

SIP / STP / RWP CANCELLATION FORM

1. PERSONAL DETAILS

Folio No.: (Investors can opt for multiple requests in single form under one Folio)Name of the First Unit Holder:

I / We request you to register Mobile number and E-mail address to get alerts and communication via SMS and Email.

Mobile No.: Email ID:

2. SIP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Investment Plan (SIP) for the below given details:

Sr. No	Scheme / Plan / Option / Sub-option	SIP Installment Amount (₹)	SIP Cycle Date					Frequency*		
1			<input type="checkbox"/> 1 st	<input type="checkbox"/> 5 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th	<input type="checkbox"/> Others	<input type="checkbox"/> M	<input type="checkbox"/> Q	<input type="checkbox"/> H
2			<input type="checkbox"/> 1 st	<input type="checkbox"/> 5 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th	<input type="checkbox"/> Others	<input type="checkbox"/> M	<input type="checkbox"/> Q	<input type="checkbox"/> H
3			<input type="checkbox"/> 1 st	<input type="checkbox"/> 5 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th	<input type="checkbox"/> Others	<input type="checkbox"/> M	<input type="checkbox"/> Q	<input type="checkbox"/> H
4			<input type="checkbox"/> 1 st	<input type="checkbox"/> 5 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th	<input type="checkbox"/> Others	<input type="checkbox"/> M	<input type="checkbox"/> Q	<input type="checkbox"/> H

*M-Monthly Q-Quarterly H-Half yearly

(SIP cancellation request must be submitted atleast 15 working days prior to the next SIP due date.)

3. STP CANCELLATION REQUEST

I / We wish to discontinue my Systematic Transfer Plan (STP) for the below given details:

From Scheme: _____ Plan: _____ Option: _____

To Scheme: _____ Plan: _____ Option: _____

STP Frequency & Enrollment Period: Daily Weekly Monthly Quarterly Semi-annual AnnualSTP Installment Units or in ₹ in figure: Rupees (in words): STP date 1st 11th 21st

(STP cancellation request must be submitted 7 calendar days in advance from the next STP due date)

4. RWP CANCELLATION REQUEST

I / We wish to discontinue my Regular Withdrawal Plan (RWP) for the below given details:

Scheme: _____ Plan: _____ Option: _____

Frequency: Monthly Quarterly Semi-annual Annual RWP Date: 1st 11th 21stRWP Installment Units or in ₹ in figure: Rupees (in words):

(RWP cancellation request must be submitted 7 calendar days in advance from the next RWP due date)

5. SIGNATURES AS PER MODE OF HOLDING IN THE FOLIO:

First Unit Holder / Guardian / POA /
Authorised Signatory

Second Unit Holder/
Authorised Signatory

Third Unit Holder /
Authorised Signatory

SIP / STP / RWP CANCELLATION FORM - Acknowledge

SIP / STP / RWP Cancellation Form received from _____ for Folio No. _____

Scheme / plan / option _____ Amount / units _____

(subject to verification of documents)

Signature, Date & Stamp of
Receiving Branch of Principal Mutual Fund