

COMMON APPLICATION FORM

(To be used / distributed with Key Information Memorandum)



Pramerica

MUTUAL FUND

Please submit separate form for each scheme. Please read the Scheme Information Document / KIM of the scheme and instructions carefully.

Application No.

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)	FOR OFFICE USE ONLY
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Distributor Code ARN - 82882	Sub Broker Code	Branch Serial Code	Registrar Serial No.	Date/Time of Receipt
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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.

2. TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. 2)
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<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	OR	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
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3. UNITHOLDING OPTION <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode
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DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above) (Refer Instruction No. 3)

National Securities Depository Limited	Depository participant Name DP ID No. Beneficiary Account No.	Central Depository Securities Limited	Depository participant Name Target ID No.
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Enclosures: Client Master List (CML) Transaction cum Holding Statement Delivery Instructions Slip (DIS)

4. EXISTING INVESTORS (Refer Instruction No. 4A)
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Existing Folio No. _____ Name of Sole / 1st Applicant _____ (Please fill Section 8 & 10 only)

5. APPLICANTS INFORMATION (Refer Instruction No. 4B)
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Name of Sole/1st Applicant Mr. Ms. M/s. (Please ✓) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 (Please ✓) Proof of Date of Birth (Mandatory in case of Minor) (Refer Instruction No. 4C)

F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
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Name of 2nd Applicant Mr. Ms. M/s. (Please ✓) Date of Birth

D	D	M	M	Y	Y	Y	Y
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F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
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Name of 3rd Applicant Mr. Ms. M/s. (Please ✓) Date of Birth

D	D	M	M	Y	Y	Y	Y
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F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
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Name of Guardian/Contact Person Mr. Ms. M/s. Relationship with Minor _____ (Please ✓) Proof of Relationship (Mandatory in case of Minor Applicant) (Refer Instruction No. 4D)

F	I	R	S	T	N	A	M	E	M	I	D	D	L	E	N	A	M	E	L	A	S	T	N	A	M	E
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	PAN*	KYC Status [^]	Other Proof of Identity [^]	ID No.
1 st Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 nd Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3 rd Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian (In case of 1 st Applicant is a Minor)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Mandatory with an attested PAN Proof

[^] Mandatory for any amount, If Yes, attach proof

[^] Only for Micro SIP. (Please refer instruction no. 4E)

Mode of Holding Single OR Anyone or Survivor OR Joint (Default Option)

Status Resident Individual NRI PIO Company/Body Corporate Trust Partnership FII Bank NGO AOP/BOI Club/Society
 Minor Defence Establishment Government Body HUF Others _____ (Please specify)

Occupation Private Sector Service Public Sector/Govt. Service Business Professional Agriculturist Retired Housewife Student Others _____ (Please specify)

CONTACT INFORMATION Correspondence Address of Sole/First Applicant (P.O. Box address is not sufficient) (Refer Instruction No. 5)

City	State	PIN Code
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Overseas Address (Mandatory for NRI/FII applicant) (P.O. Box address is not sufficient)

City	Country	ZIP Code
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Contact Details	Tel. No. STD Code	Res.	Off.	Fax
1 st Applicant	Mobile No.*		Email ID*#	
2 nd Applicant	Mobile No.*		Email ID*	
3 rd Applicant	Mobile No.*		Email ID*	

*Mandatory, if applying for E-PIN. To apply for E-PIN (refer section 5 in this Application Form). # Investors providing email id would mandatorily receive only E-statement of account in lieu of physical statement of account.



ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Application No.

Received from Mr. / Ms. / M/s. _____ an application for investment in Pramerica Mutual Fund -

Scheme Name _____ Option Growth Dividend

for ₹ (in figures) _____ vide Instrument no. _____

Bank

Branch

City

Acknowledgement Stamp & Date

All purchases are subject to realisation of cheque/demand draft and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

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

6. BANK DETAILS (MANDATORY - IF LEFT BLANK, APPLICATION WILL BE REJECTED)

(Refer Instruction No. 6)

Mention your Core Banking Account No. (if applicable). Please check with your bank, if you do not have the same.

Account No.		Account Type	<input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please specify)
Name of Bank Account Holder		Bank Name	
Branch		City	
MICR code		IFSC code	M A N D A T O R Y

(MICR code is the 9 digit code next to the cheque no.) (IFSC code is the 11 digit no. appearing on your cheque leaf) (Mandatory for credit via NEFT/RTGS)

Mandatory to submit a cancelled cheque leaf of the bank account mentioned here.

7. ELECTRONIC PERSONAL IDENTIFICATION NUMBER (E-PIN) (Please ✓)

(Refer Instruction No. 7)

I would like to apply for E-PIN. An E-PIN will allow you to access your account/transact through electronic channels, subject to the Terms & Conditions for the facility as made available by the AMC from time to time.

