

TRANSACTION FORM

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 (EJIN)
ARNARN-52719	ARN -		E079989

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

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 to

(First Instalment) (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 To

(First Instalment) (Last Instalment)

Transfer Frequency Daily Weekly Fortnightly

(Please any one) 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 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.

Please if the EJIN space is left blank: I/we hereby confirm that the EJIN 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)

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