



**5. ELECTRONIC PERSONAL IDENTIFICATION NUMBER (E-PIN) (Please ✓ )** (Refer Instruction No. 6)

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. 7)

**(A) SCHEME DETAILS**

Scheme Name	Option	Dividend Facility	Dividend Frequency # (Please ✓ any one)
Please specify the Scheme Name	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend	<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.
* Default Option			

**(B) INVESTMENT DETAILS**

**Lumpsum Investment:**

I. Cheque / DD Amount ₹ \_\_\_\_\_

II. DD Charges ₹ \_\_\_\_\_

III. Investment Amount ₹ \_\_\_\_\_ (I + II)

Mode of Payment (✓)  Cheque    Demand Draft    Fund Transfer

Instrument No. \_\_\_\_\_ Dated

Drawn on \_\_\_\_\_ Name of the Bank

Branch & City \_\_\_\_\_

NRI / FII Investors, Please indicate source of funds for your investment (Please ✓ )  NRE    NRO    FCNR    Others \_\_\_\_\_ (Please specify)

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)

**SIP Investment:** (Monthly) Please also fill and attach the SIP Auto Debit Facility Form

Instalment Amt. (A) \_\_\_\_\_ SIP Period \_\_\_\_\_

₹ \_\_\_\_\_ Min ₹ 500  Till I instruct to discontinue the SIP OR  No. of Instalments (B) \_\_\_\_\_ Total Amount (C) = (Ax B) \_\_\_\_\_  
Min 10 ₹ (Min ₹ 5000)

**I. First SIP Instalment Details:**

Mode of Payment (Please ✓)  Cheque    Demand Draft

Instrument No. \_\_\_\_\_ Dated

Drawn on \_\_\_\_\_ Name of the Bank

Branch & City \_\_\_\_\_

**II. Second and Subsequent Instalment Details:**

SIP Period From           To

SIP Date (Please ✓)  1st    7th    10th    15th    25th    All 5 dates

**7. 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
1.					
2.					
3.					

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

I/We have read and understood the terms and contents of the Scheme Information Document(s) of the respective Scheme(s) and the Statement of Additional Information of Pramerica Mutual Fund. I/We hereby apply to the Trustee of Pramerica Mutual Fund for the allotment of units of the 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 understood the details of the Scheme(s) and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder (AMFI registered distributor) has disclosed to me/us all the commissions (in the form of trail commissions or any other mode), payable to him/her/them for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that I/We am authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and does not involve and is not designated 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 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 FOR NRIs:** I/We confirm that I am /We are Non-Resident(s) of Indian Nationality/Origin and that I/We have remitted the funds for investment in the Scheme 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)** (ALL APPLICANTS must sign here) Date

Sole/1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> 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 <span style="color: blue;">POA Holder for 1<sup>st</sup> Applicant</span>	Name <span style="color: blue;">POA Holder for 2<sup>nd</sup> Applicant</span>	Name <span style="color: blue;">POA Holder for 3<sup>rd</sup> Applicant</span>
PAN <input type="text"/>	PAN <input type="text"/>	PAN <input type="text"/>
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.pramericaamf.com](http://www.pramericaamf.com)

E-mail us at  
[customer@pramericaamf.com](mailto:customer@pramericaamf.com)

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