

PRINCIPAL SYSTEMATIC INVESTMENT PLAN (SIP)

Principal®
Mutual Funds

**HAVE YOU SAVED ENOUGH
FOR A RAINY DAY?**



Application Form (For Investments only through SIP)

Application No.

FOR NEW APPLICANTS ONLY.

In case of Applications received on behalf of Minor - Standing Instructions in the nature of SIP will be registered only till the date of Minor attaining Majority.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker Name & Code	Sub-Broker Code	EUIN	Principal Group Employee Code	Date & Time of Receipt
ARN-97821		E113814		

I/We hereby confirm that where the EUIN space has been left blank the transaction is an "execution-only" transaction. (Refer Instruction No. G)
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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(15)]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting (please ✓ one of the options:- ☐ First time Mutual Fund Investor ☐ Existing Investor)
(Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor for the purpose of deducting Transaction Charges)
In case the total commitment for SIP (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor in 3-4 installments. Units will be issued against the balance amount invested.

1 APPLICANT DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms [Note: No Joint holding permitted in case of minor applicant - Refer Instruction no. B(12)]
F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth (Mandatory for Minor Applicant - Enclose Supporting Document) D D / M M / Y Y Y Y PAN

STATUS - ☐ Resident Individual ☐ NRI / PIO / FI ☐ Partnership Firm ☐ BOI ☐ Minor ☐ Bank / FI ☐ Society/Club ☐ Trust ☐ Company ☐ Others (Please specify)

Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person (In case of non-individual Investors - PAN & KYC not required for contact person) ☐ Mr. ☐ Ms

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth D D / M M / Y Y Y Y PAN Relationship with ☐ Father ☐ Mother ☐ Legal Guardian Minor Applicant [Note: Enclose Supporting Document]

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth D D / M M / Y Y Y Y PAN

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth D D / M M / Y Y Y Y PAN

Kindly ensure that Copy of KYC Acknowledgement Letter are enclosed to your Application Form as per Instruction No. D.

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

City State Country Pin Code

OVERSEAS ADDRESS (in case the First Applicant is NRI/HV/PIO) [P.O. Box Address is not sufficient] [Refer Instruction No. B(6)]

City State Country Zip Code

CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone O R Fax

Mobile ☐ I / We wish to receive updates via SMS on my mobile (Please ✓)

e-mail

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ✓] ☐ Account Statement ☐ Newsletter ☐ Annual Report ☐ All Statutory Returns / Information

IF APPLICANT IS A NON-RESIDENT

☐ NRI (Repatriable) ☐ FI (Repatriable) ☐ NRI Minor (Repatriable) ☐ Business ☐ Service ☐ Profession ☐ Retired ☐ Agriculture
☐ PIO ☐ NRI (Non Repatriable) ☐ NRI Minor (Non Repatriable) ☐ House Wife ☐ Student ☐ Others (Please specify)

MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either / Anyone or Survivor (Default Option : Jointly)

2 DOCUMENTS ENCLOSED (Please ✓)

☐ MOA & AOA ☐ Trust Deed ☐ Bye-Laws ☐ Partnership Deed ☐ Resolution / Authorisation to invest ☐ List of Authorised Signatories with Specimen Signature(s) ☐ POA

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN-97821

Application No.

Received from

Cheque / DD No.

