

Sr. No.

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN-97821	Kindly affix your Sub Broker ARN stamp		AM E113814	

I / We hereby confirm that the EUIIN 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 inappropriateness, 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)

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

Transaction Charges (Please tick as applicable. Refer to KIM)

- ☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
(₹ 150/- will be deducted as transaction charge on Subscription of ₹10,000/- and more)
- ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
(₹ 100/- will be deducted as transaction charge per Subscription of ₹10,000/- and more)

Transaction charges will be applicable to the investors for purchase transaction through Distributor / Agent. Please refer to the detailed terms and conditions w.r.t. transaction charges given in KIM.

"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."

I. Applicant Details KYC is mandatory for ALL investments irrespective of the amount.

Folio No. / (If you have an existing folio no. with KYC, please mention the number here and proceed directly to section 4)

First / Sole Applicant Mr. /Ms./ M/s. PAN

Guardian / POA Holder Mr. /Ms./ M/s. PAN
(in case First / Sole Applicant is minor)

Date of Birth (Mandatory for minor) Relationship with Minor ☐ Natural Guardian ☐ Court Appointed Legal Guardian

Proof of Date of Birth (Mandatory in case of minor) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others

Status of First / Sole Applicant (Please ✓) ☐ Individual ☐ Minor through Guardian ☐ HUF ☐ Company ☐ AOP / BOI ☐ Partnership firm ☐ Body Corporate
☐ Trust ☐ Society ☐ Bank / FI ☐ Proprietorship ☐ PEP ☐ FII / PIO / OCI / NRI ☐ Others

Second Applicant Mr. /Ms./ M/s. PAN

Third Applicant Mr. /Ms./ M/s. PAN

MODE OF HOLDING (Please ✓) ☐ Anyone or Survivor ☐ Joint (Default if not opted for, in case of more than one applicant)

In case of Non-individual, Unitholder(s) to sign as per the Authorised Signatory List (ASL)

Complete Address for Correspondence

City State PIN

Overseas Address (Mandatory in case of NRI / FII Applicants) Note: Non-Resident Indians residing in the United States of America & Canada cannot invest.

City State Country MANDATORY Pin/Zip

Tel. (Off./Res) (STD) (STD) Mobile* (STD)

Email ID 1 E C O M M E N D E D

Email ID 2

If Email ID(s) is / are provided, unitholder shall receive all communication by Email.

*For receiving SMS alerts.

2. Default Bank Account Details (Mandatory for Redemption & Dividend Payout)

Account No. Account type (✓ to select) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

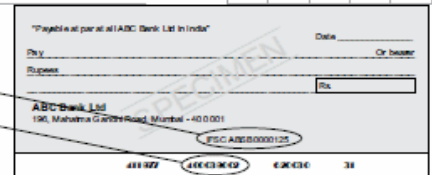
Bank Name

Branch City PIN

IFSC Code (11 digit code on your cheque)

MICR Code (9 digit code on your cheque leaf)

Document attached (Any one) ☐ Cancelled cheque leaf with Name pre-printed ☐ Bank Statement
☐ Pass Book ☐ Bank Certificate

All Payout will be processed through EFT/NEFT/RTGS. In case you wish to receive a Cheque/DD, Please Tick ☐

ACKNOWLEDGEMENT SLIP

Received from Mr. / Ms. / M/s.

Scheme /Option

Bank / Branch

Cheque / DD No. Amount (₹)

Allotment of units shall be subject to realization of payment instruments

Sr. No.
ARN-97821

Time Stamp No.
(Office Use Only)

3. Depository Account Details (Applicable only if you wish to hold units in demat form, else skip. Please read instruction for more details)

Depository Name (Please ✓)	<input type="checkbox"/> National Securities Depository Limited (NSDL)	<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)
Depository Participant's Name (DP)		
DP ID	I N	
Beneficiary Account Number	16 Digit Beneficiary Account Number to be mentioned above	

4. Investment and Payment Details

Scheme Name :	Plan*	<input type="checkbox"/> Standard <input type="checkbox"/> Direct	Option*	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Re-investment <input type="checkbox"/> Dividend Frequency
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*Default plan/option/sub option will be applied in case of no information, ambiguity or discrepancy. Cheque / DD to be drawn in favour of "Scheme Name - First Holder's Name" or "Scheme Name - First Holder's PAN No. or "Scheme Name - Folio No." Refer to KIM for further details.

