

SIP TRANSACTION FORM

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)			FOR OFFICE USE ONLY		
Distributor Code	Sub Broker Code	Employee Code (E-UIN) ¹	Branch Serial Code	Registrar Serial No.	Date/Time of Receipt
ARN-3092		E075439			

¹Please incase the Employee Code (E-UIN) box has been left blank.
 I/We hereby confirm that where the E-UIN space has been left blank by me/us, the transaction is an execution-only transaction.
 Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including services rendered by the distributor.

2. APPLICANT'S DETAILS (MANDATORY) (Refer Instruction No. 2)			
Sole/First Unit Holder	First Name	Middle Name	Last Name
Please note that for systematic investment of ₹. 50,000 or above (i.e. aggregate of all instalments in a rolling 12 month period), it is mandatory to furnish PAN together with an attested copy of PAN card.			
PAN	First Unit Holder	Second Unit Holder	Third Unit Holder
Enclosed (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment Letter	<input type="checkbox"/> Attested PAN Card <input type="checkbox"/> KYC Acknowledgment Letter

3. INVESTMENT DETAILS (MANDATORY) (Refer Instruction No. 3 & Terms & Condition)			
<input type="checkbox"/> New SIP Registration		<input type="checkbox"/> SIP renewal	
<input type="checkbox"/> Change in Bank Details (for a SIP registered earlier)			
Scheme	Plan	Dividend Frequency	
Option <input checked="" type="checkbox"/> Growth OR <input type="checkbox"/> Dividend Payout	OR <input type="checkbox"/> Dividend Reinvestment		
Instalment Amount	SIP Period [See instr.No. 3]	SIP Frequency (Please <input checked="" type="checkbox"/> one) <input type="checkbox"/> Daily ² <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
₹. _____	<input type="checkbox"/> Till you instruct Pramerica to discontinue the SIP OR <input type="checkbox"/> No. of Instalments _____	SIP Date (Please <input checked="" type="checkbox"/> one) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All five dates	
		SIP Period From MM/YY To MM/YY	
First Instalment Details:			
Mode of Payment <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order		Instrument No. _____ Dated DD / MM / YYYY	
Drawn on _____ Bank _____ Branch _____			
NRI Investors, please indicate source of funds for your investment (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ Please specify _____			
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit) (Available in select cities / banks listed overleaf) Please fill up section 4 and 6 below		OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUES (Second and subsequent Instalment Cheque Details)	
		Cheque Nos. From _____ To _____	
		Dated From DD / MM / YYYY To DD / MM / YYYY	
Please sign in Section 3 only. You need not fill up Section 4 and 6			

² Facility available through select banks. Refer terms & condition - point 3
³ Please fill in the 'To' date only if 'No. of instalments' have been specified, otherwise leave blank.

Third party cheque / transfer will not be accepted for investment
 In case of exception to Third party payment, please fill the Third Party Declaration Form. [Refer Instruction No. 3 (f)]

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user in situation responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We confirm that 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. I/We hereby declare that I/We do not have any existing MICR investments which together with the current application will result in aggregate investments exceeding ₹ 5,00,000 in a year.
 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.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd Applicant/Guardian/Authorised Signatory/POA
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4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)			
Account Number	(Please provide Core Banking Account Number only)		
Account Type	<input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR		
Name of Sole / 1 st Account Holder			
Name of 2 nd Account Holder			
Name of 3 rd Account Holder			
Name of Bank			
Branch & City	Pin _____		
MICR Code (Mandatory) (9 digit code next to the cheque no. MICR code starting and/ or ending with 000 is not valid for ECS)	IFSC Code (11 digit no. appearing on your cheque leaf)	Mandatory to submit a original cancelled cheque leaf of the bank account mentioned here.	
DECLARATION & SIGNATURE: I/We hereby, authorise Pramerica Mutual Fund and its authorised service providers, to debit my/our above mentioned bank account directly or by ECS (debit clearing) for collection of SIP payments.			
SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder	<input checked="" type="checkbox"/> 2 nd Account Holder	<input checked="" type="checkbox"/> 3 rd Account Holder

5. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order) [Refer Instruction No. 4 (d)]	
Certified that the signature of account holder and the Details of Bank account are correct as per our records Signature verification request (To be retained by the Customer's Bank)	Signature of Authorised Official from Bank (Bank stamp and date)

6. Auto Debit Authorization by Bank Account Holders			
The Branch Manager			Date DD / MM / YYYY
Bank	Branch		
Sub : Mandate verification for A/c. No. _____			
This is to inform you that I/We have registered for making payment towards my investments in Pramerica Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.			
SIGNATURE (S) (as in Bank records)	<input checked="" type="checkbox"/> Sole/1 st Account Holder	<input checked="" type="checkbox"/> 2 nd Account Holder	<input checked="" type="checkbox"/> 3 rd Account Holder