

Sr. No.

**This Form is to be used by Existing Investors for the purpose of**
☐ Additional Purchase ☐ SIP ☐ Micro SIP (Please ✓ whichever is applicable)

BROKER/DISTRIBUTOR	Sub Broker Name & Code	Employee Unique ID. No. (EUN)	Time Stamp No. (For office use only)
<b>ARN - 82882</b> <small>mp</small>	Kindly affix your Sub Broker ARN stamp	AMFI Identity Number	

☐ I/We confirm that the EUN 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 charge 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.**

Existing Unitholders Information	
First Unitholder	Existing Folio No.

KYC is mandatory for ALL investments irrespective of the amount.

PAN & KYC Details		
Sole / First Applicant / Guardian PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) *Mandatory - Enclose self/broker attested PAN Card Copy. Photo Identification**	Second Applicant PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) Photo Identification**	Third Applicant PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) Photo Identification**

\*\* Photo Identification mandatory - please refer to Micro SIP related information.

Additional Purchase	
Scheme Name <input type="text"/> Plan <input type="checkbox"/> Standard <input type="checkbox"/> Direct <input type="checkbox"/> Option <input type="checkbox"/>	
Investment Amount ₹ <input type="text"/> A	DD Charges (if applicable) ₹ <input type="text"/> B
Cheque/DD No. <input type="text"/> Drawn on (Bank / Branch Name) <input type="text"/>	Net Amount (A/c Payee-Cheque / DD Amount) ₹ <input type="text"/> A <input type="text"/> m <input type="text"/> i <input type="text"/> n <input type="text"/> u <input type="text"/> s <input type="text"/> B
Cheque / DD Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others <input type="text"/> Please specify
<input type="checkbox"/> <b>Systematic Investment Plan (SIP) (Through Post Dated Cheques)</b> <input type="checkbox"/> <b>* Micro SIP</b>	
Frequency (Please ✓): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> SIP/Micro SIP Date: <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> All four dates <input type="checkbox"/> Installment Amount ₹ <input type="text"/>	
Enrolment Period From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/>	

\* 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'.

Payment Bank Details (Mandatory for Additional Purchase / SIP)	
<b>Source of Payment (from where the above investment is made)</b>	
<b>First / Sole Holder's Bank Account</b> <input type="checkbox"/> <b>Mandatory (any one):</b> <input type="checkbox"/> Cheque leaf with Name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate <b>OR</b>	
<b>Third Party's Bank Account</b> <input type="checkbox"/> <b>Relationship with the Holder:</b> <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	
<b>Mandatory documents required:</b> <input type="checkbox"/> KYC Acknowledgement 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	

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.	Sole / First Applicant / Guardian Second Applicant Third Applicant
<b>EUN:</b> I/We hereby confirm that the EUN 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.	
<b>APPLICABLE FOR NRIs:</b> 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 <input type="text"/> POA Holder for Applicant 1 Address <input type="text"/> PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) Photo Identification**	Name <input type="text"/> POA Holder for Applicant 2 Address <input type="text"/> PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter) Photo Identification**	Name <input type="text"/> POA Holder for Applicant 3 Address <input type="text"/> PAN No.* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.

Acknowledgement Slip (To be filled in by the Investor)	
Existing Folio No. <input type="text"/>	Date <input type="text"/>
Received from <input type="text"/>	
<input type="checkbox"/> SIP/ <input type="checkbox"/> Micro SIP : Installment Amount (₹) <input type="text"/> Total Cheques <input type="text"/> Cheque Nos. <input type="text"/> <input type="checkbox"/> Additional Purchase : Amount (₹) <input type="text"/> Cheque No. <input type="text"/>	Time Stamp No. (Office Use Only)

<b>Investor Care</b>	1800-200-3444	Email: india.investorcare@pinebridge.com	<b>Website</b>	www.pinebridge.in
<b>Distributor Care</b>	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	<b>SMS</b>	TRUST to 56767

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

Please strike off the unused sections to avoid unauthorised use. Use separate forms for different folios.

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	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
<b>ARN - 3086</b> stamp	Kindly affix your Sub Broker ARN stamp	AMFI Identity Number	

☐ 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.**

**Existing Unitholders Information**

First Unitholder \_\_\_\_\_ Existing Folio No. \_\_\_\_\_

KYC is mandatory for ALL investments irrespective of the amount.

**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 Details: Bank Name \_\_\_\_\_ Bank Account No. \_\_\_\_\_ IFSC Code \_\_\_\_\_

**Switch**

From Scheme (Transferor) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 To Scheme (Transferee) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 Please transfer (Please ✓) ☐ ₹ **OR** ☐ Units **OR** ☐ All Units

**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 1<sup>st</sup> 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 1<sup>st</sup> 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/SA/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-Residents 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

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)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

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

\*\*Photo Identification Copy for Micro SIP only.

**Acknowledgement Slip (To be filled in by the Investor)**

Existing Folio No. \_\_\_\_\_ Date \_\_\_\_\_  
 Received from \_\_\_\_\_  
☐ Redemption: Amount (₹) \_\_\_\_\_ **OR** Units \_\_\_\_\_  
☐ Switch : 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)