

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai-400 051. Toll Free - 1800 425 5600 • Fax: 022-6772 0512. Website: www.principalindia.com • E-mail: customer@principalindia.com

Please read the instructions before filling the Application Form

## **Application Form for ELSS**

Application No.

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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         NAME OF PARENT / LEGAL GUARDIAN (in case of minor)       Mr.       Ms         ADDRESS OF NOMINEE / GUARDIAN       in case of minor)       Mr.       Ms         City       Pin Code       Specimen Signature of Nominee / Guardian         OR       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         Received from	MODE OF HOLDING (Please 🗸)	ingle 🗌 Jointly	🗌 Either / Anyo	ne or Surv	vivor <b>(Defa</b>	ult Optio	n : Joi	ntly)												
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)         NAME OF PARENT / LEGAL GUARDIAN (in case of minor)       Mr.       Ms         ADDRESS OF NOMINEE / GUARDIAN       Mr.       Ms         City       Pin Code       Specimen Signature of Nominee / Guardian         OR       Signature of 1st Unit Holder       Signature of 2nd Unit Holder       Signature of 3rd Unit Holder         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         ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)       ARN No:       Sub-Broker ARN:       EUIN:         Received from       Application No.       Dated: D_/MM / YYY       Dated: D_/MM / YYY         Drawn on Bank & Branch       Amount ₹       Amount ₹       Amount ₹	3 NOMINATION (Please 🗸	and confirm the c	ption selected	l) - Please	Refer Ins	truction	No. 'E	,												
NOMINEE'S NAME       Mr.       Ms         NAME OF PARENT / LEGAL GUARDIAN (in case of minor)       Mr.       Ms         ADDRESS OF NOMINEE / GUARDIAN       (in case of minor)       Mr.         City       Pin Code       Specimen Signature of Nominee / Guardian         OR       Signature of 1st Unit Holder       Signature of 2nd Unit Holder       Signature of 3rd Unit Holder         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         ACKNOVLEDGEMENT SLIP (To be filled in by the Applicant)       ARN No:       Sub-Broker ARN:       EUIN:         Received from	□ I/We do hereby nominate the underr	mentioned Nominee	to receive the Un	its allotted	to my/our of	redit in m	y/our fo	olio in tl	ne even	t of m	y/our o	death.	I/We	also	under	stand	that a	ill pay	ment	and
NAME OF PARENT / LEGAL GUARDIAN (in case of minor) Mr. Ms   ADDRESS OF NOMINEE / GUARDIAN   City Pin Code   Specimen Signature of Nominee / Guardian   OR   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   ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)   ARN No:   Sub-Broker ARN:   EUIN:   Received from   Cheque / DD / RTGS / NEFT No.   Dated:   Dated:   D / M M / YYYY		5	ninee acknowled	ging receip	it thereof, si	nall be val	d disch	arge by		Date o	f Birth		rustee D	es.	М	M	Υ	Y	Y	Y
City       Pin Code       Specimen Signature of Nominee / Guardian         OR       Signature of 1st Unit Holder       Signature of 2nd Unit Holder       Signature of 3rd Unit Holder         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	NAME OF PARENT / LEGAL GUARDIA	N (in case of minor)	Mr.	Ms						(in case	e of mi	nor)								
OR       Signature of 1st Unit Holder       Signature of 2nd Unit Holder       Signature of 3rd Unit Holder         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	ADDRESS OF NOMINEE / GUARDIAN																			
Image: Www do not wish to nominate a nominee in my / our folio.       Signature of Std 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	City			Pin	Code						Spe	ecime	n Sigr	nature	e of No	omine	e / Gu	ardia	n	
[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	OR	inaa in my / aur falia	Signatur	e of 1st U	nit Holder		Sigr	ature o	of 2nd	Unit H	lolder	.		Sig	natui	re of 3	3rd U	nit H	older	
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Cheque / DD / RTGS / NEFT No Dated: _D D / M M / _Y Y Y Y Drawn on Bank & Branch Scheme Amount ₹	ACKNOWLEDGEMENT	SLIP (To be filled	in by the Ap	plicant)	ARN No			Su	b-Brol	cer A	RN:				El	JIN:				·
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		piect to realisation	of payment in								-		c	ianat	turo (	Stamn	<u>م</u> 8 ה	ate		