Dated: D D / M M / Y Y Y Y

Drawn on Bank & Branch

Scheme / Plan / Option

Amount ₹

Please Note : All purchases are subject to realisation of payment instrument

EUIN-E113814

Signature, Stamp & Date

3 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

Equity / Balanced & Fund of Funds Schemes		<input type="checkbox"/> Direct Plan ⁺		<input type="checkbox"/> Growth	
<input type="checkbox"/> Principal Large Cap Fund	<input type="checkbox"/> Principal Growth Fund	<input type="checkbox"/> Principal SMART Equity Fund	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Dividend	
<input type="checkbox"/> Principal Emerging Bluechip Fund	<input type="checkbox"/> Principal Index Fund	<input type="checkbox"/> Principal Balanced Fund		<input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	
<input type="checkbox"/> Principal Global Opportunities Fund	<input type="checkbox"/> Principal Dividend Yield Fund				
<input type="checkbox"/> Principal Retail Equity Savings Fund [#]		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth	
ELSS <input type="checkbox"/> Principal Personal Tax Saver Fund		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan		
Debt / Liquid Schemes		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	
<input type="checkbox"/> Principal Government Securities Fund				Dividend Frequency - <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	
<input type="checkbox"/> Principal Income Fund - Long Term Plan		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
<input type="checkbox"/> Principal Debt Opportunities Fund - Conservative Plan				Dividend Frequency / Facility - <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="radio"/> Reinvest	
<input type="checkbox"/> Principal Cash Management Fund*				<input type="checkbox"/> Monthly <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	
<input type="checkbox"/> Principal Retail Money Manager Fund**		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Monthly) <input type="radio"/> Reinvest	
<input type="checkbox"/> Principal Debt Opportunities Fund - Corporate Bond Plan		<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep	
<input type="checkbox"/> Principal Bank CD Fund	<input type="checkbox"/> Principal Income Fund - Short Term Plan			Dividend Frequency - <input type="checkbox"/> Monthly	
<input type="checkbox"/> Principal Debt Savings Fund	<input type="radio"/> Monthly Income Plan	<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="radio"/> Accumulation <input type="radio"/> AEP	<input type="checkbox"/> Dividend <input type="radio"/> Monthly <input type="radio"/> Quarterly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
	<input type="radio"/> Retail Plan [#]	<input type="checkbox"/> Direct Plan ⁺	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="radio"/> Accumulation <input type="radio"/> AEP	

* Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. B(11)]

Sweep to Scheme _____ Plan _____ Option _____ * SIP not available
(In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)**4 REGISTRATION THROUGH POST DATED CHEQUES**

*First SIP Cheque No. _____ (Note: Cheque should be drawn from Bank A/c details provided below)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR ☐ Others _____ MICR Code _____ This is a 9 digit number next to your Cheque No.

Cheque issued from Bank A/c No. _____ Name of 1st Bank A/c holder _____

Bank Name _____ Name of 2nd Bank A/c holder _____

Branch & City _____ Pin code _____ Name of 3rd Bank A/c holder _____

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. C]

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): _____ Name _____

☐ Employer: _____ Name _____ ☐ Custodian: _____ Name _____

Enclose both the following Documents
• KYC Acknowledgement Letter of the Payer & Payee
• Joint Declaration

2nd and subsequent Installments: No. of Cheques _____ [At least 6** Ind. first installment] Amount Per Cheque ₹ _____ Total Amount ₹ _____

Frequency ☐ Monthly ☐ Quarterly 2nd and subsequent installment Cheque Nos. From _____ To _____

Second and subsequent installment month _____ SIP Date ☐ 1st ☐ 5th ☐ 15th ☐ 25th (the date on which you want to invest)

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the cheque. ** Cheques to be dated as per the SIP date selected

Investors who wish to invest through Auto Debit (ECS) OR through Standing Instructions - please fill section 9 or 10 respectively. Either Auto Debit (ECS) OR Standing Instructions can be selected.

5 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) _____

Account No. _____ Branch / City _____

(Please provide the full account number)

Branch Address _____ Pin Code _____

Account Type (Please ✓) For Residents ☐ Savings ☐ Current For Non-Resident ☐ NRO ☐ NRE ☐ Repatriable ☐ Non-Repatriable ☐ Others _____

MICR Code* _____ This is a 9 digit number next to your Cheque No. Essential Enclosures: (For Direct Credit) [* indicates - Mandatory]

Only for IFSC* _____ NEFT* _____ ☐ Blank cancelled cheque ☐ Copy of cheque

RTGS* Code _____

6 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Personal Tax Saver Fund)

I* _____ hereby assign all the benefits that may be payable in the event of my accidental death by the concerning Insurance Company ["Insurer"] under the Insurance Policy arranged by the Company for the investors in Principal Personal Tax Saver Fund; in favour of:

Name of Assignee Mr/Ms/Mrs _____ Date of Birth DD / MM / YYYY

having his/her address at _____ City _____ Pin _____ State _____

Name of Guardian (where the Assignee is a Minor) _____

I further declare that receipt of the benefits, if any, by the above named Assignee shall be sufficient discharge thereof to the Insurer/ Company.

