

This Form is to be used by Existing Investors for the purpose of ☐ Redemption ☐ Switch ☐ STP ☐ SWP
☐ SIP / STP / SWP Cancellation ☐ Change of Contact Details (Please ✓ whichever is applicable)

Sr. No.

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN - Kindly stamp 132061	Kindly affix your Sub Broker ARN stamp		AMFI E352389	

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.
 "Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor"
 Transaction charges will be applicable to the investors for purchase transaction through Distributor/ Agent. Please refer to the detailed terms and conditions w.r.t. transaction charges given in KIM.

SIGNATURE(S)

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

Existing Unitholders Information (KYC is mandatory for ALL investments irrespective of the amount.)

First Unitholder _____ Existing Folio No. _____ / _____

Redemption

Scheme _____ Plan _____ Option _____

Amount ₹ _____ Amount ₹ (In Words) _____

No. of Units _____ OR ☐ All Units (Please ✓) (Please mention either Amount or Units)

☐ Default Bank Account in this folio ☐ Any of the Registered Bank Account in this folio ☐ Please pay Proceeds via RTGS/NEFT

Bank Name: _____

Bank Account No. _____ IFSC Code _____

Systematic Transfer Plan (STP)

From Scheme (Transferor) _____ Plan _____ Option _____

To Scheme (Transferee) _____ Plan _____ Option _____

Please transfer ☐ Fixed Amount ₹ _____ OR ☐ Capital Appreciation
 Frequency : ☐ All Four Dates ☐ Fortnightly ☐ Monthly
 STP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st

Enrolment Period From / / To / /

STP shall not be executed if amount is less than ₹1000/- (To be submitted 5 business days before the 1st due date of Transfer)

Systematic Withdrawal Plan (SWP)

From Scheme _____ Plan _____ Option _____

(Please ✓) ☐ Fixed Amount ₹ _____ OR ☐ Capital Appreciation
 SWP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All Four Dates

Enrolment Period From / / To / /

SWP shall not be executed if amount is less than ₹ 1000/-, Frequency - Monthly (To be submitted 5 business days before the 1st due date of Withdrawal)

SIP / STP / SWP Cancellation

I/We would like to discontinue ☐ SIP ☐ STP ☐ SWP
 Effective Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All Four Dates
 Month _____ Year _____

SIP Cancellation - To be submitted within 30 days from the next SIP effective date. **STP Cancellation** - To be submitted within 30 days from the next STP effective date.

SWP Cancellation - To be submitted within 30 days from the next SWP effective date

Change of Contact Details

☐ Update my Mobile No. _____ ☐ Update my Email ID* _____

* I would like to receive information by email in lieu of physical mail

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 I/We do not hold PineBridge Mutual Fund responsible for the redemption/dividend credit going to the wrong bank account. I/We declare that the information given in this application form is correct, complete and truly stated.
EUIIN: I/We hereby confirm that the EUIIN 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
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.

SIGNATURE(S)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. _____ Date _____

Received from _____

☐ Redemption: Amount (₹) _____ OR Units _____
☐ SWP : ☐ Fixed Amount (₹) _____ OR ☐ Capital Appreciation
☐ STP : ☐ Fixed Amount (₹) _____ OR ☐ Capital Appreciation
☐ SIP/STP/SWP Cancellation ☐ Change of Contact Details

Time Stamp No.
(Office Use Only)