has been left blank please refer point 11 related to EUIN.
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.

TRANSACTION CHARGES (Please ✓ any one of the below)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

1. EXISTING UNIT HOLDER INFORMATION

Folio No. _____ **The details in our records under the folio number mentioned alongside will apply for this application.**

2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Anyone or Survivor ☐ Joint (Default Option)

3. UNIT HOLDER INFORMATION

Date of Birth D D M M Y Y Y Y | Proof of Date of Birth **Please (✓)** ☐ Attached

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders)

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____ KYC# **[Please tick (✓)] (Mandatory)** ☐ Proof Attached

Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies) _____

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / NAME OF CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

Mr. Ms. _____

Nationality _____ Designation _____ Contact No. _____

PAN#/ PEKRN# _____ KYC# **[Please tick (✓)] (Mandatory)** ☐ Proof Attached

Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies) _____

If you are a citizen/tax resident of the USA, please fill Annexure I (Individuals). All Non-Individual Investors have to mandatorily fill UBO Declaration Form.

Relationship with Minor **Please (✓)** ☐ Father ☐ Mother ☐ Court appointed Legal Guardian | Proof of relationship with minor **Please (✓)** ☐ Attached (Mandatory)

MAILING ADDRESS OF FIRST/SOLE APPLICANT (Mandatory to mention PIN CODE)

_____

CITY _____ STATE _____ PIN CODE _____

Overseas Address (Mandatory for NRI/FII applicant) (P.O. Box address is not sufficient)

_____

CITY _____ STATE _____ ZIP CODE _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT STD Code _____

Telephone : Off. _____ Res. _____ Fax _____

Mobile _____ Email ^ _____

^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email.

4. FIRST/ SOLE APPLICANT OTHER DETAILS

4a. Status of First/ Sole Applicant [Please tick (✓)] ☐ **Individual** ☐ **Non - Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form]**

☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ FIIs ☐ Minor through guardian ☐ BOI ☐ OCI
☐ Body Corporate ☐ LLP ☐ Society / Club ☐ Foreign National Resident in India ☐ QFI ☐ FPI ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____ (please specify)

4b. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

4c. Gross Annual Income (Rs.) [Please tick (✓)] ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

OR

c. Net-worth (Mandatory for Non-Individuals) Rs._____ as on D D M M Y Y Y Y (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

4e. Non-Individual Investors involved/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

5. JOINT APPLICANT DETAILS, If any

1. NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

Nationality _____ PAN#/ PEKRN# _____ KYC# **[Please tick (✓)] (Mandatory)** ☐ Proof Attached

Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies) _____

If you are a citizen/tax resident of the USA, please fill Annexure I (Individuals). All Non-Individual Investors have to mandatorily fill UBO Declaration Form.

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

b. Gross Annual Income (Rs.) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **OR** Net worth Rs._____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

 # Please attach Proof.

ACKNOWLEDGEMENT SLIP

Pramerica MUTUAL FUND

Date :

Received from Mr. / Ms. / M/s. _____ an application for Purchase of Units of the Scheme(s) alongwith Cheque / DD / Payment Instrument as detailed overleaf.

Acknowledgement Stamp and Date

... continued overleaf

5. JOINT APPLICANT DETAILS, If any *(contd...)*

2. NAME OF THIRD APPLICANT

Mr. Ms. M/s.

Nationality PAN#/ PEKRN# **KYC#** **[Please tick (✓)] (Mandatory)** ☐ Proof Attached

Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies) _____

If you are a citizen/tax resident of the USA, please fill Annexure I (Individuals). All Non-Individual Investors have to mandatorily fill UBO Declaration Form.

a. Occupation Details [Please tick (✓)] ☐ Service ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others _____ (please specify)

b. Gross Annual Income (Rs.) ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **OR** Net worth Rs._____

c. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

6. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN# **KYC#** **[Please tick (✓)] (Mandatory)** ☐ Proof Attached **# Please attach Proof.**

Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies) _____

If you are a citizen/tax resident of the USA, please fill Annexure I (Individuals). All Non-Individual Investors have to mandatorily fill UBO Declaration Form.

7. BANK DETAILS (MANDATORY-IF LEFT BLANK, APPLICATION WILL BE REJECTED) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account from where the investment is made).

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name

Branch Name Bank City

Account Number

MICR Code (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

IFSC Code*** *** (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

8. INVESTMENTS & PAYMENT DETAILS

The name of the first/ sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)

Scheme Name _____

Option ☐ Growth* ☐ Dividend ☐ Bonus **Dividend Facility** ☐ Payout ☐ Re-Investment* **Dividend Frequency** _____ ***Default**

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

Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Cheque / DD / Payment Instrument No. & Date	Drawn on Bank / Branch

☐ **SIP Investment (Please ✓ any one)** ☐ **Daily** ☐ **Monthly** ☐ **Quarterly**

☐ **SIP THROUGH AUTO DEBIT (ECS/Direct Debit)** 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 (Please ✓) ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th ☐ All 5 dates

SIP Period (Please ✓):

☐ Till I/We instruct to discontinue the SIP

☐ No. of instalments _____

Please mention Enrolment Period: From _____ To _____

9. DEMAT ACCOUNT DETAILS (Optional)

(Investor opting to hold units in demat form, may provide a copy of the DP statement enable us to match the demat details as stated in the application form.)

NSDL	**DP Name** _____	**DP ID**		**Beneficiary Account No.**	
CDSL	**DP Name** _____	**Beneficiary Account No.**			

10. NOMINATION (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

☐ I/we do not wish to nominate OR ☐ I/we do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/we also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name and Address of Nominee(s)	PAN	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

11. DECLARATION & SIGNATURE/S

I / We hereby confirm and declare as under:-

I/We have read and understood the contents of the Statement of Additional Information of Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I / We, hereby apply to the Trustee of Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We declare that I am/ We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Pramerica Mutual Fund, I/We hereby authorise the AMC/Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I /We agree that Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I / We agree to notify Pramerica Asset Managers Private Limited immediately in the event the information in the self-certification changes.

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: 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.

Applicable to NRIs: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s).

☐ **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.

SIGNATURE (S)

(All Applicants must sign here)

First/Sole Applicant/Guardian/ Authorised Signatory/ POA	
Second Applicant/ Authorised Signatory/ POA	
Third Applicant/ Authorised Signatory/ POA	

Particulars

Scheme Name / Plan / Option / Sub-option / Payout Option	Cheque / DD / Payment Instrument No. / Date	Drawn on (Name of Bank and Branch)	Amount in figures (Rs.)

Please Note: All Purchases are subject to realisation of cheques / demand drafts / Payment Instrument.