

4. Default Bank Account Details of First Applicant (Mandatory for Redemption & Dividend Payouts)

Account No.	<input type="text"/>	Account type (✓ to select) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	<input type="text"/>	Branch <input type="text"/>
City	<input type="text"/>	Pin Code <input type="text"/> MICR Code <input type="text"/>
IFSC Code	<input type="text"/>	(9 digit code on your cheque leaf) <input type="text"/>
(11 digit code on your cheque)		
Document attached (Any one) <input type="checkbox"/> Cancelled cheque leaf with Name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate		
All Payout will be processed through EFT/NEFT/RTGS. In case you wish to receive a Cheque/DD, Please Tick <input type="checkbox"/>		

5. Type of Investment

☐ Lumpsum Investment ☐ Systematic Investment* ☐ Micro SIP**

* For ECS please fill up the enclosed SIP/Micro SIP Auto Debit (ECS) Form alongwith Application Form. SIP and Micro SIP options are currently not available for Demat transactions.

** SIPs upto ₹ 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

6. Investment and Payment Details

Scheme Name	<input type="text"/>	Plan*	<input type="text"/>	Option*	<input type="text"/>
Investment Amount	<input type="text"/>	DD Charges (if applicable)	<input type="text"/>	Net Amount (A/c Payee-Cheque / DD Amount)	<input type="text"/>
Cheque/DD No.	<input type="text"/>	Drawn on (Bank / Branch Name)	<input type="text"/>		
Cheque / DD Date	<input type="text"/>	Bank Account No.	<input type="text"/>		
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR					
NRI / FII investors please enclose (✓ as applicable) <input type="checkbox"/> Account Debit <input type="checkbox"/> Foreign Inward Remittance Certificate <input type="checkbox"/> Others <input type="text"/>					
<input type="checkbox"/> Systematic Investment Plan (SIP) (Through Post Dated Cheques)		<input type="checkbox"/> Micro SIP			
Frequency (Please ✓) : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP/Micro SIP Date : <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st	All four dates	Installment Amount	<input type="text"/>	
Enrolment Period From <input type="text"/>	To <input type="text"/>	Cheque No(s). From <input type="text"/>	To <input type="text"/>	No. of Cheques	<input type="text"/>
Drawn on (Bank / Branch Name) <input type="text"/>					

*Default Option will be applied in case of no information, ambiguity or discrepancy. Cheque / DD to be drawn in favour of "Scheme Name - First Holder's Name" or "Scheme Name -First Holder's PAN No. Holder's" or "Scheme Name - Folio No.". Refer to KIM for further details. Cheques should be crossed as "Account Payee Only".

7. Source of Payment (from where the above investment is made)

First / Sole Holder's Bank Account <input type="checkbox"/>	Mandatory (any one): <input type="checkbox"/> Cheque leaf with Name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate
OR	
Third Party's Bank Account <input type="checkbox"/>	
Relationship with the Holder: <input type="checkbox"/> Parents/Grand-Parents/related persons <input type="checkbox"/> Employer on behalf of employee <input type="checkbox"/> Custodian on behalf of an FII or a client	
Mandatory documents required: <input type="checkbox"/> KYC Acknowledgment Letter <input type="checkbox"/> Third Party Declaration Form	
Document attached (Any one): <input type="checkbox"/> Cancelled cheque leaf with Name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate	

8. Depository Account Details

Please fill out the below table, if you wish to hold Units in Demat form. Please read Instruction for more details

Depository Name (Please ✓) <input type="checkbox"/> National Securities Depository Limited (NSDL) <input type="checkbox"/> Central Depository Services (India) Limited (CDSL)	
Depository Participant's Name (DP)	
DP ID	
Beneficiary Account Number	16 Digit Beneficiary Account Number to be mentioned above

9. Nomination Details (Mandatory* for Single / Sole Holder)

	Nominee	Name of Guardian (in case of Minor)	Relationship with the Applicant	Signature of the Guardian	Percentage of Investment Allocation %
Nominee 1					
Address					
Nominee 2					
Address					
Nominee 3					
Address					

For Demat Unitholders - Please note nomination details need not be filled. This will be picked from the Depository Account details mentioned in Point no. 8

*I am investing in single mode of holding and I do not wish to avail the nomination facility for my investment ☐ Please ✓

10. Declaration & Signatures

I/We have read and understood the contents of the SID/SAI/KIM of the above Scheme of PineBridge Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/ purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise PineBridge Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / PineBridge Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We understand that all plans of respective schemes will have common portfolio. However, the returns under each plan are expected to vary on account of specified expense ratio under the relevant plan. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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 have read and understood the Terms and Conditions w.r.t. transaction charges as applicable for purchase transaction. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year. I/We declare that the information given in this application form is correct, complete and truly stated.

APPLICABLE FOR NRIs : I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account.

If the investment is being made by a Constituted Attorney please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)		<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**			

*Mandatory - Enclose self/broker attested PAN Card Copy.

**Photo Identification Copy for Micro SIP only.

Sole / First Applicant / Guardian
Second Applicant
Third Applicant

SIGNATURE(S)

Investor Care

1800-200-3444

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Website

www.aiginvestments.co.in

Distributor Care

(City Code) 60000344*

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SMS

TRUST to 56767

* Available at our Ahmedabad, Bangalore, Chennai, Mumbai, New Delhi and Pune branches.