Principal® Mutual Funds

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Application Form for SIP, STP & SWP

FOR EXISTING UNIT HOLDERS ONLY

Application No.

In case of folios held on behalf of Minor - Standing Instructions in the nature of SIP, SWP & STP will be registered only till the date of Minor attaining Majority.

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code	Sub-Broker ARN Code	EUIN	Sub-Broker Code	Principal Group Employee Code
ARN-52719		E079989		

☐ **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.** (Refer Instruction No. 3)
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Signature of Sole/ First Applicant/ Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. 12]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please 3 one of the options:- ☐ **First time Mutual Fund Investor** ☐ **Existing Investor]**
(**Note:** If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor for the purpose of deducting Transaction Charges)
In case the total commitment for SIP (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor in 3-4 installments. Units will be issued against the balance amount invested.

1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. 1]

Common Account / Folio No.
Name of Sole / First Unit Holder

2 FIRST SIP PAYMENT DETAILS FOR INVESTMENT THROUGH – ☐ PDC ☐ Auto Debit (ECS) ☐ SI (Please 3 choice of payment option selected)

(i) Investment Amount (₹) | (ii) DD Charges (₹) | Net Amount (₹) (i)+(ii)

Mode of Payment (Please 3) ☐ Cheque ☐ DD# *First SIP Cheque/DD No. (**Note:** DD is acceptable only for investment through Auto Debit / SI)

Account Type (Please 3) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR ☐ Others _____ MICR Code

Cheque issued from Bank A/c. No. | Name of 1st Bank A/c holder
Bank Name | Name of 2nd Bank A/c holder
Branch & City | Name of 3rd Bank A/c holder

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]
☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): _____ Name
☐ Employer: _____ Name ☐ Custodian: _____ Name

Enclose both the following Documents
- KYC Acknowledgement Letter of the Payer
- Joint Declaration

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the payment instrument.
In case of payment through DD/Pay order (relevant only for investment through Auto Debit / SI) it is mandatory to enclose Declaration / Acknowledgement from Bank.

3 REGISTRATION FOR SIP THROUGH POST DATED CHEQUES [(Please 3) ☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank A/c.]

Equity / Balanced & Fund of Funds Schemes
☐ Principal Large Cap Fund ☐ Principal Growth Fund ☐ Principal SMART Equity Fund
☐ Principal Balanced Fund ☐ Principal Index Fund - Nifty ☐ Principal Index Fund - Midcap
☐ Principal Emerging Bluechip Fund ☐ Principal Dividend Yield Fund
☐ Principal Global Opportunities Fund

☐ Direct Plan+ ☐ Regular Plan
☐ Growth
☐ Dividend ○ Payout ○ Reinvest ○ Sweep

ELSS ☐ Principal Personal Tax Saver Fund ☐ Principal Tax Savings Fund ☐ Direct Plan+ ☐ Regular Plan

Debt / Liquid Schemes

☐ Principal Government Securities Fund ☐ Principal Income Fund - Long Term Plan	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ☐ Dividend - ○ Payout ○ Reinvest ○ Sweep Dividend Frequency - ☐ Quarterly ☐ Annual
☐ Principal Debt Opportunities Fund - Conservative Plan ☐ Principal Cash Management Fund	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ☐ Dividend Dividend Frequency / Facility - ☐ Daily ☐ Weekly - ○ Reinvest ☐ Monthly - ○ Payout ○ Reinvest ○ Sweep
☐ Principal Retail Money Manager Fund#	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ☐ Dividend (Monthly) ○ Reinvest
☐ Principal Debt Opportunities Fund - Corporate Bond Plan ☐ Principal Bank CD Fund ☐ Principal Income Fund - Short Term Plan	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ☐ Dividend - ○ Payout ○ Reinvest ○ Sweep Dividend Frequency - ☐ Monthly

☐ Principal Debt Savings Fund	○ Monthly Income Plan	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ○ Accumulation ○ AEP	☐ Dividend ○ Monthly ○ Quarterly - ○ Payout ○ Reinvest ○ Sweep
	○ Retail Plan#	☐ Direct Plan+ ☐ Regular Plan	☐ Growth ○ Accumulation ○ AEP	

#Subscriptions is restricted only for individual investors (including HUFs, Association of Persons & where an individual is an ultimate beneficiary).

+ Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. 12]

Sweep to Scheme _____
Plan _____ Option _____

(In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

2nd and subsequent Installments: No. of Cheques _____ {Atleast 6** Incl. first installment} Amount Per Cheque ₹ _____ Total Amount ₹ _____

Frequency ☐ Monthly ☐ Quarterly #2nd and subsequent installment Cheque Nos. From _____ To _____

Second and subsequent installment month _____ SIP Date ☐ 1st ☐ 5th ☐ 15th ☐ 25th (the date on which you want to invest)

** Cheques to be dated as per the SIP date selected # Cheque should be drawn from the same Bank A/c. as mentioned in the First SIP Payment Details section.

Investors who wish to invest through Auto Debit (ECS) OR through Standing Instructions - please fill section 7 OR 8 respectively. Either Auto Debit (ECS) OR Standing Instructions can be selected. *... continued overleaf*

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: **Sub-Broker ARN:** **EUIN:**
Application No.

Received from _____ Folio No. _____ Application for

☐ **SIP through** ○ PDC ○ Auto Debit (ECS) ○ SI Scheme / Plan / Option _____ Amount. _____

Cheque/DD No. _____ Dated _____ Drawn on Bank & Branch _____

☐ **STP** ☐ **SWP** - **From:** Scheme _____ Plan _____ Option _____
To: Scheme _____ Plan _____ Option _____

Signature, Stamp & Date

4 SYSTEMATIC WITHDRAWAL PLAN (SWP) – Atleast 6 Withdrawals of ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any)

I/We would like to enrol for SWP

Scheme

Plan/Option

Start Month | End Month (optional) ^^ | SWP Amount | SWP Units

SWP date ☐ 1st ☐ 11th ☐ 21st (the date of the month on which you want to withdraw) | No. of Installments (Atleast 6) | Frequency ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

5 SYSTEMATIC TRANSFER PLAN (STP) / SWITCH PLAN (SSP)

Atleast 6 Withdrawals of (i) ₹ 1,000/- each for all Schemes (Except Principal Personal Tax Saver Fund & Principal Tax Savings Fund)
(ii) ₹ 500/- each for Principal Personal Tax Saver Fund & Principal Tax Savings Fund (Available only after the expiry of the scheme specific lock-in period)

I/We would like to transfer | units OR ₹ (in figures) | Rupees (in words)

From : Scheme | Plan | Option

To : Scheme | Plan | Option

Start Month | End Month (optional) ^^ | No. of Installments (Atleast 6)

Frequency ☐ Daily ☐ Weekly* ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

STP date ☐ 1st ☐ 11th ☐ 21st (the date of the month on which you want to do STP)

* Every Monday (Next Business Day if Monday is a non-business day).

^^ In case if the investor does not specify the end month the SWP/STP shall be active only upto such date that the sufficient funds are available.

6 DEMAT ACCOUNT DETAILS [Refer instruction No. 11]

Depository Participant (DP) ID | Beneficiary Account Number

7 BENEFICIAL OWNER [Refer instruction No. 13]

I/We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application - ☐ Yes ☐ No (**Note:** If this section is left blank, it is assumed that the Applicant(s) is the Beneficial Owner)

If no, kindly indicate the name of the Beneficial Owner _____

[Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserves the right to seek further information/documents for verification purpose]

8 PRIVACY POLICY CONFIRMATION [Refer instruction No. 14]

☐ Yes ☐ No. I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/We further confirm that the ARN holder (Broker/ Sub-Broker) 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) has been recommended to me/us. I / We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason whatsoever. I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank.

