

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.

Please read the instructions before filling the Application Form

### DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker Name & Code	Sub-Broker Code	EUIN	Principal Group Employee Code	Date & Time of Receipt
ARN - 0186 / BONANZA				

I/We hereby confirm that where the EUIN space has been left blank the transaction is an "execution-only" 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.

### 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 ✓ 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 ✓ choice of payment option selected)

(i) Investment Amount (₹) \_\_\_\_\_ (ii) DD Charges (₹) \_\_\_\_\_ Net Amount (₹) (i)+(ii) \_\_\_\_\_

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

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR  Others \_\_\_\_\_ MICR Code \_\_\_\_\_ [This is a 9 digit number next to your Cheque No.]

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 \_\_\_\_\_ Pin code \_\_\_\_\_ 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 ✓) 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  Direct Plan+  Growth  
 Principal Emerging Bluechip Fund  Principal Index Fund  Principal Balanced Fund  Regular Plan  Dividend  
 Principal Global Opportunities Fund  Principal Dividend Yield Fund  Payout  Reinvest  Sweep

Principal Retail Equity Savings Fund#  Direct Plan+  Regular Plan  Growth

ELSS  Principal Personal Tax Saver Fund  Direct Plan+  Regular Plan

#### Debt / Liquid Schemes

Principal Government Securities Fund  Direct Plan+  Regular Plan  Growth  Dividend -  Payout  Reinvest  Sweep  
 Principal Income Fund - Long Term Plan Dividend Frequency -  Quarterly  Annual

Principal Debt Opportunities Fund - Conservative Plan  Direct Plan+  Regular Plan  Growth  Dividend  
 Principal Cash Management Fund\* 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  Direct Plan+  Regular Plan  Growth  Dividend -  Payout  Reinvest  Sweep  
 Principal Bank CD Fund  Principal Income Fund - Short Term Plan 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]

\* SIP not available

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\*\* } Amount Per Cheque ₹ \_\_\_\_\_ Total Amount ₹ \_\_\_\_\_  
{ Incl. first installment }

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 8 OR 9 respectively. Either Auto Debit (ECS) OR Standing Instructions can be selected. ... continued overleaf

### ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: \_\_\_\_\_

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 ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any)**

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  Monthly  Quarterly  Semi-annual  Annual STP date  1st  11th  21st (the date of the month on which you want to do STP)

^^ 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 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Personal Tax Saver Fund)**

I\* \_\_\_\_\_ hereby assign all the benefits that may be payable in the event of my accidental death by the concerning Insurance Company ["Insurer"] under the Insurance Policy arranged by the Company for the investors in Principal Personal Tax Saver Fund; in favour of :

Name of Assignee Mr/Ms/Mrs \_\_\_\_\_ Date of Birth DD / MM / YYYY \_\_\_\_\_  
 having his/her address at \_\_\_\_\_ City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

Name of Guardian (where the Assignee is a Minor) \_\_\_\_\_

I further declare that receipt of the benefits, if any, by the above named Assignee shall be sufficient discharge thereof to the Insurer/ Company.

I also confirm having noted the key terms and conditions of the referred accidental death insurance cover as provided in the Scheme Information Document. The decision of the Insurer on any matter related to admissibility of a claim shall be final and binding. Date \_\_\_\_\_ Place \_\_\_\_\_ Witness Name \_\_\_\_\_

Witness Address \_\_\_\_\_ Witness Signature \_\_\_\_\_

\* Name of the - Sole/First Applicant only in case of an individual applicant, Karta in case of HUF and First Applicant in case of Association of Persons (AOP)/Body of Individuals.

Minor's Relationship \_\_\_\_\_

It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided for in the application form. Investor may not get covered under insurance if the assignee is not appointed.

**7 DEMAT ACCOUNT DETAILS [Refer instruction No. 11]**

Depository Participant (DP) ID \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

**8 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]

**9 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](http://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 Schemes 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.

<b>SIGNATURES</b>	Signature of <b>1st Applicant / POA Holder / Guardian</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN _____	
		Enclosed (please <input checked="" type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
	Signature of <b>2nd Applicant / POA Holder</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN _____	
		Enclosed (please <input checked="" type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
	Signature of <b>3rd Applicant / POA Holder</b>	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	POA Details - Name		
	PAN _____		
	Enclosed (please <input checked="" type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)		

**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.

^ 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 & KYC acknowledgement letter 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.



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](mailto:customer@principalindia.com) Website : [www.principalindia.com](http://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 CDSL Ventures Ltd / printout of KYC compliance status downloaded from CVL website, 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".