

6. BANK DETAILS (MANDATORY - IF LEFT BLANK, APPLICATION WILL BE REJECTED)

(Refer Instruction No. 6)

Mention your Core Banking Account No. (if applicable). Please check with your bank, if you do not have the same.

Account No.																Account Type	<input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others	(Please specify)
Name of Bank Account Holder																Bank Name		
Branch																City		
MICR code						IFSC code	M A N D A T O R Y					Mandatory to submit a cancelled cheque leaf of the bank account mentioned here.						

7. ELECTRONIC PERSONAL IDENTIFICATION NUMBER (E-PIN) (Please ✓)

(Refer Instruction No. 7)

I would like to apply for E-PIN. An E-PIN will allow you to access your account/transact through electronic channels, subject to the Terms & Conditions for the facility as made available by the AMC from time to time.

8. INVESTMENT/ PAYMENT DETAILS

(Refer Instruction No. 8)

Scheme Name																Option	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend	*Default Option																																													
Dividend Facility																Dividend Frequency																																															
<input type="checkbox"/> Lumpsom Investment:																<input type="checkbox"/> SIP Investment (Please ✓ only one)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																																														
I. Cheque / DD Amount	₹															<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit) Please also fill and attach the SIP Auto Debit Facility Form OR																																															
II. DD Charges	₹															<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details (Refer instruction no. 6-II-e)																																															
III. Investment Amount	₹															Cheque Nos.	From						To																																								
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft* <input type="checkbox"/> Fund Transfer																Dated	From	DD MM YYYY					To	DD MM YYYY																																							
Drawn on																I. First SIP Instalment Details: Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft#																																															
Branch & City																Instalment Amount						Instrument No.						Dated	D	D	M	M	Y	Y	Y	Y																											
Instrument No.																Drawn on																Branch & City																Name of the Bank A/c holder															
Dated	D	D	M	M	Y	Y	Y	Y												II. Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)																																											
Name of the Bank A/c holder																SIP Date (Please ✓)	<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 dates																																														
*Banker's certificate is a must (please refer instruction no. 6b)																SIP Period :																Please mention Enrolment Period if option (B) is selected																															
NRI / Fill Investors, Please indicate source of funds for your investment (Please ✓) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others																<input type="checkbox"/> Till I/We instruct to discontinue the SIP (A)																From						To																									
																<input type="checkbox"/> No. of instalments _____ (B)																M	M	Y	Y	M	M	Y	Y																								

Third party cheque / transfer will not be accepted for investment

In case of exception to Third party payment, please fill the Third Party Declaration Form.

(Refer Instruction No. 6)

9. NOMINATION DETAILS (Please ✓ any one of the below mentioned Option. Nomination is not allowed in case Sole / First Applicant is minor)

(Refer Instruction No. 9)

I / We do not wish to avail of nomination facility at present. (NOTE: SOLE INDIVIDUAL APPLICANTS ARE ADVISED TO COMPULSORILY NOMINATE). OR

I/We do hereby nominate the undermentioned Nominee(s) 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(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

Name & Address of Nominee(s)	PAN No.	Date of Birth	Name & Address of the Guardian	Signature of Nominee / Guardian (where Nominee is a minor)	Proportion(%) should aggregate to 100% Default : Equal proportion
			(To be furnished in case the Nominee is a Minor)	(OPTIONAL)	
1.					
2.					
3.					

10. DECLARATION AND SIGNATURES (MANDATORY - APPLICATION WITHOUT SIGNATURE(S) WILL BE REJECTED)

(Refer Instruction No. 10)

I/We have read and understood the contents of the Statement of Additional Information of Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information Memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions overleaf. I/We, hereby apply to the Trustee of Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that that I/We am are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. I/We declare that the information given in this application form is correct, complete and truly stated. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/Pramerica Mutual Fund, I/We hereby authorise the AMC/Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable.

Applicable to Micro SIP Investors (Delete if not applicable): I/We hereby 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.

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

SIGNATURE(S) (ALL APPLICANTS must sign here) Date

Sole/1 st Applicant/Guardian/Authorised Signatory/POA	2 nd Applicant/Guardian/Authorised Signatory/POA	3 rd Applicant/Guardian/Authorised Signatory/POA
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If the investment is being made by a Constituted Attorney please furnish Name and PAN of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for 1 st Applicant	POA Holder for 2 nd Applicant	POA Holder for 3 rd Applicant
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
KYC Compliant*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* (if Yes, attach proof)

CHECK LIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies Certified by a Director/ Trustee/ Company/ Secretary/ Authorised signatory/ Notary Public.)

Documents	Ind	Co.	Soc.	Partnership Firms	Investment through POA	Trusts	NRI
PAN Card (not required for Micro SIP)	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓
Board Resolution/ Authorisation to invest	✓	✓	✓	✓	✓	✓	✓
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓	✓
Memorandum & Articles of Association	✓						
Trust Deed						✓	
Bye-laws			✓				
Partnership Deed				✓			
Notorised POA (Signed by investor and POA Holder)					✓		
Proof of Address (for Micro SIP Investors)	✓						✓
Proof of Identity (for Micro SIP Investors)	✓						✓

For more information visit us at
www.pramericamf.com

E-mail us at
customercare@pramericamf.com

Call us (Toll free) at
1800 266 2667

CAF 03102011