

Application No.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code	Sub-Broker ARN Code	EUIN	Sub-Broker Code	Principal Group Employee Code
ARN-48012		E-053085		

☐ 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. (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.

Signature of Sole/ First Applicant/ Holder

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 subscription amount is ₹ 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. Units will be issued against the balance amount invested.

1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. B(1)]

Please fill your Folio No. and Name and then proceed to Section (6)

Common Account / Folio No.

Name of Sole /
First Unit Holder

2 NEW APPLICANT'S 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 ☐ HUF ☐ 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

PAN

Relationship with
Minor Applicant ☐ Father ☐ Mother ☐ Legal Guardian
[Note: Enclose Supporting Document]NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms

Date of Birth

D D M M Y Y Y Y

PAN

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

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms

Date of Birth

D D M M Y Y Y Y

PAN

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

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

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

L A N D M A R K

City State Country Pin Code

OVERSEAS ADDRESS (in case the First Applicant is NRI/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 N B L O C K L E T T E R S

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)
☐ PIO ☐ NRI (Non Repatriable) ☐ NRI Minor (Non Repatriable)

OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓)

☐ Business ☐ Service ☐ Profession ☐ Retired ☐ Agriculture
☐ House Wife ☐ Student ☐ Others (Please specify)MODE OF HOLDING (Please ✓) ☐ Single ☐ Jointly ☐ Either / Anyone or Survivor (Default Option : Jointly)

3 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'

☐ 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.

NOMINEE'S NAME ☐ Mr. ☐ Ms

Date of Birth

(in case of minor)

D D M M Y Y Y Y

NAME OF PARENT / LEGAL GUARDIAN (in case of minor) ☐ Mr. ☐ Ms

ADDRESS OF NOMINEE / GUARDIAN

City Pin Code

Specimen Signature of Nominee / Guardian

OR

☐ I/We do not wish to nominate a nominee in my / our folio.

Signature of 1st Unit Holder

Signature of 2nd Unit Holder

Signature of 3rd Unit Holder

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / www.principalindia.com]

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No:

Sub-Broker ARN:

EUIN:

Received from

Cheque / DD / RTGS / NEFT No.

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

Drawn on Bank & Branch

Scheme Amount ₹

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

Eligible for deduction under section 80(C) of the Income Tax Act, 1961.

Application No.

Signature, Stamp & Date

Bank Name (Do not abbreviate)																						
Account No.											Branch / City											
Branch Address	(Please provide the full account number)																					
													Pin Code									
Account Type	(Please <input checked="" type="checkbox"/> For Residents <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> For Non-Resident <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Repatriable <input type="checkbox"/> Non-Repatriable <input type="checkbox"/> Others																					
MICR Code*											This is a 9 digit number next to your Cheque No.					Essential Enclosures : (For Direct Credit): <input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque						
Only for RTGS*	IFSC*											NEFT* Code						[* indicates - Mandatory]				

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

(i) Investment Amount (₹) <input type="text"/>										(ii) DD Charges (₹) <input type="text"/>										Net Amount (₹) (i)+(ii) <input type="text"/>									
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> ECS <input type="checkbox"/> Funds Transfer										*Cheque / DD / RTGS / NEFT No. <input type="text"/>																			
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR										Dated <input type="text"/> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>																			
Payment from Bank A/c. No. <input type="text"/>										Name of 1st Bank A/c holder <input type="text"/>																			
Drawn on Bank <input type="text"/>										Name of 2nd Bank A/c holder <input type="text"/>																			
Branch & City <input type="text"/>										Name of 3rd Bank A/c holder <input type="text"/>																			

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

☐ Employer: _____ Name _____
 ☐ Custodian: _____ Name _____
 ☐ Joint Declaration of the Bank A/c.

* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

Principal Personal Tax Saver Fund - ☐ Direct Plan⁺ ☐ Regular Plan ^[+ Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored.]

I/We _____ 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

Witness Address _____ Witness Signature _____

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.

[illegible]

[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. I/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 transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products

We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/ We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my/ our investment including any further transaction under the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. We further declare that the amount invested by me/us 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, directions issued by any governmental or statutory authority from time to time. We confirm that I/we have read and understood "Privacy Policy" of PFMIAMC hosted on www.principalindia.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 /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PFMIAMC's Associates/Group Companies (Affiliates), for offering their services and products. We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us 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. 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 PBI Asset Management Company Pvt. Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us. I/ We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Schemes of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is/are returned unpaid by my/our bank for any reason whatsoever. We hereby further agree that AMC can directly credit all the dividend payments and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank.

Applicable to NRIs only: I/ We confirm that I am / we are Non-Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account/ FCNR Account.

SIGNATURES	Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)	
	Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)		
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	
	POA Details - Name		
	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)		

^ Refer Instruction No. D



TOLL FREE: 1800 425 5600 • Fax: 022-6772 0512 • E-mail: 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 KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • 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.