☐ LUMPSUM INVESTMENT Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds Transfer

Cheque/DD/RTGS/NEFT No. _____ Date of Cheque/DD/RTGS/NEFT

D	D	M	M	Y	Y	Y	Y
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Amount Rs. (i) _____ DD charges Rs. (ii) _____ Total Amount Rs. (i) + (ii) _____

Bank Name _____ Branch _____

Bank A/c. No. _____ Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

NRI / FII investors please enclose (✓ as applicable) ☐ Account Debit ☐ Foreign Inward Remittance Certificate ☐ Others _____

Documents enclosed to avoid Third Party Payment Rejection, where applicable (Refer to KIM for further details)

☐ Bank Certificate for DD ☐ Third Party Declarations

☐ SYSTEMATIC INVESTMENT PLAN (SIP) ☐ MICRO SIP ☐ DOLLAR \$IP (Mandatory through ECS)

(I) ☐ SIP through ECS (II) ☐ SIP through Post Dated Cheques Rupee Equivalent Dollar \$IP \$ _____ per installment (to be filled by investor(s) for AMC / RTA use)

(II) Frequency (Please ✓) : ☐ Monthly ☐ Quarterly SIP / Micro SIP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All four dates Installment amount ₹ _____

Enrolment Period From

M	M	/	Y	Y
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 To

M	M	/	Y	Y
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 Cheque No(s). From _____ To _____ No. of Cheques _____

Drawn on (Bank / Branch Name) _____

(Please fill up the SIP / Micro SIP / Dollar \$IP Auto Debit (ECS) form enclosed in the KIM and submit it along with this Application Form)

5. Nomination Details (Mandatory* for Single / Sole Holder. Please select any one of the following)

☐ I/We wish to nominate the below ☐ *I/We do not wish to avail of the nomination facility for my investment

	Nominee	Name of Guardian (in case of Minor)	Relationship with Applicant	Signature of Guardian	Percentage of Investment Allocation (%)
Nominee 1					
Address					
Nominee 2					
Address					
Nominee 3					
Address					

For Demat Unitholders - Please note that nomination details need not be filled. This will be picked from the Depository Account details mentioned in point no. 3

6. Declaration & Signatures

I/We have read and understood the contents of the SID/SAI/KIM of the above Scheme of PineBridge Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I/We hereby apply for allotment/ purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We hereby authorise PineBridge Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / PineBridge Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We understand that all plans of scheme will have common portfolio. However, the returns under each plan are expected to vary on account of specified expense ratio under the relevant plan. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. I/We have read and understood the Terms and Conditions w.r.t. transaction charges as applicable for purchase transactions. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year. I/We declare that I/We do not hold PineBridge Mutual Fund responsible for the redemption/dividend credit going to the wrong bank account. I/We declare that the information given in this application form is correct, complete and truly stated.

EUIN: 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

APPLICABLE FOR NRIs : I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account.

SIGNATURE(S)	Sole / First Applicant / Guardian / POA	Second Applicant / POA	Third Applicant / POA
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Quick Checklist before Submission

- | | | |
|---|---|--|
| <input type="checkbox"/> Name, Address are correctly mentioned | <input type="checkbox"/> Full scheme name, plan, option is mentioned | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| <input type="checkbox"/> Email ID / Mobile number are mentioned | <input type="checkbox"/> SIP ECS Form / Dollar \$IP enclosed for SIP Investment | <input type="checkbox"/> Additional documents provided in case of specific exceptional Third Party payments |
| <input type="checkbox"/> PAN / KYC requirements are enclosed | <input type="checkbox"/> Nomination facility opted | <input type="checkbox"/> Company Documents in case of Corporates |
| <input type="checkbox"/> Complete Bank details provided | <input type="checkbox"/> Form is signed by all applicants | |

Investor Care	1800-200-3444 Email: india.investorcare@pinebridge.com	Website	www.pinebridge.in
Distributor Care	(City Code) 60000344* Email: india.distributorcare@pinebridge.com	SMS	TRUST to 56767

* Available at our Ahmedabad, Bengaluru, Chennai, Mumbai, New Delhi and Pune branches.