



Sole/First Holder : _____ Pan* _____
 Common A/c No. : _____ Date _____
 Second Holder : _____ Pan* _____
 Third Holder : _____ Pan* _____
 KYC Acknowledgement Letter* [* indicates - Refer overleaf]

DISTRIBUTOR INFORMATION
 Broker ARN Code : ARN-4464 Sub-Broker ARN Code: _____ EUIN: E032737
 Sub-Broker Code: _____ Principal Group Employee Code: _____
 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. (Refer Instruction No. 14)
 Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
 Signature of Sole/ First Applicant/ Holder _____

ADDITIONAL PURCHASE (Refer Instruction No. 3 to 9 overleaf)
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. 15]
 In case the subscription amount is ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested.
INVESTMENT DETAILS: I/We want to make additional purchases in:
 Scheme _____
 Plan (Please ✓) Direct Plan Regular Plan Option/Facility _____
 Cheque/DD/PO/RTGS/NEFT No. _____ for ₹ _____
 dated _____ from Bank A/c No. _____
 Drawn on/Payment from Bank & Branch _____
 DD Charges ₹ _____ Gross Amount# ₹ (in figures) _____ **MANDATORY**
 Gross Amount# ₹ (in words) _____
 #Cheque/DD + DD Charges
Details of the Payer (In case First Unitholder is not one of the Account holder(s) of the Bank A/c. mentioned herein)
 Parent/Guardian/Related person (Not to exceed ₹ 50,000): _____ Name _____
 Employer: _____ Name _____
 Custodian: _____ Name _____
 Mandatory Enclosure: KYC acknowledgement letter & Joint Declaration of the Bank A/c.
 Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: (Enclosed please ✓)
 • RTGS / NEFT / ECS / Bank Transfer - Instruction to the Bank from the Unitholder to Debit the Account.
OR
 • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank
 Copy of Passbook / Bank Statement

REDEMPTION (Refer Instruction No. 2 & 7 overleaf)
 I/We want to redeem _____ units or ₹ (in figures) _____
 ₹ (in words) _____ from
 Scheme _____
 Plan (Please ✓) Direct Plan Regular Plan Option/Facility _____
 Kindly credit my/our account with _____ Bank. Multiple Bank A/c. has been registered in/our folio
[Note: In case of redemption application submitted along with a Change of Bank Mandate (new and unregistered), the new bank account shall not be considered for payment of redemption proceeds, unless and until it is registered in the records of R&T. The redemption proceeds in such cases will be paid to the existing registered bank account.]
SWITCH (Refer Instruction No. 12 overleaf)
 I/We would like to switch _____ units or ₹ (in figures) _____
 ₹ (in words) _____
 From : Scheme _____
 Plan (Please ✓) Direct Plan Regular Plan Option/Facility _____
 To : Scheme _____
 Plan (Please ✓): Direct Plan Regular Plan Option/Facility _____
 Sweep to Scheme _____ Plan _____ Option/Facility _____
 (In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the Sweep in scheme)
 In case the choice of option is not indicated, default option shall be Growth Option, Under Dividend Option, the default sub-option shall be Dividend reinvestment option.
EMAIL / SMS SERVICES
 I/We wish to receive following communication over E-mail:
 Account Statement Newsletter Annual Report Other Statutory Returns/Information
 E-mail : _____
 I/We wish to receive updates via SMS on my/our Mobile. Cell No. : _____
ULTIMATE BENEFICIARY OWNER (UBO) DETAILS (Refer Instruction No. 14) (For Non-individual Only: UBO Declaration attached)
 Applicant is the UBO(s) of this investment (Default) Applicant is NOT the UBO(s) of this investment

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration agency.

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products.

I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document of the respective Scheme(s). I/We have requested transaction(s)/modification(s) as stated herein and agree to abide by the terms and conditions of the respective scheme(s)/Plan(s)/Option(s). I/we will also inform Principal Mutual Fund of any changes in my/our account details. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products.

I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I/We further confirm that the ARN Holder (Broker/sub-Broker) 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(s) has been recommended to me/us. I/we further understand that the contents hereof form an integral part of the main application form.

Signature of Sole/ First Unitholder/ POA Holder/Guardian		Signature of Second Unitholder / POA Holder		Signature of Third Unitholder / POA Holder	
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(In case of Joint Holders, all Unit Holders must sign)