

TRANSACTION FORM



Pramerica

MUTUAL FUND

Application No. W-PSAF10000102

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

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

1. DISTRIBUTOR INFORMATION (Refer Section 1 under instructions)		FOR OFFICE USE ONLY		
Distributor Code ARN -	Sub Broker Code	Branch Serial Code	Registrar Serial No.	Date/Time of Receipt
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. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters)		(Refer Section 2 under instructions)		
Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (Please ✓ any one)		Existing Folio No. _____		
FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____				
PAN <input type="text" value="1st Applicant"/> <input type="text" value="2nd Applicant"/> <input type="text" value="3rd Applicant"/>				
Enclosed (Please ✓) <input type="checkbox"/> Attested PAN Card Copy <input type="checkbox"/> KYC Acknowledgement Letter <input type="checkbox"/> Attested PAN Card Copy <input type="checkbox"/> KYC Acknowledgement Letter <input type="checkbox"/> Attested PAN Card Copy <input type="checkbox"/> KYC Acknowledgement Letter				
Please note that furnishing of PAN together with an attested copy of PAN Card and KYC Acknowledgement Letter is mandatory for each unit holder.				
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		Dividend Frequency _____		
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer		Source of Funds (For NRI/FIIs Investors) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify) _____		
Amount ₹ <input type="text"/>		DD Charges ₹ <input type="text"/> Cheque / DD No. <input type="text"/> Dated <input type="text" value="D D M M Y Y Y Y"/>		
Drawn on Bank _____		Branch & City _____		
Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.				
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		Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment		
Dividend Frequency _____		Dividend Frequency _____		
Amount ₹ <input type="text"/> OR No. of Units <input type="text"/>		OR <input type="checkbox"/> All units (Please ✓)		
5. REDEMPTION REQUEST		(Refer Section 5 under instructions)		
Scheme _____		Option (Please specify) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Amount ₹ <input type="text"/> OR No. of Units <input type="text"/>		OR <input type="checkbox"/> All units (Please ✓)		
Bank Account <input type="checkbox"/> Option 1 (Default) <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5				
Please note that redemption proceeds will be credited to the Default Bank Account. All the Bank Accounts registered with us are printed on your account statement. In case you wish to receive the redemption proceeds in any other Bank Account registered with us, then please (✓) the appropriate Option above.				
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 Date <input type="checkbox"/> 10th <input type="checkbox"/> 25th of each months		
No. of Instalments _____		Withdrawal From <input type="text" value="M M Y Y Y Y"/> to <input type="text" value="M M Y Y Y Y"/> (First Instalment) (Last Instalment)		
Total Withdrawal _____		Withdrawal Frequency : Monthly		
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		Dividend Frequency _____		
Transfer Instalment ₹ _____ No. of Instalments _____		Transfer Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Weekly _____ (Please ✓ any one) Specify the day of the week		
Total Transfer ₹ _____				
Transfer Period From <input type="text" value="M M Y Y Y Y"/> To <input type="text" value="M M Y Y Y Y"/> (First Instalment) (Last Instalment)		* STP dates for Monthly Frequency <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		
8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')		(Refer Section 7 under instructions)		
I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of 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.				
SIGNATURE(S) <input type="text" value="D D M M Y Y Y Y"/>				
1 st Applicant/Guardian/Authorised Signatory/POA	2 nd Applicant/Guardian/Authorised Signatory/POA	3 rd Applicant/Guardian/Authorised Signatory/POA		