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

4 BANK	ACCOU	NT DE	TAILS	(Mai	ndato	<b>ry)</b> [Ref	er Instruc	tion I	No. C]																
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Only for IFSC*				1			]	NEF					1				. (101.0		///.		ancene		icates - N	,	· ·
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MOA & AO/			_ ,				ip Deed		solution	1 / Autn	iorisat	ion to	invest		LIST OT	Autn	orised	i Signat	ories	with S	pecim	en sig	nature(s,		POA
	ENT DET	AILS (	Mand	lator	<b>/)</b> [Ref	er Instru																			
(i) Investment Am							(ii) DD		· · · _									t (₹) (i)+I	ii)						
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Branch & Ci Details of the P		o tha F	irct IIn	itholda	r is not	one of	the Bank	V/c ho	ldor ac	montio	_		rd Bank	C AVC N	loider				M	landati	ory Enc				
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Employer:		eu perso	Name					Custo	dian:			Na	me									9	f the Bank		
Please enclose a																					o the B	Bank fro	om the Ur	nithold	er to
Debit the Accour * Please mentior															ору от н	odzzaś	OK / Ba	ank Stat	ement						
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Principal Pe	ersonal I	ax Sav	er Fur	nd -	Dire	ect Plan	* Re	gular	Plan [*	+ Only for	investor	rs withou	ut broker	r code.	If Direct p	olan is o	pted an	id Broker (	code als	o menti	oned, th	ie broker	code will b	be ignor	eq"]
8 ASSIG	NMENT	CLAUS	E (Re	levant	t for re	esident	applicar	nt)																	
*									,			_ herel	by assig	gn all	the ben	efits th	iat maj	y be pay	able ir	ו the e	event of	f my ac	cidental o	death b	by the
concerning Insura Name of Assignee			er"] unde	er the Ir	isurance	Policy arra	inged by the	e Comp	bany for	the invest	tors in	Princip	al Perso	nal la	ix Saver I	und; II	n favoi		te of F	Rirth		/ M	LM / Y		
having his/her add																									
	( 1						City							_ Pin				S	tate _						
Name of Guardia I further declare t					, the ahr	nve name	d Assiance	shall h	e sufficie	ent disch	arne t	hereof	to the	Insur	er/ Com	nanv									
I also confirm hav	ing noted th	e key ter	rms and	conditio	ons of th												Docum	ent. The	decisi	on of 1	the Insi	urer on	any matt	er rela <sup>.</sup>	ted to
admissibility of a Witness Address	claim shall b	e final ar	nd bindir	ng. Dat	e		Plac	e			-	Witne	ss Nam	ne		Witno	ss Sigr	aturo					_		
* Name of the - S	Sole/First Ap	plicant o	nly in ca	se of ar	n individ	ual applic	ant, Karta i	n case	of HUF	and First	Appli	cant in	case o	f Asso					ly of Ir	ndividu	als.				_
Minor's Relations			-	9 60									р	r											
It is compulsory for	r the applicar	nts to furi	hish deta	iils of th	e assigne	e for this	insurance co	over in t	the space	e provideo	d tor ir	n the ap	oplicatio	n torr	n. Investi	or may	not ge	et covere	d unde	er insura	ance if	the assi	gnee is no	ot appo	inted.
	T ACCO			<b>.S</b> [Re	fer ins	structio	n No. 'B	(14)'	]																
Depository Par	ticipant (D	P) ID									Ben	neficiar	ry Acc	ount	Numb	er									L
10 BENEF	ICIAL O	WNER	[Refe	r instr	uction	n No. 'F	·']																		
I/We am/are the I						allotted p	oursuant to	this Ap	oplicatio	n - 🗌 ۱	Yes	No	(Note:	If this	section	is left k	blank,	it is assu	med th	nat the	Applic	ant(s) is	the Bene	ficial O	wner)
If no, kindly indi [Kindly enclose (	cate the nai	ne of th	e Benef	icial Ov	vner	ttar for t	ha Ronafic	ial Ow	nor AM	C Roson	vac th	o riaht	to soo	k fur	ther info	rmati	on/do	cument	s for v	orifica	tion n	urnose	1		
				-						ic nesen	ves tri	engni	. 10 See	K IUI		Jiiidu	01/00	cument	5 101 V	ennca	tion pi	nhozel	1		
	CY POLI				-										·							1 <sup>1</sup> • • • • •			. ( .
Yes No. transacting in Pri	IWe con ncipal Mutu	al Fund v	with any	v of its <i>i</i>	ne Aivic Associat	. to snare es/Group	Companie	ation ( es, for d	(Incluain offering	their ser	ut IIMI vices a	itation and pro	person oducts	iai int	ormatio	n or se	ensitiv	e persor	iai dat	.a or ir	itorma	tion) pr	roviaea c	by me/	JS TOP