I also confirm having noted the key terms and conditions of the referred accidental death insurance cover as provided in the Scheme Information Document. The decision of the Insurer on any matter related to admissibility of a claim shall be final and binding. Date _____ Place _____ Witness Name _____

Witness Address _____ Witness Signature _____

* Name of the - Sole First Applicant only in case of an individual applicant, Karta in case of HUF and First Applicant in case of Association of Persons (AOP)/Body of Individuals.

Minor's Relationship _____

It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided for in the application form. Investor may not get covered under insurance if the assignee is not appointed.

... continued overleaf



For investment related enquiries, Investor Grievance please contact:

Principal Mutual Fund

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051.

TOLL FREE: 1800 425 5600. Fax: 022-6772 0512. Email: customer@principalindia.com Website: www.principalindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Ltd/ printout of KYC compliance status downloaded from C.V.I. website, as applicable • Appropriate options are filled • Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument. • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

☐ I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

Date of Birth (in case of minor)

[illegible]

Specimen Signature of Nominee / Guardian

Signature of 3rd Unit Holder

8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']

Beneficiary Account Number

I/We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application - ☐ Yes ☐ No (Note: If this section is left blank, it is assumed that the Applicant(s) is the Beneficial Owner)

[Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserves the right to seek further information/documents for verification purpose]

☐ Yes ☐ No. 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

I/We have read and understand the contents of the Scheme Information Documents to the Scheme(s) including the sections on Prevention of Money Laundering and Know Your Customers ("KYC"). We/We hereby apply to the Trustees of the Principal Mutual Fund, the Mutual Funds for units of the Scheme as indicated above ("the Scheme(s)") and agree to abide by the terms and conditions, of the Scheme(s) such as stated in the Scheme Information Documents ("SIDs") into which my/mur investment may be moved pursuant to the instruction received from melus to swap/switch the same as applicable to my/our investment including any further transaction into the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by melus in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directors issued by any governmental or statutory authority from time to time. I/We confirm that I/we have read and understood "Privacy Policy" of MFMIAMC hosted on www.principalmutual.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 or sensitive personal data or information provided by melus for attending and offering services and support requested and to share with and disclose the same to MFMIAMC's Associated Group Companies ("Affiliates"), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information or sensitive personal data or information provided by melus to non-affiliated third parties such as but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal BNP Asset Management Company Ltd. (AMC), its Trustee and the Mutual Fund would not be responsible if the investments in units vites the relevant constitution. I/We further confirm that the ARN holder (ARN-Broker) has disclosed to melus all the commissions in the form of an official commission or other mode, possible, possible to limit the arbitrage of the Scheme of various Mutual Funds to the maximum extent possible. The Scheme is recommended to melus. I/We authorize AMC to reject the application, if, twice, the units created, restrain melus from making any further investment in any of the Scheme(s) of Principal Mutual Fund, recover/debit my/mur folio(s) with the penal interest and any appropriate action against melus in case the cheques/drafts/payment instruments are returned unpaid by my/mur bank for any reason whatsoever. I/we hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my/mur bank account, where AMC has such arrangement with my/our Bank.

Applicable for Micro SIP: I/We further confirm & declare that I/We do not have any existing Micro SIPs in the scheme(s) of Principal Mutual Fund which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000/- Further, I/We confirm that where the PAN & KYC acknowledgement letter has not been provided for any unitholder the same is on account of the fact that I/We do not hold PAN as on date.