I/We hereby confirm that I /We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

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

SIGNATURES			
	Signature of **1st Applicant** / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN	
		Enclosed (please **3**) ☐ PAN ☐ KYC (Attach copy of PAN & KYC^)	
	Signature of **2nd Applicant** / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN	
		Enclosed (please **3**) ☐ PAN ☐ KYC (Attach copy of PAN & KYC^)	
	Signature of **3rd Applicant** / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN	
		Enclosed (please **3**) ☐ PAN ☐ KYC (Attach copy of PAN & KYC^)	

^ Refer Instruction No. 4

Applicable for Micro SIP: I/We further confirm & declare that I/We do not have any existing Micro SIPs in the scheme(s) of Principal Mutual Fund which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000/-. Further, I/We confirm that where the PAN has not been provided for any unitholder the same is on account of the fact that I/we do not hold PAN as on date.

Principal Mutual Funds

For investment related enquiries, Investor Grievance please contact:

Principal Mutual Fund

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.

TOLL FREE: 1800 425 5600. Fax: 022-6772 0512. Email : customer@principalindia.com Website : www.principalindia.com

CHECK LIST : Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued by KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument. • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring **"Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number"** and the same should be crossed **"Account Payee Only"**. • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

9 SIP AUTO DEBIT - REGISTRATION-CUM-MANDATE FORM FOR ECS (Please note that a minimum 30 days are required to set up Auto Debit)

(Please 3) ☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank A/c. | Folio No. | Application No.

Broker ARN Code: ARN-52719 | Sub-Broker Code: | EUIN | Sub-Broker Code E079989

Scheme | Plan | Option

I / We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein:

Bank A/c. No. | A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ Others _____

Bank Name | Branch & City | Pin code

Name of 1st Bank A/c holder | MICR Code This is a 9 digit number next to your Cheque No.

Name of 2nd Bank A/c holder | Mandatory Enclosure - ☐ Blank Cancelled Cheque ☐ Copy of Cheque

Name of 3rd Bank A/c holder | ☐ Copy of Pass Book

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Name

☐ Employer: Name ☐ Custodian: Name

Enclose both the following Documents
- KYC Acknowledgement Letter of the Payer
- Joint Declaration

Each SIP Installment Amount (₹) | SIP Start Date D D M M Y Y Y Y | Frequency ☐ Monthly ☐ Quarterly | No. of Installment (Atleast 6 Incl. first installment

SIP Period Start From (2nd instalment) M M Y Y End on (Last instalment) M M Y Y | Second and subsequent installment dates (the date on which you want to invest for subsequent period) ☐ 1st ☐ 5th ☐ 15th ☐ 25th

I/We herein declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. In case the cheques/ my/our instructions to the Bank are dishonoured or cannot be acted upon, then in such an event the Bank, the AMC and Principal Mutual Fund shall not be held responsible.

Signature of 1st Holder/POA Holder/Guardian | Signature of 2nd Holder/POA Holder | Signature of 3rd Holder/POA Holder

Please note Signature(s) should be as it appears on the application form and in the same order. In case, Mode of Holding is joint, all applicants are requested to sign.

Date D D M M Y Y Y Y | (Bank's Stamp) | Signature of the Authorised Official from the Bank

FOR BANK USE ONLY (Not to be filled in by Applicant)

Recorded on D D M M Y Y Y Y | Customer Ref. No. | Recorded by

Scheme Code | Credit A/c. No. | Bank use Mandate Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by all the Account Holder(s)]

I / We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein. I/We have read the relevant Scheme Information Document and Statement of Additional Information and agree to discharge the responsibility expected of me/us as a participant under the concerning scheme(s). I/We will also inform Principal Mutual Fund, about any changes in my/our bank account.

Further this is to inform you that, I / we have registered with the RBI's Electronic Clearing Service and that the payment towards my investment in Principal Mutual Fund shall be made from my/our within bank account with your bank. I/We authorise the representative carrying this ECS Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited from my/our account. I/We hereby further authorise Principal Mutual Fund, acting through their authorised service providers to debit my / our bank account by ECS (Debit Clearing) for collection of SIP payments.

