

# TRANSACTION FORM



**Pramerica**  
**MUTUAL FUND**

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

Application No. \_\_\_\_\_

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)			FOR OFFICE USE ONLY		
Distributor Code <b>ARN-3092</b>	Sub Broker Code	Employee Code (E-UIN)* <b>E075439</b>	Branch Serial Code	Registrar Serial No.	Date/Time of Receipt
<small>*Please ✓ Incase the Employee Code (E-UIN) box has been left blank.                      I/We hereby confirm that where the EUIIN 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.</small>					
2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters)			(Refer Section 2 under Instructions)		
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (Please ✓ any one)			Existing Folio No. _____		
FIRST NAME		MIDDLE NAME		LAST NAME	
3. ADDITIONAL PURCHASE REQUEST			(Refer Section 3 under Instructions)		
Scheme Name _____			Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment			Dividend Frequency _____		
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer			Source of Funds (For NRI/FII's Investors) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify)		
Amount ₹ _____ (in words) _____					
DD Charges ₹ _____ Cheque / DD No. _____ Dated DDMMYYYY					
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.					
4. SWITCH REQUEST			(Refer Section 4 under Instructions)		
From Scheme _____			To Scheme _____		
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment			Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment		
Dividend Frequency _____			Dividend Frequency _____		
Amount ₹ _____ (in words) _____					
OR No. of Units _____			OR <input type="checkbox"/> All units (Please ✓)		
5. REDEMPTION REQUEST			(Refer Section 5 under Instructions)		
Scheme _____			Option (Please specify) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Amount ₹ _____ (in words) _____					
OR No. of Units _____			OR <input type="checkbox"/> All units (Please ✓)		
Bank Account <input type="checkbox"/> Option 1 (Default) <input type="checkbox"/> Option 2			<input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5		
Please note that redemption proceeds will be credited to the Default Bank Account. All the Bank Accounts registered with us are printed on your account statement. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please (✓) the appropriate Option above.					
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) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Dividend Frequency _____		
Withdrawal Instalment ₹ _____			Withdrawal Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
No. of Instalments _____			Withdrawal Date <input type="checkbox"/> 10th <input type="checkbox"/> 25th		
Total Withdrawal _____			Withdrawal From MMYYYY to MMYYYY (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) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Dividend Frequency _____		
To Scheme _____			Plan _____		
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout			Dividend Frequency _____		
Transfer Instalment ₹ _____ No. of Instalments _____			Transfer Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		
Total Transfer ₹ _____			(Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Transfer Period From MMYYYY To MMYYYY (First Instalment) (Last Instalment)			STP day (Weekly or Fortnightly) _____ Please specify day of the week		
			STP dates (Monthly or Quarterly) (Please ✓ any 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 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.					
SIGNATURE(S) <span style="float: right;">DDMMYYYY</span>					
✓ 1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA			