

# TRANSACTION FORM

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



**PGIM**  
India Mutual Fund

## 1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN -	RIA -		ARN -		

\*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) (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.

NAME OF UNITHOLDER

## 3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

Scheme Name \_\_\_\_\_ \*Option (Please ✓ any one)  Growth  Dividend

\*Dividend Facility (Please ✓ any one)  Payout  Re-investment  Dividend Sweep<sup>5</sup> \*Dividend Frequency \_\_\_\_\_

Mode of Payment  Cheque  Demand Draft  Electronic Fund Transfer  OTM<sup>6</sup> Source of Funds (For NRI / FIIS Investor)  NRE  NRO  FCNR  Others (please specify) \_\_\_\_\_

Amount ₹  (in words)

DD Charges ₹  Cheque / DD No.  Dated

Drawn on Bank/OTM Bank \_\_\_\_\_ Branch & City \_\_\_\_\_

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.

\*For Default option, please refer SID. <sup>5</sup> Please refer SID / Addendum thereof for schemes available for DSF. <sup>6</sup> One Time Mandate

## 4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_

Option (Please ✓ any one)  Growth  Dividend \*Option (Please ✓ any one)  Growth  Dividend

Dividend Facility (Please ✓ any one)  Payment  Re-investment  Dividend Sweep<sup>5</sup> \*Dividend Facility (Please ✓ any one)  Payment  Re-investment  Dividend Sweep

Dividend Frequency \_\_\_\_\_ \*Dividend Frequency \_\_\_\_\_

Amount ₹  (in words)

OR No. of Units  OR  All units (Please ✓)

\*For Default option, please refer SID. <sup>5</sup> Please refer SID / Addendum thereof for schemes available for DSF

## 5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme \_\_\_\_\_ Option (Please ✓ any one)  Growth  Dividend

Amount ₹  (in words)

OR No. of Units  OR  All Units (Please ✓ any one)

Bank Name \_\_\_\_\_ Other than default bank registered in folio \_\_\_\_\_

A/c No.

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.

## 6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6, 6a under instructions)

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option (Please ✓)  Growth  Dividend

Dividend Frequency \_\_\_\_\_ Withdrawal Frequency  Monthly  Quarterly

Withdrawal Instalment ₹ \_\_\_\_\_ Withdrawal Date  1st  7th  10th  15th  21st  25th  28th  All 7 dates

No. of Instalments \_\_\_\_\_ Withdrawal From  to

## 7. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 6, 6b under instructions)

Daily (Please ✓ any one)  Monthly  Quarterly

Transfer Instalment Amount ₹ \_\_\_\_\_ Start Date

30 days (for PGIM India Long Term Equity Fund only)  60 days (for all Equity Schemes)

OR End Date

Daily STP: Source Scheme: PGIM India Insta Cash Fund  
Target Scheme: All Open Ended Equity Funds

STP Dates (Please ✓ any one)  1st  7th  10th  15th  21st  25th  28th  All 7 dates

Transfer Instalment Amount ₹ \_\_\_\_\_

No. of Instalments \_\_\_\_\_

Start Date  End Date

In case of any discrepancy between no. of investments and start-end date, period as per start-end date would be considered.

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Plan \_\_\_\_\_

Option (Please ✓ any one)  Growth  Dividend \*Option (Please ✓ any one)  Growth  Dividend Reinvestment  Dividend Payout

Dividend Sweep (DSF)<sup>5</sup> To PGIM India \_\_\_\_\_

Dividend Frequency \_\_\_\_\_

(<sup>5</sup>Please refer to SID / Addendum thereof for schemes available for Dividend Sweep Facility)

## 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 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.

### SIGNATURE(S)

1st Unitholder/Guardian/Authorised Signatory/POA  2nd Unitholder/Guardian/Authorised Signatory/POA  3rd Unitholder/Guardian/Authorised Signatory/POA