1st Account Holder's Signature *(As in Bank Records)* | **2nd Account Holder's Signature** *(As in Bank Records)* | **3rd Account Holder's Signature** *(As in Bank Records)* | Bank Account Number

Investors can opt either Auto Debit (ECS) OR Standing Instructions.

10 SIP - DIRECT DEBIT / STANDING INSTRUCTION (SI) FORM

(Please 3) ☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank A/c. | Folio No. | Application No.

Broker ARN Code: ARN-52719 | Sub-Broker Code: | EUIN | Sub-Broker Code E079989

☐ Axis Bank ☐ Bank of Baroda ☐ Bank of India ☐ ICICI Bank ☐ IDBI Bank ☐ Indus Ind Bank ☐ Kotak Mahindra Bank
☐ Punjab National Bank ☐ State Bank of India ☐ Corporation Bank ☐ Union Bank of India ☐ Allahabad Bank | Branch _____

(please select [3] your concerning Bank & mention the Branch)

Sub. : Request for maintaining of a Direct Debit / Standing Instruction (SI) for SIP with Principal Mutual Fund

I/We, NAME OF FIRST UNITHOLDER, hereby authorise you to deduct on a monthly / quarterly basis (as a Direct Debit / SI) from my / our A/c. No. _____ (hereinafter referred as "funding account") for ₹ IN FIGURES (₹ IN WORDS only) and remit the same to Principal Mutual Fund as per the details given below:

Name of Scheme/Plan/Option :

Direct Debit / SI Date : ☐ 1st ☐ 5th ☐ 15th ☐ 25th | Frequency : ☐ Monthly ☐ Quarterly | No. of Installment (Atleast 6)

Start Date D D M M Y Y Y Y | End Date D D M M Y Y Y Y (All Dates to be mentioned in DD/MM/YYYY format only)

Account Type (Please 3) : ☐ Savings ☐ Current ☐ Cash Credit ☐ NRE ☐ NRO ☐ Others _____

Bank Account Number : | MICR Code**

Name of the 1st Bank Account Holder | Name of the 2nd Bank Account Holder | Name of the 3rd Bank Account Holder

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]

☐ Parent/Grand Parent/related person: Name

☐ Employer: Name ☐ Custodian: Name

Enclose both the following Documents
- KYC Acknowledgement Letter of the Payer
- Joint Declaration

** Please provide the MICR Code of the bank branch from where the ECS is to be effected. **MICR Codes starting or ending with 000 are not valid for ECS.**

I / We understand that the Debit to my / our account will take place at any time on the transaction day (Cycle date) and accordingly I/We undertake to keep sufficient funds in the funding account on the date of execution of Direct Debit / SI. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Principal Pnb Asset Management Company / Principal Mutual Fund or the Bank responsible. I/We understand that if the date of debit to my/ our account happens to be a non Business Day as per the Principal Mutual Fund, allotment of units will happen on the following business day as per the Terms and Conditions listed in the Scheme Information Document of respective Scheme(s) of Principal Mutual Fund. Mandate verification charges, if any, may be debited from my/our account. The above referred Bank(s) shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above referred Bank(s) reasonable control and which has the effect of preventing the performance of the contract by the above referred Bank(s).

First Account Holder's Signature *(As in Bank Records)* | **Second Account Holder's Signature** *(As in Bank Records)* | **Third Account Holder's Signature** *(As in Bank Records)*

FOR BRANCH USE ONLY (TO BE RETURNED TO PRINCIPAL MUTUAL FUND)

Signature Verified by | Approved by BM

For CPU Use only:

Maintained on | Maintained by

Name of the A/c Holder | Account Number

Direct Debit / SI Start Date | Direct Debit / SI End Date | Next Direct Debit / SI Date | Amount