

SIP TRANSACTION FORM

Single / Multiple SIP Option

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.



PGIM
India Mutual Fund

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN*
ARN - 64917	RIA -		ARN -		E434563

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. Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

2. UNIT HOLDER DETAILS (Mandatory)					
Name of Unitholder: _____ First Name _____ Middle Name _____ Last Name _____					
Folio No. _____ PAN' _____ Note: ¹ Please mention Guardian pan if the 1st holder is below 18 years of age.					

3. SIP DETAILS - New SIP Registration (*Mandatory field)					
Investment Details <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
In case of multiple schemes, cheque should be drawn in favour of "PGIM India Mutual Fund - Common Collection A/c"					
Scheme / Plan	Growth	IDCW ¹ Payout	IDCW Reinvestment	Amount	SIP Date <input type="text"/> (Any date of the month & quarter)
PGIM INDIA _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ Minimum Rs. 1000	SIP Period From <input type="text"/> DD/MM/YYYY To* <input type="text"/> DD/MM/YYYY Maximum duration of 30 years
PGIM INDIA _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ Minimum Rs. 1000	
PGIM INDIA _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ Minimum Rs. 1000	
TOTAL²					₹ _____

Initial Investment Details		Amt. (₹) _____	Cheque No. _____	Dated: _____	Drawn on: _____
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Note: ¹IDCW option not available for FOF schemes. ² If Multiple SIP option is opted then the investment amount should match with the total SIP amount. ³ For New SIP registration if you are using the existing OTM mandate please provide the details in the space provided below.

SIP renewal Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)

PGIM INDIA _____	Scheme	Plan	Option	Amount ₹	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date <input type="text"/> DD	SIP Period: From <input type="text"/> DD/MM/YYYY	To <input type="text"/> DD/MM/YYYY	Maximum duration of 30 years.
<input type="checkbox"/> ³ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* _____									
Debit Bank Name _____ Account No. _____									
<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily) Note: *Existing Mandate should be valid for the enrolled period.									

4. SIP TOP-UP					
Top Up Amount ₹ _____ Top Up Frequency (✓) <input type="checkbox"/> Half Yearly* <input type="checkbox"/> Yearly					
<input type="checkbox"/> Top Up to continue till# <input type="text"/> DD/MM/YYYY maximum duration of 30 years (Please ✓ any 1) OR <input type="checkbox"/> Top Up to continue till SIP amount reaches^ ₹ _____					
* Default option if not selected. # It is the date from which SIP Top Up amount will cease. ^ SIP Top Up will cease once the mentioned amount is reached.					

DECLARATION & SIGNATURE(S): I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. **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. **Applicable to Micro Investors (Delete if not applicable)**: I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

SIGNATURE (S)	x	x	x
(Applicants must sign as per Common Application Form)	Sole/1st Applicant/Guardian/Authorised Signatory/POA	2nd Applicant/Guardian/Authorised Signatory/POA	3rd Applicant/Guardian/Authorised Signatory/POA



ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP

(*Mandatory field)

UMRN _____ For office use _____ Date* DD MM YY YY

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

CREATE I/We hereby authorize PGIM INDIA MUTUAL FUND to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

MODIFY CANCEL Bank a/c number* _____

With Bank* _____ Name of customers bank _____ IFSC* _____ MICR* _____

an amount of Rupees* _____ Amount in words _____ ₹ In Figures _____

FREQUENCY* Mthly Qly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1 Application no. / Folio number Phone No

Reference - 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD* _____

From DD MM YY YY

To DD MM YY YY

OR Until Cancelled

x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder

Name of first account holder* Name of second account holder* Name of third account holder*

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank where I have authorized the debit.
- Mandate "From" and "To" date should be only for 30 years

TRANSACTION FORM

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

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN
ARN - 64917	RIA -		ARN -		E434563

*Employee Unique Identification Number **As allotted by ARN holder. 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. Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

2. UNIT HOLDER DETAILS (Mandatory)

Folio No. First Unitholder's PAN

Name Of Unitholder

3. NON-PROFIT ORGANIZATION (NPO) Please submit NPO if not previously provided

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013) Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog Enclosed relevant documentary proof evidencing the above definition.

