

# TRANSACTION FORM



**Pramerica**  
**MUTUAL FUND**

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.

Application No. \_\_\_\_\_

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)			FOR OFFICE USE ONLY		
Distributor Code	Sub Broker Code	Employee Code (E-UIN) <sup>*</sup>	Branch Serial Code	Registrar Serial No.	Date/Time of Receipt
ARN-97821		E113814			

<sup>\*</sup>Please ✓ Incase the Employee Code (E-UIN) box has been left blank.

☐ I/we hereby confirm that where the EUIIN space has been left blank by me/us, the transaction is an execution-only transaction.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

## 2. UNIT HOLDER DETAILS (MANDATORY) (Please fill in BLOCK Letters) (Refer Section 2 under Instructions)

Name of Sole /First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. (Please ✓ any one)	Existing Folio No. _____
FIRST NAME MIDDLE NAME LAST NAME	

## 3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under Instructions)

Scheme Name _____	Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment	Dividend Frequency _____
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer	Source of Funds (For NRI/FII Investors) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify)
Amount ₹ _____ (in words) _____	
DD Charges ₹ _____ Cheque / DD No. _____ Dated DD MM YY YY	
Drawn on Bank _____	Branch & City _____

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.

## 4. SWITCH REQUEST (Refer Section 4 under Instructions)

From Scheme _____	To Scheme _____
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment	Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment
Dividend Frequency _____	Dividend Frequency _____
Amount ₹ _____ (in words) _____	
OR No. of Units _____	OR <input type="checkbox"/> All units (Please ✓)

## 5. REDEMPTION REQUEST (Refer Section 5 under Instructions)

Scheme _____	Option (Please specify) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Amount ₹ _____ (in words) _____	
OR No. of Units _____	OR <input type="checkbox"/> All units (Please ✓)
Bank Account <input type="checkbox"/> Option 1 (Default) <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5	

Please note that redemption proceeds will be credited to the Default Bank Account. All the Bank Accounts registered with us are printed on your account statement. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please (✓) the appropriate Option above.

## 6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6 under Instructions)

Scheme _____	Plan _____
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency _____
Withdrawal Instalment ₹ _____	Withdrawal Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
No. of Instalments _____	Withdrawal Date <input type="checkbox"/> 10th <input type="checkbox"/> 25th
Total Withdrawal _____	Withdrawal From MM YY YY YY to MM YY YY YY (First Instalment) (Last Instalment)

## 7. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 7 under Instructions)

From Scheme _____	Plan _____
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency _____
To Scheme _____	Plan _____
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Dividend Frequency _____
Transfer Instalment ₹ _____ No. of Instalments _____	Transfer Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly
Total Transfer ₹ _____	(Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Transfer Period From MM YY YY YY To MM YY YY YY (First Instalment) (Last Instalment)	STP day (Weekly or Fortnightly) _____ Please specify day of the week
	STP dates (Monthly or Quarterly) (Please ✓ any one) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All 5 days

## 8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 8 under Instructions)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of Pramerica Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.

SIGNATURE(S) \_\_\_\_\_

1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/POA	2 <sup>nd</sup> Applicant/Guardian/Authorised Signatory/POA	3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/POA
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All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.