

TRANSACTION FORM

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



Pramerica

MUTUAL FUND

1. DISTRIBUTION INFORMATION (Refer Section 1 under instructions)				
ARN Code	RIA Code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUN)
ARN-ARN-167174		ARN-		E326136
<small>In case the Employee Unique Identification Number (EUN) box has been left blank please refer point 8 related to EUN. 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) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)				
Existing Folio No. <input type="text"/>		<small>Mandatory to submit Aadhaar Updation Form if not submitted earlier.</small>		
NAME OF UNITHOLDER <input type="text"/>				
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)				
Scheme Name _____ *Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend				
*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep ⁵ *Dividend Frequency _____				
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> OTM ⁶ Source of Funds (For NRI / FIIS Investor) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____				
Amount ₹ <input type="text"/> (in words) <input type="text"/>				
DD Charges ₹ <input type="text"/> Cheque / DD No. <input type="text"/> Dated <input type="text"/>				
Drawn on Bank/OTM Bank _____			Branch & City _____	
<small>Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.</small>				
<small>*For Default option, please refer to SID. ⁵ Please refer to SID / addendum thereof for schemes available for DSF. ⁶ One Time Mandate</small>				
4. SWITCH REQUEST (Refer Section 4 under instructions)				
From Scheme _____		To Scheme _____		
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep ⁵		*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep		
Dividend Frequency _____		*Dividend Frequency _____		
Amount ₹ <input type="text"/> (in words) <input type="text"/>				
OR No. of Units <input type="text"/> OR <input type="checkbox"/> All units (Please ✓)				
<small>*For Default option, please refer to SID. ⁵ Please refer to SID / addendum thereof for schemes available for DSF</small>				
5. REDEMPTION REQUEST (Refer Section 5 under instructions)				
Scheme _____ Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend				
Amount ₹ <input type="text"/> (in words) <input type="text"/>				
OR No. of Units <input type="text"/> OR <input type="checkbox"/> All Units (Please ✓ any one)				
Bank Name _____ Other than default bank registered in folio			<small>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 mention bank name and account number.</small>	
A/c No. <input type="text"/>				
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		Dividend Frequency _____		
Withdrawal Instalment ₹ _____		Withdrawal Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
No. of Instalments _____		Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates		
Total Withdrawal _____		Withdrawal From <input type="text"/> to <input type="text"/> <small>(First Instalment) (Last Instalment)</small>		
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		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"/> Dividend Sweep Dividend Frequency _____				
<small>*For Default option, please refer to SID.</small>				
Transfer Instalment ₹ _____		Transfer Frequency (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Total Transfer ₹ _____		STP dates (Monthly or Quarterly) (Please ✓ any one)		
Transfer Period From <input type="text"/> to <input type="text"/> <small>(First Instalment) (Last Instalment)</small>		<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates		
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 DHFL 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>				
<small>Aadhaar Updation Consent: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.</small>				
<small>I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.</small>				
<input type="checkbox"/> Please ✓ if the EUN space is left blank : 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.				
D D M M Y Y Y Y				
SIGNATURE(S)				
1 st Unitholder/Guardian/Authorised Signatory/POA	2 nd Unitholder/Guardian/Authorised Signatory/POA	3 rd Unitholder/Guardian/Authorised Signatory/POA		