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

4. ADDITIONAL PURCHASE

In case of single scheme the cheque should be drawn in favor of scheme name and for multiple schemes, cheque should be drawn in favor of "PGIM India Mutual Fund - Common Collection A/c"

Scheme / Plan	Growth	IDCW* Payout	IDCW Reinvestment	Amount
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
Note: Maximum 3 schemes allowed in one application. + If Multiple option is opted then the investment amount should match with the total amount.			TOTAL+	₹ <input type="text"/>

Amount ₹ (in words)

Mode of Payment Cheque Demand Draft Electronic Fund Transfer Existing OTM

UMRN No. (If existing OTM) Cheque No./UTR dated

Bank Branch & City *IDCW option is not available for FOF Schemes.

5. SWITCH

From Scheme **PGIM INDIA** Plan Regular Direct

Option Growth IDCW Reinvestment* IDCW Payout*

To Scheme **PGIM INDIA** Plan Regular Direct

Option Growth IDCW Reinvestment* IDCW Payout* No. of Units OR All units OR

Amount ₹ (in words)

Note: Switch to ELSS scheme - please provide the amount in multiple of Rs 500/- and do not mention in units. *IDCW option is not available for FOF Schemes.

6. REDEMPTION

Scheme **PGIM INDIA** Plan Regular Direct

Option Growth IDCW Reinvestment IDCW Payout No. of Units OR All units OR

Amount ₹ (in words)

Legal Entity Identification *Applicable for Non-Individuals only

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds in an account other than the primary Bank Account registered with us, then please mention alternate bank name and account number registered in the folio.

Bank Name A/c No.

DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of PGIM India 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.

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.

Please if the EUIN space is left blank : I/We hereby confirm that the EUIN 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.

Signatures	Date
1st Unitholder/Guardian/Authorised Signatory/POA <input type="text"/>	<input type="text"/>
2nd Unitholder/Guardian/Authorised Signatory/POA <input type="text"/>	<input type="text"/>
3rd Unitholder/Guardian/Authorised Signatory/POA <input type="text"/>	<input type="text"/>

7. SYSTEMATIC WITHDRAWAL PLAN (SWP) (The first instalment would get triggered on the 3rd working day from the date of submission of the form (excluding Submission date))

Scheme **PGIM INDIA** Plan Regular Direct
Option Growth IDCW Payout IDCW Reinvestment Withdrawal Frequency Monthly Quarterly Annual
Withdrawal Instalment ₹ | | | | | | | | | | Withdrawal Date | D | D |
No. of Instalments _____ Withdrawal From | M | M | Y | Y | Y | Y | to | M | M | Y | Y | Y | Y |
Bank Name _____ Other than default bank registered in folio Bank A/c No. | | | | | | | | | | | | | |

8. SYSTEMATIC TRANSFER PLAN (STP) (The first instalment would get triggered on the 3rd working day from the date of submission of the form (excluding Submission date))

From Scheme **PGIM INDIA** Plan _____ Option Growth IDCW Payout* IDCW Reinvestment*
To Scheme **PGIM INDIA** Plan _____ Option Growth IDCW Payout* IDCW Reinvestment*
Transfer Instalment Amount ₹ | | | | | | | | Starting Date | D | D | M | M | Y | Y | Y | Y | Ending Date | D | D | M | M | Y | Y | Y | Y | *IDCW option is not available for FOF Schemes.
 Daily (Note: Daily STP would be processed on all business days)
 Weekly (STP Day) Mon Tue Wed Thu Fri No. of Instalments _____ (This option is not applicable for daily frequency, In case of any discrepancy between no. of instalment and start-end date, period as per start date would be considered)
 Monthly^ Quarterly (STP Date) | D | D | (Any date of the month) ^For FOF scheme only Monthly frequency is available.

DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of PGIM India 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.
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.

Please if the EUIN space is left blank : I/We hereby confirm that the EUIN 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.

Signatures				Date
	1st Unitholder/Guardian/Authorised Signatory/POA	2nd Unitholder/Guardian/Authorised Signatory/POA	3rd Unitholder/Guardian/Authorised Signatory/POA	D D M M Y Y Y Y