

Sr. No.

This Form is to be used by Existing Investors for the purpose of

☐ Additional Purchase ☐ SIP ☐ Micro SIP (Please ✓ whichever is applicable)

BROKER/DISTRIBUTOR	Sub Broker Name & Code	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN-97821 <small>is your ARN stamp</small>	Kindly affix your Sub Broker ARN stamp	E113814 <small>ARN Number</small>	

☐ I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. "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". 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.

Existing Unitholders Information

First Unitholder Existing Folio No.

KYC is mandatory for ALL investments irrespective of the amount.

PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.*	PAN No.*	PAN No.*
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**

** Photo Identification mandatory - please refer to Micro SIP related information.

Additional Purchase

Scheme Name Plan Standard ☐ Direct ☐ Option

Investment Amount DD Charges (if applicable) Net Amount (A/c Payee-Cheque / DD Amount)

Cheque/DD No. Drawn on (Bank / Branch Name)

Cheque / DD Date Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

☐ Systematic Investment Plan (SIP) (Through Post Dated Cheques) ☐ * Micro SIP

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

Enrolment Period From To Cheque No(s). From To No. of Cheques

Drawn on (Bank / Branch Name)

* SIPs upto ₹ 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

Payment Bank Details (Mandatory for Additional Purchase / SIP)

Source of Payment (from where the above investment is made)

First / Sole Holder's Bank Account ☐ Mandatory (any one): ☐ Cheque leaf with Name pre-printed ☐ Bank Statement ☐ Pass Book ☐ Bank Certificate OR

Third Party's Bank Account ☐

Relationship with the Holder: ☐ Parents/Grand-Parents/related persons ☐ Employer on behalf of employee ☐ Custodian on behalf of an FII or a client

Mandatory documents required: ☐ KYC Acknowledgement Letter ☐ Third Party Declaration Form

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

Declaration & Signatures

I/We have read and understood the contents of the SID/SA/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 respective schemes 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 transaction. 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.

EUIIN: 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 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.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

**Mandatory - Enclose self/broker attested PAN Card Copy.

**Photo Identification Copy for Micro SIP only.

(P.T.O.)

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

☐ SIP/ ☐ Micro SIP : Installment Amount (₹)

Total Cheques Cheque Nos.

☐ Additional Purchase : Amount (₹)

Cheque No.

Time Stamp No. (Office Use Only)

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.

This Form is to be used by Existing Investors for the purpose of ☐ Redemption ☐ Switch ☐ STP ☐ SWP
☐ SIP / STP / SWP Cancellation ☐ Change of Contact Details (Please ✓ whichever is applicable)

Sr. No. _____

BROKER/DISTRIBUTOR	Sub Broker Name & Code	Employee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)
ARN-97821 <small>(See your ARN stamp)</small>	Kindly affix your Sub Broker ARN stamp	E113814 <small>(See your Employee Number)</small>	

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 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.

Existing Unitholders Information

First Unitholder _____ Existing Folio No. _____

KYC is mandatory for ALL investments irrespective of the amount.

Redemption

Scheme _____ Plan _____ Option _____
 Amount ₹ _____ Amount ₹ (In Words) _____
 No. of Units _____ OR ☐ All Units (Please ✓) (Please mention either Amount or Units)

☐ Default Bank Account in this folio ☐ Any of the Registered Bank Account in this folio ☐ Please pay Proceeds via RTGS/NEFT

Bank Details: Bank Name _____ Bank Account No. _____ IFSC Code _____

Switch

From Scheme (Transferor) _____ Plan _____ Option _____
 To Scheme (Transferee) _____ Plan _____ Option _____
 Please transfer (Please ✓) ☐ ₹ _____ OR ☐ Units _____ OR ☐ All Units

Systematic Transfer Plan (STP)

From Scheme (Transferor) _____ Plan _____ Option _____
 To Scheme (Transferee) _____ Plan _____ Option _____
 Please transfer ☐ Fixed Amount ₹ _____ OR ☐ Capital Appreciation
 Frequency: ☐ All Four Dates ☐ Fortnightly ☐ Monthly
 STP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st
 Enrolment Period From MM / YY / YY To MM / YY / YY
 STP shall not be executed if amount is less than ₹1000/- (To be submitted 5 business days before the 1st due date of Transfer)

Systematic Withdrawal Plan (SWP)

From Scheme _____ Plan _____ Option _____
 (Please ✓) ☐ Fixed Amount ₹ _____ OR ☐ Capital Appreciation
 SWP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All Four Dates
 Enrolment Period From MM / YY / YY To MM / YY / YY
 SWP shall not be executed if amount is less than ₹ 1000/-, Frequency - Monthly (To be submitted 5 business days before the 1st due date of Withdrawal)

SIP / STP / SWP Cancellation

I/We would like to discontinue ☐ SIP ☐ STP ☐ SWP Effective Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All Four Dates
 Month _____ Year _____

SIP Cancellation - To be submitted within 30 days from the next SIP effective date. STP Cancellation - To be submitted within 30 days from the next STP effective date.
 SWP Cancellation - To be submitted within 30 days from the next SWP effective date

Change of Contact Details

☐ Update my Mobile No. _____ ☐ Update my Email ID* _____
 *I would like to receive information by email in lieu of physical mail

Declaration & Signatures

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SIGNATURE(S)

Sole / First Applicant / Guardian _____
 Second Applicant _____
 Third Applicant _____

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
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Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

*Mandatory - Enclose self/broker attested PAN Card Copy.

**Photo Identification Copy for Micro SIP only.

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. _____ Date _____
 Received from _____
☐ Redemption: Amount (₹) _____ OR Units _____
☐ Switch : Amount (₹) _____ OR Units _____
☐ SWP : ☐ Fixed Amount (₹) _____ OR ☐ Capital Appreciation
☐ STP : ☐ Fixed Amount (₹) _____ OR ☐ Capital Appreciation
☐ SIP/STP/SWP Cancellation ☐ Change of Contact Details
 Time Stamp No. _____ (Office Use Only)