TRANSACTION FORM

Pramerica MUTUAL FUND

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)

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

Incase the Employee Unique Identification Number (EUIN) box has been left blank please refer point 8 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.

2. UNIT HOLDER DETAILS (MANDATORY) (Refer Section 2 under instructions)

Existing Folio No. _____

NAME OF FIRST/SOLE UNITHOLDER Mr. Ms. M/s. _____
Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies)# _____

NAME OF GUARDIAN (if applicable) Mr. Ms. M/s. _____
Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies)# _____

NAME OF SECOND UNITHOLDER Mr. Ms. M/s. _____
Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies)# _____

NAME OF THIRD UNITHOLDER Mr. Ms. M/s. _____
Are you a citizen/tax resident of any country other than India? ☐ Yes ☐ No (Default) if yes, please specify country/(ies)# _____

NAME OF PoA (if applicable) Mr. Ms. M/s. _____
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.

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

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

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

Mode of Payment ☐ Cheque ☐ Demand Draft ☐ Electronic Fund Transfer **Source of Funds** (For NRI/FIIs Investors) ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS (please specify)

Amount _____ **(in words)** _____

DD Charges ₹ _____ **Cheque / DD No.** _____ **Dated** D D M M Y Y Y Y

Drawn on Bank _____ **Branch & City** _____

Please note that in case of a third party payment, it is mandatory to fill the **Third Party Declaration Form.** ***Default Option**

4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme _____ **To Scheme** _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend ☐ Bonus **Option** (Please ✓ any one) ☐ Growth* ☐ Dividend ☐ Bonus

Dividend Facility (Please ✓any one) ☐ Payment ☐ Re-investment **Dividend Facility** (Please ✓any one) ☐ Payment ☐ Re-investment*

Dividend Frequency _____ **Dividend Frequency** _____

Amount ₹ _____ **(in words)** _____

OR No. of Units _____ **OR** ☐ **All units** (Please ✓) ***Default Option**

5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme _____ **Option** (Please ✓ any one) ☐ Growth ☐ Dividend ☐ Bonus

Amount ₹ _____ **(in words)** _____

OR No. of Units _____ **OR** ☐ **All units** (Please ✓)

Bank Account ☐ **Option 1 (Default)** ☐ **Option 2** ☐ **Option 3** ☐ **Option 4** ☐ **Option 5**

For Corporate Investors with more than 5 registered Bank Accounts ☐ Please specify option 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 (✓) the appropriate Option

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

Scheme _____ **Plan** _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend ☐ Bonus **Dividend Frequency** _____

Withdrawal Instalment ₹ _____

No. of Instalments _____

Total Withdrawal _____

Withdrawal Frequency : ☐ Monthly ☐ Quarterly

Withdrawal Date ☐ 10th ☐ 25th

Withdrawal From M M Y Y Y Y (First Instalment) **to** M M Y Y Y Y (Last Instalment)

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

From Scheme _____ **Plan** _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend ☐ Bonus **Dividend Frequency** _____

To Scheme _____ **Plan** _____

Option (Please ✓ any one) ☐ Growth* ☐ Dividend Reinvestment ☐ Dividend Payout ☐ Bonus **Dividend Frequency** _____ ***Default Option**

Transfer Instalment ₹ _____ **No. of Instalments** _____

Total Transfer ₹ _____

Transfer Period From M M Y Y Y Y (First Instalment) **To** M M Y Y Y Y (Last Instalment)

Transfer Frequency (Please ✓ any one) ☐ **Daily** ☐ **Weekly** ☐ **Fortnightly** ☐ **Monthly** ☐ **Quarterly**

STP day (Weekly or Fortnightly) Please specify day of the week

STP dates (Monthly or Quarterly) (Please ✓ any one) ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 25th ☐ All 5 days

8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 8 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 Pramerica Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly inmaking 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.

☐ **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.

D D M M Y Y Y Y

SIGNATURE(S)

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