

COMMON TRANSACTION FORM

(FOR SUBSCRIPTION CUM SWITCH / STP TRANSACTION)



Pramerica
MUTUAL FUND

Application No.

Please submit separate form for each scheme. Please read the instructions carefully.

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

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.

2A. EXISTING INVESTORS

Existing Folio No. _____ Name of sole / 1st Applicant _____ (please fill Section 6 & 9 only)

2B. APPLICANTS INFORMATION (Refer Instruction No. 2B)

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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Name of 2nd Applicant Mr. Ms. M/s. (Please ✓) **Date of Birth**

D	D	M	M	Y	Y	Y	Y
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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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Name of Guardian/Contact Person Mr. Ms. M/s. **Relationship with MINOR** _____

	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		<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Mandatory with an attested PAN Proof [^] Mandatory for ₹ 50,000 & above. If Yes, attach proof [^] Only for Micro SIP. (Please refer instruction no. 2C)

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)

3. CONTACT INFORMATION (Refer Instruction No. 3)

Correspondence Address of Sole/First Applicant (P.O. Box address is not sufficient)

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

City	Country	Postal 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.

4. BANK DETAILS (MANDATORY - IF LEFT BLANK, APPLICATION WILL BE REJECTED) (Refer Instruction No. 4)

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)
Bank Name	City	
Branch		
MICR code	IFSC code	Mandatory to submit a cancelled cheque leaf of the bank account mentioned here.

(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)



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.

5. ELECTRONIC PERSONAL IDENTIFICATION NUMBER (E-PIN) (Please ✓) (Refer Instruction No. 5)

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.

6. INVESTMENT/ PAYMENT DETAILS (Refer Instruction No. 6)

Scheme Name	Option	Dividend Facility	Dividend Frequency # (Please ✓ any one)																																				
<input type="checkbox"/> Pramerica Liquid Fund <input type="checkbox"/> Pramerica Ultra Short Term Bond Fund	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend * Default Option	<input type="checkbox"/> Payout <input type="checkbox"/> Re-investment*	<input type="checkbox"/> Daily* <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly #Dividend Reinvestment facility is available on a Daily/ Weekly/ Fortnightly/ Monthly frequency; Dividend Payout facility is available at Fortnightly & Monthly frequency.																																				
<input type="checkbox"/> Lumpsum Investment: I. Cheque / DD Amount ₹ _____ II. DD Charges ₹ _____ III. Investment Amount ₹ _____ (I + II) Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer Instrument No. _____ Dated <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Name of the Bank A/c holder _____ Drawn on _____ Name of the Bank _____ Branch & City _____		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> SIP Investment: (Monthly) <input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit) Please also fill and attach the SIP Auto Debit Facility Form OR <input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details: Cheque Nos. From _____ To _____ Dated From _____ DD MM YYYY To _____ DD MM YYYY Instalment Amt. (A) ₹ _____ SIP Period _____ <table border="1" style="display: inline-table; text-align: center;"> <tr> <td><input type="checkbox"/> Till I instruct to discontinue the SIP</td> <td>OR</td> <td><input type="checkbox"/> No. of Instalments (B) Min 10</td> <td>Total Amount (C) = (Ax B) ₹ (Min ₹ 5000)</td> </tr> </table> I. First SIP Instalment Details: Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft Instrument No. _____ Dated <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Name of the Bank A/c holder _____ Drawn on _____ Name of the Bank _____ Branch & City _____ II. Second and Subsequent Instalment Details: SIP Period From <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> 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 (Please specify)		<input type="checkbox"/> Till I instruct to discontinue the SIP	OR	<input type="checkbox"/> No. of Instalments (B) Min 10	Total Amount (C) = (Ax B) ₹ (Min ₹ 5000)	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																																
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D	D	M	M	Y	Y	Y	Y																																
D	D	M	M	Y	Y	Y	Y																																
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Third party cheque / transfer will not be accepted for investment (Refer Instruction No. 6)

EXCEPTION TO THIRD PARTY PAYMENT (ie. payment by Guardian, Employer or a Custodian)
 The details of the cheque provided above pertain to my/our own bank account in my/our name Yes No (Mandatory to ✓)
 If No, my relationship with the bank account holder is _____ (pls specify) (Application Form without this information may be rejected)

7. SWITCH (Please ✓) if you want to avail this facility (Refer Instruction No. 7)

I/ We would like to switch all units purchased hereby, to the scheme indicated below.

Scheme Name	Scheme Option (Please ✓)	Dividend Facility (Please ✓)	Switch Frequency (Please ✓)
<input type="checkbox"/> PRAMERICA EQUITY FUND <input type="checkbox"/> PRAMERICA DYNAMIC FUND	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment*	<input type="checkbox"/> All Units, in one lumpsum on the NFO closing date of switch in scheme <input type="checkbox"/> In Instalments, via STP (please fill the STP section below)

*** Default Option**

STP (Systematic Transfer Plan)
 STP Amount: ₹ _____ STP Period: From

DD	MM	YYYY
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 To

DD	MM	YYYY
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 No. Of Instalments: _____
 STP Frequency: Daily Monthly STP Dates: 1st 7th 10th 15th 25th

8. NOMINATION DETAILS (Refer Instruction No. 8)

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)	Date of Birth	Name & Address of the Guardian	Signature of Guardian	Proportion(%) (should aggregate to 100%) Default: Equal proportion
(To be furnished in case the Nominee is a Minor)				
1.				
2.				
3.				

9. DECLARATION AND SIGNATURES (MANDATORY - APPLICATION WITHOUT SIGNATURE(S) WILL BE REJECTED) (Refer Instruction No. 9)

I/ I 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 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. 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.

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

D	D	M	M	Y	Y	Y	Y
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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	Name	Name																								
POA Holder for 1 st Applicant	POA Holder for 2 nd Applicant	POA Holder for 3 rd Applicant																								
PAN <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									PAN <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									PAN <table border="1" style="display: inline-table; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
KYC Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Status* <input type="checkbox"/> Yes <input type="checkbox"/> No	KYC Status* <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 (If application for ₹ 50,000 or above)	✓	✓	✓	✓	✓	✓	✓
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)					✓		

For more information visit us at
www.pramericamf.com

E-mail us at
customercare@pramericamf.com

Call us (Toll free) at
 1800 266 2667