^ Refer Instruction No. D

^A Refer Instruction No. D

List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing)

Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Baroda, Belgaum, Bhavnagar, Bhiwani, Bhopal, Bhubaneswar, Bijaipur, Bikaner, Burdwan, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Gorakhpur, Gulbarga, Guwahati, Gwalior, Hassan, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Panaji, Patna, Pondicherry, Pune, Raichur, Rajpur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Siliguri, Solapur, Surat, Tinnelveli, Tirupati, Tinipur, Trichur, Trichy, Tiruvallur, Tumkur, Udaipur, Udupi, Varanasi, Vijayawada (also covers Guntur, Tenali & Mangalagiri), Vizag

ICICI Bank, Bank of Baroda, Bank of India, Punjab National Bank, IDBI Bank, Kotak Mahindra Bank, Indus Ind Bank, Axis Bank, State Bank of India, Corporation Bank, Union Bank of India, Allahabad Bank. Please fill in the Direct Debit / Standing Instruction Form.

The cities / Banks listed above may be modified/removed at any time purely at the discretion of Principal Mutual Fund without assigning any reason or prior notice.

[illegible]

The cities listed above may be modified/removed at any time purely at the discretion of Principal Mutual Fund without assigning any reason or prior notice.

11 SIP AUTO DEBIT - REGISTRATION-CUM-MANDATE FORM FOR ECS (Please note that a minimum 30 days are required to set up Auto Debit)Broker Name & Code: **ARN-97821**

Sub-Broker Code:

EUIN **E113814**

Application No.

Scheme

Plan

Option

(i) Investment Amount (₹)

(ii) DD Charges (₹)

Net Amount (₹)

Mode of Payment (Please ✓)

☐ Cheque☐ DD#

*First SIP Cheque/DD No.

(Note: Cheque/DD should be drawn from Bank A/c details provided below)

Account Type (Please ✓)

☐ Savings☐ Current☐ NRE☐ NRO☐ FCNR☐ NRSR☐ Others

MICR Code

This is a 9 digit number next to your Cheque No.

Cheque/DD issued from Bank A/c No.

Name of 1st Bank A/c holder

Bank Name

Name of 2nd Bank A/c holder

Branch & City

Pin code

Name of 3rd Bank A/c holder

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. C]

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000):

Name

☐ Employer:

Name

☐ Custodian:

Name

Enclose both the following Documents

- KYC Acknowledgement Letter of the Payer & Payee
- Joint Declaration

Each SIP Amount (₹)

SIP Start Date

D D M M Y Y Y Y

Frequency

☐ Monthly☐ Quarterly

No. of Installment (Atleast 6)

Ind. first installment

SIP Period

Start From

(2nd instalment)

M M Y Y

End on

(last instalment)

M M Y Y

Second and subsequent installment dates

(the date on which you want to invest for subsequent period)

☐ 1st☐ 5th☐ 15th☐ 25th

* In case of payment through DD/Pay order it is mandatory to enclose Declaration / Acknowledgement from Bank

Mandatory Endorse -

☐ Blank Cancelled Cheque☐ Copy of Cheque☐ Copy of Pass Book

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Cheque / DD. First Investment in SIP vide a cheque and subsequent investments via Auto Debit, available in selected cities only. I/We herein declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. In case the cheques/my/our instructions to the Bank are dishonoured or cannot be acted upon, then in such an event the Bank, the AMC and Principal Mutual Fund shall not be held responsible.

Signature of 1st Holder/POA Holder/Guardian

Signature of 2nd Holder/POA Holder

Signature of 3rd Holder/POA Holder

Please note Signature(s) should be as it appears on the application form and in the same order. In case, Mode of Holding is joint, all applicants are requested to sign.

Date

D D M M Y Y Y Y

(Bank's Stamp)

Signature of the Authorised Official from the Bank

FOR BANK USE ONLY (Not to be filled in by Applicant)

Recorded on

D D M M Y Y Y Y

Customer Ref. No.

Recorded by

Scheme Code

Credit A/c. No.

