

TRANSACTION FORM

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



1. DISTRIBUTOR INFORMATION				(Refer Instruction No. 1)
ARN code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)	
ARN - 132061	ARN -		E352389	
<small>In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 8 related to EUIIN. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.</small>				
2. UNIT HOLDER DETAILS (MANDATORY)				(Refer Section 2 under instructions)
Existing Folio No. 				
NAME OF FIRST/SOLE UNITHOLDER Mr. Ms. M/s.				
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) If yes, please specify country(ies)* 				
NAME OF GUARDIAN (if applicable) Mr. Ms. M/s.				
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) If yes, please specify country(ies)* 				
NAME OF SECOND UNITHOLDER Mr. Ms. M/s.				
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) If yes, please specify country(ies)* 				
NAME OF THIRD UNITHOLDER Mr. Ms. M/s.				
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) If yes, please specify country(ies)* 				
NAME OF PoA (if applicable) Mr. Ms. M/s.				
Are you a citizen/tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) If yes, please specify country(ies)* 				
# IF YOU ARE A CITIZEN/TAX RESIDENT OF THE USA, PLEASE FILL ANNEXURE I (INDIVIDUALS). ALL NON-INDIVIDUAL INVESTORS HAVE TO MANDATORILY FILL UBO DECLARATION FORM.				
3. ADDITIONAL PURCHASE REQUEST				(Refer Section 3 under instructions)
Scheme Name Option (Please ✓ any one) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus				
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 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 				
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. *Default Option				
4. SWITCH REQUEST				(Refer Section 4 under instructions)
From Scheme To Scheme 				
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus Option (Please ✓ any one) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus				
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 ✓) *Default Option				
5. REDEMPTION REQUEST				(Refer Section 5 under instructions)
Scheme Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus				
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. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please (✓) the appropriate Option.				
For Corporate Investors with more than 5 registered Bank Accounts <input type="checkbox"/> Please specify option no. 				
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 <input type="checkbox"/> Bonus 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 to 				
(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 <input type="checkbox"/> Bonus Dividend Frequency 				
To Scheme Plan 				
Option (Please ✓ any one) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Bonus Dividend Frequency *Default Option				
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 To STP day (Weekly or Fortnightly) Please specify day of the week				
(First Instalment) (Last Instalment) 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)
<small>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.</small>				
<small>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.</small>				
<input type="checkbox"/> Please ✓ if the EUIIN space is left blank: 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.				
SIGNATURE(S) 				
1 st Unitholder/Guardian/Authorised Signatory/POA			2 nd Unitholder/Guardian/Authorised Signatory/POA	
3 rd Unitholder/Guardian/Authorised Signatory/POA				