8. INVESTMENT/ PAYMENT DETAILS

(Refer Instruction No. 8)

Scheme Name		Option	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend *Default Option
Dividend Facility	<input type="checkbox"/> Payout <input type="checkbox"/> Re-investment (Default)	Dividend Frequency	
<input type="checkbox"/> Lumpsom Investment:		<input type="checkbox"/> SIP Investment (Please ✓ only one)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
I. Cheque / DD Amount	₹ _____	<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit)	Please also fill and attach the SIP Auto Debit Facility Form OR
II. DD Charges	₹ _____	<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE	Second and subsequent Instalment cheque Details (Refer instruction no. 6-II-e)
III. Investment Amount	₹ _____ (I + II)	Cheque Nos.	From _____ To _____
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft* <input type="checkbox"/> Fund Transfer		Dated	From DD MM YYYY To DD MM YYYY
Drawn on _____ Name of the Bank		I. First SIP Instalment Details: Mode of Payment (Please ✓)	<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft#
Branch & City _____		Instalment Amount	_____
Instrument No. _____		Instrument No.	_____ Dated DD MM YYYY
Dated DD MM YYYY		Drawn on _____ Name of the Bank	
Name of the Bank A/c holder _____		Branch & City _____	
*Banker's certificate is a must (please refer instruction no. 6b)		Name of the Bank A/c holder _____	
		II. Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)	
		SIP Date (Please ✓)	<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 dates
		SIP Period :	Please mention Enrolment Period if option (B) is selected
		<input type="checkbox"/> Till I/we instruct to discontinue the SIP (A)	From _____ To _____
		<input type="checkbox"/> No. of instalments _____ (B)	MM YY MM YY
		NRI / Fill Investors, Please indicate source of funds for your investment (Please ✓)	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please specify)

Third party cheque / transfer will not be accepted for investment

In case of exception to Third party payment, please fill the Third Party Declaration Form.

(Refer Instruction No. 6)

9. NOMINATION DETAILS (Please ✓ any one of the below mentioned Option. Nomination is not allowed in case Sole / First Applicant is minor)

(Refer Instruction No. 9)

I / We do not wish to avail of nomination facility at present. (NOTE: SOLE INDIVIDUAL APPLICANTS ARE ADVISED TO COMPULSORILY NOMINATE). OR

I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name & Address of Nominee(s)	PAN No.	Date of Birth	Name & Address of the Guardian	Signature of Nominee / Guardian (where Nominee is a minor) (OPTIONAL)	Proportion(%) should aggregate to 100% Default : Equal proportion
			(To be furnished in case the Nominee is a Minor)		
1.					
2.					
3.					

10. DECLARATION AND SIGNATURES (MANDATORY - APPLICATION WITHOUT SIGNATURE(S) WILL BE REJECTED)

(Refer Instruction No. 10)

I/We have read and understood the contents of the Statement of Additional Information of Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information Memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions overleaf. I/We, hereby apply to the Trustee of Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that that I/we am are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Pramerica Mutual Fund, I/We hereby authorise the AMC/Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable.

Applicable to Micro SIP Investors (Delete if not applicable): I/We hereby 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.

Applicable to NRIs: I/We confirm that I am/we are Non-Resident(s) of Indian Nationality / Origin and I/we hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s).

SIGNATURE(S) (ALL APPLICANTS must sign here) Date DD MM YYYY

Sole/1 st Applicant/Guardian/Authorised Signatory/POA	2 nd Applicant/Guardian/Authorised Signatory/POA	3 rd Applicant/Guardian/Authorised Signatory/POA
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If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for 1 st Applicant	POA Holder for 2 nd Applicant	POA Holder for 3 rd Applicant
PAN	_____	_____	_____
KYC Compliant*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(if Yes, attach proof)

CHECK LIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies Certified by a Director/ Trustee/ Company/ Secretary/ Authorised signatory/ Notary Public.)

Documents	Ind	Co.	Soc.	Partnership Firms	Investment through POA	Trusts	NRI
PAN Card (not required for Micro SIP)	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓
Board Resolution/ Authorisation to invest	✓	✓	✓	✓	✓	✓	✓
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓	✓
Memorandum & Articles of Association	✓						
Trust Deed						✓	
Bye-laws			✓				
Partnership Deed				✓			
Notorised POA (Signed by investor and POA Holder)					✓		
Proof of Address (for Micro SIP Investors)	✓						✓
Proof of Identity (for Micro SIP Investors)	✓						✓

For more information visit us at www.pramericaamf.com

E-mail us at customercare@pramericaamf.com

Call us (Toll free) at 1800 266 2667