	RATION			·					5																
						the Scheme(s	) including the :	sections o	n "Preventic	on of Monev	1									1.					
We have read and unde Laundering and Know Yo indicated above ["the Sch	ur Customers". I	/ We hereby	apply to th	e Trustees	of the Princ	ipal Mutual F	und (the Mutua	Fund) for	r units of th	e Scheme as	5	Signat	ture of		APP	LICAN	AT SI	GNATI	JRE	P	OAF	IOLDE	ER SIGN	IATU	KE .
which my/our investment	may be moved p	ursuant to a	ny instructio	on received	l from me/us	s to sweep/sw	itch the units as	applicable	e to my / ou	r investment	t	1st Applicant			POA De	tails -	Name	!							
including any further trans this investment. IWe furth the purpose of contravent	saction under the her declare that th	scheme(s). Il e amount inv	/ we have no /ested by me	ot received e/us in the S	cheme(s) is c	en induced by derived throug	/ any rebate or g h legitimate sou	rces and is	iy or indirect s not held or	iy, in making designed for	) r	Guard	Holder / Jian		PAN										
the purpose of contravent by any governmental or s	ion of any act, rul tatutory authority	es, and regul from time to	ations or any o time. I/We	y statute or confirm the	legislation of hat I/we hav	or any other ap read and ur	oplicable laws or Iderstood "Priva	any notifi cv Policy "	cations, dire of PMF/AM	ctions issued IC hosted on	1			I	Enclosed	please	/)	PAN	KY	С	(Attach	1 copy of	PAN & KY	C^)	
www.principalindia.com a	ind hereby conser	t to and auth	norize AMC t	to collect p	ersonal infor	mation or sen	sitive personal d	ata or info	rmation as d	lefined in the					APPL	ICAN	T SI	GNATU		Р	OA H	IOLDE	R SIGN	ATUR	
"Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (/ for offering their services and products. We also consent to disclose all such information including without limitation personal information kensitive									es (Affiliates),	Ē		ture of													
data or information provid are assessing our complian	and products. I/vve ded by me/us to no	also consent on-affiliated t	third parties	such as, bu	ut not limited	d to, attorneys	, accountants, a	uditors an	d persons or	r entities that	Į	POAH	<b>Applicar</b> Holder				INAITIE	<u> </u>							
are assessing our complian units of the Scheme and	nce with industry s the Principal Pnb /	itandards. IV Asset Manag	√e further co Jement Corr	onfirm that 1pany Pvt. I	I/we have th Ltd. [AMC],	ne express aut its Trustee and	hority from the r d the Mutual Fur	elevant co nd would	nstitution to not be respo	invest in the onsible if the	ש				<b>PAN</b> Enclosed	nlease		PAN		 ۲	(Attack	n copy of	PAN & KY	(^)	
investment is ultra vires th the form of trail commiss	e relevant constitu	ition. IWe tu	urther confirm	m that the A	ARN holder (	Broker/Sub-Br	oker) has disclos	ed to me/i	us all the cor	nmissions (in	1														
Scheme(s) has been recor	nmended to me/	us. I / We au	thorize AM	C to reject	the applicat	tion, reverse t	he units credited	d, restrain	me/us from	making any	/	Signat	ture of		APPI	ICAN	11 510	GNATU	KE	P	UA H	IOLDE	R SIGN	AIUI	
further investment in any against me/us in case the	cheque(s) / payme	ent instrumer	nt is /are retu	urned unpa	id by my/our	r bank for any	reason whatsoe	ver. I/We h	nereby furth	er agree that	t	3rd A	pplican	nt / I	POA De	tails -	Name								
AMC can directly credit al Applicable to NRIs onl	l the dividend pay	outs and red	lemption am	nount to my	y/our bank i	account, whe	re AMC has such	n arrangen	nent with m	y / our Bank.		POA H	Holder		PAN		<u> </u>								
subscription have been re	mitted from abro	ad through	approved ba	anking cha	innels or fro	m funds in m	y/our Non-Resid	lents Exte	rnal / Ordina	ary Account/		[			Enclosed	please	✔)	] PAN	KY	Ċ	(Attach	copy of	PAN & KY	C^)	
FCNR Account.											^ Ket	rer Inst	ruction	1 NO.	υ — —										
Principal* Mutual Funds	For investi Principa				s, Inves	stor Grie	vance plea	ase co	ntact:	Concel		- alu - /5		A	ha: er		1								

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