Bank use

Mandate Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by all the Account Holder(s)]

I/ We hereby authorise the bank to debit my/ our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein. I/We have read the relevant Scheme Information Document and Statement of Additional Information and agree to discharge the responsibility expected of me/us as a participant under the concerning scheme(s). I/We will also inform Principal Mutual Fund, about any changes in my/our bank account. Further this is to inform you that, I/ we have registered with the RBI's Electronic Clearing Service and that the payment towards my investment in Principal Mutual Fund shall be made from my/our within bank account with your bank. I/We authorise the representative carrying this ECS Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited from my/our account. I/We hereby further authorise Principal Mutual Fund, acting through their authorised service providers to debit my/ our bank account by ECS (Debit Clearing) for collection of SIP payments.

1st Account Holder's Signature (As in Bank Records)

2nd Account Holder's Signature (As in Bank Records)

3rd Account Holder's Signature (As in Bank Records)

Bank Account Number

Investors can either opt for Auto Debit (ECS) OR Standing Instructions.

12 SIP - DIRECT DEBIT / STANDING INSTRUCTION (SI) FORM (First Investment in SIP vide a cheque and subsequent investments via Auto Debit, available in selected cities only)

Broker Name & Code:

Sub-Broker Code:

EUIN

Application No.

☐ Axis Bank☐ Bank of Baroda☐ Bank of India☐ ICICI Bank☐ IDBI Bank☐ Indus Ind Bank☐ Kotak Mahindra Bank☐ Punjab National Bank☐ State Bank of India☐ Corporation Bank☐ Union Bank of India☐ Allahabad Bank

Branch

(please select ✓ your concerning Bank & mention the Branch)

Sub. : Request for maintaining of a Direct Debit / Standing Instruction (SI) for SIP with Principal Mutual FundI/We, NAME OF FIRST UNITHOLDER

hereby authorise you to deduct on a monthly/ quarterly basis (as a Direct Debit / SI) from my / our A/c. No. _____ (hereinafter referred as "funding account") for

₹ _____ IN FIGURES

(₹

IN WORDS

only)

and remit the same to Principal Mutual Fund as per the details given below:

Name of Scheme/Plan/Option

Direct Debit / SI Date

☐ 1st☐ 5th☐ 15th☐ 25th

Frequency :

☐ Monthly☐ Quarterly

No. of Installment (Atleast 6)

Start Date

D D M M Y Y Y Y

End Date

D D M M Y Y Y Y

(All Dates to be mentioned in DDMMYYYY format only)

Account Type (Please ✓)

☐ Savings☐ Current☐ Cash Credit☐ NRE☐ NRO☐ Others

Bank Account Number

MICR Code**

This is a 9 digit number next to your Cheque No.

Name of the 1st Bank Account Holder :

Name of the 2nd Bank Account Holder :

Name of the 3rd Bank Account Holder :

** Please provide the MICR Code of the bank branch from where the ECS is to be effected. MICR Codes starting or ending with 000 are not valid for ECS.

I/ We understand that the Debit to my / our account will take place at any time on the transaction day (Cycle date) and accordingly I/We undertake to keep sufficient funds in the funding account on the date of execution of Direct Debit / SI. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Principal Pnb Asset Management Company/ Principal Mutual Fund or the Bank responsible. I/We understand that if the date of debit to my/ our account happens to be a non Business Day as per the Principal Mutual Fund, allotment of units will happen on the following business day as per the Terms and Conditions listed in the Scheme Information Document of respective Scheme(s) of Principal Mutual Fund. Mandate verification charges, if any, may be debited from my/our account. The above referred Bank(s) shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above referred Bank(s) reasonable control and which has the effect of preventing the performance of the contract by the above referred Bank(s).

First Account Holder's Signature (As in Bank Records)

Second Account Holder's Signature (As in Bank Records)

Third Account Holder's Signature (As in Bank Records)

FOR BRANCH USE ONLY (TO BE RETURNED TO PRINCIPAL MUTUAL FUND)

Signature Verified by

Approved by BM

For CPU Use only:

Maintained on

Maintained by

Name of the A/c Holder

Account Number

Direct Debit /

SI Start Date

Direct Debit /

SI End Date

Next Direct Debit /

SI Date

Amount