## All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

## **COMMON TRANSACTION FORM**

(FOR SUBSCRIPTION CUM SWITCH / STP TRANSACTION)



| Please submit sepai             | rate form      | for eac    | ch s    | chem      | e. Plo            | ease  | reac      | d th   | e instru     | ctio      | ns ca    | arefi  | ılly.       |          |        |         |      |               |         |         |        |            | F        | ٩þ       | piid            | Ldl    | .IUI          | II       | NO.       |           |              |          |          |          |           |
|---------------------------------|----------------|------------|---------|-----------|-------------------|-------|-----------|--------|--------------|-----------|----------|--------|-------------|----------|--------|---------|------|---------------|---------|---------|--------|------------|----------|----------|-----------------|--------|---------------|----------|-----------|-----------|--------------|----------|----------|----------|-----------|
| 1. DISTRIBUTOR INI              | FORMATIO       | N          |         | (Re       | fer I             | nstr  | uctio     | n N    | lo. 1)       |           |          |        |             |          |        |         |      |               |         |         | FOR    | OFF        | ICE      | USE      | ONL             | Y      |               |          |           |           |              |          |          |          |           |
| Distributo                      | r Code         |            |         | S         | ub B              | rok   | er Co     | de     |              |           |          | Bra    | nch         | Seri     | al Co  | ode     |      |               |         |         | Regi   | istra      | ar Se    | eria     | l No.           |        |               |          | Dā        | ite/      | Time         | of I     | Rece     | ipt      |           |
| ARN -                           |                |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           |           |              |          |          |          | $\neg$    |
| Upfront commission sha          |                | irectly by | y the   | e investo | or to t           | he A  | MFI re    | giste  | ered Distri  | butor     | s bas    | ed on  | the i       | nvest    | ors' a | ssess   | mer  | nt of v       | ariou   | s fact  | ors ir | ncluc      | ling s   | ervi     | ces re          | nder   | ed by         | , the    | e distrib | utor.     |              |          |          |          |           |
| 2A. EXISTING INVES              | TORS           |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           |           |              |          |          |          |           |
| Existing Folio No.              |                |            |         | N         | ame               | of    | sole /    | 15     | t Applic     | ant       |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               | _        | _ (p      | leas      | e fill s     | secti    | on 6     | & 9      | only)     |
| 2B. APPLICANTS INF              | ORMATIO        | N          |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           | (Re       | fer II       | ıstrı    | ıctic    | n N      | lo. 2B)   |
| Name of Sole/1 <sup>st</sup> A  | pplicant       |            | ١       | ☐ Mr.     |                   | ۹s.   | □ M/      | s.     | (Please      | √)        |          |        |             |          |        |         |      |               |         |         |        |            |          | ı        | Date            | of E   | Birth         | L        | D D       | ) [\      | 1 1          | Y        | Υ        | Υ        | Y         |
| F I R S                         | Т              | N A        | . 1     | МЕ        |                   |       |           |        | M            | - 1       | D        | D      | L           | Е        |        | N       | Α    | M             | Е       |         |        |            |          |          |                 |        | L /           | 4        | S T       |           | N            | Α        | IV       | 1 E      |           |
| Name of 2 <sup>nd</sup> Applica | ant            |            |         | ☐ Mr.     |                   | ۷s.   | <br>□ M/  | s.     | (Please      | <u>~)</u> |          |        |             |          |        |         |      |               |         |         |        |            |          |          | Date            | of     | Birth         | T        | D D       | ) /       | 1 1          | Y        | Υ        | Υ        | Y         |
| FILRS                           | T              | N A        |         | МЕ        | П                 |       | П         |        | i M          | Ĺ         | D        | D      | L           | Е        |        | N       | Α    | M             | Е       |         |        |            | Π        | Т        | Т               | Τ      | -             | A        | S 7       | $\pm$     | N            | A        | IV       | E        | Ħ         |
| Name of 3 <sup>rd</sup> Applica | nt .           |            |         | □ Mr      | Щ,                | Иc    |           | /c     | (Please      | <u> </u>  |          |        |             |          |        |         |      |               |         |         |        |            |          |          | Date            | of     | 2irth         | Ŧ        | ДΓ        | Λ (       | / IV         | V        | V        | T        | / V       |
| F I R S                         | T - T          | DI O       | _       | M E       |                   | -13.  | I-I/      | ٥.     | М            | · ,       | Б        | Б      | _           | Е        |        | N.I.    | ۸    | M             | -       |         |        |            |          | Т        |                 | . 011  | J. (11        |          | 6 1       |           | 1            | -        | M        | +        | H         |
|                                 |                | IN F       |         |           | 닏                 |       | $\square$ |        |              |           |          | D      |             |          |        | IVI     | A    | Ivi           | Е       |         |        |            | $\vdash$ | ╄        | +               | +      | - P           | 1        | 3 1       | $\vdash$  | - 11         | A        | .        | _        | +         |
| Name of Guardian/               | Contact P      | erson      | _       | ☐ Mr.     | <u>''</u>         | VIS.  | ⊔ M/      | 'S.    |              | tion      |          |        | IMIN        | NOR      |        |         |      |               |         |         |        |            | L        | Ł        | +               | Ļ      | +             | ¥        | +         | ╄         | $\downarrow$ | ╄        | ╄        | ╄        | 뭐         |
| F I R S                         | T              | N A        | 1       | M E       |                   |       |           |        | М            |           | D        | D      | L           | Е        |        | N       | Α    | M             | Е       |         |        |            |          | <u>L</u> |                 |        | _ <i> </i>    | 1        | SIT       |           | N            | Α        | [V       | i E      |           |
|                                 | <u> </u>       |            | P/      | AN*       |                   |       |           |        |              | ŀ         | (YC S    | tatu   | ۲^          |          |        |         |      |               | Oth     | ner F   | roo    | f of       | Ide      | ntit     | :y <sup>#</sup> |        |               | $\perp$  |           |           | ID           | No.      |          |          |           |
| 1 <sup>st</sup> Applicant       |                |            | _       |           |                   |       |           | _      |              |           | Yes      |        | No          |          |        |         |      |               |         |         |        |            |          |          |                 |        |               | $\perp$  |           |           |              |          |          |          |           |
| 2 <sup>nd</sup> Applicant       |                |            | _       |           | Ш                 |       |           | _      |              |           | Yes      |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               | $\dashv$ |           |           |              |          |          |          |           |
| 3 <sup>rd</sup> Applicant       |                |            | $\perp$ |           | Ш                 |       |           |        |              |           | Yes      |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               | $\dashv$ |           |           |              |          |          |          |           |
| Guardian                        |                |            |         |           |                   |       |           |        | ∧ Man        | _         | Yes      |        |             |          | N/Ω    | _       |      |               |         |         |        |            |          |          |                 |        |               | $\perp$  |           |           |              |          |          |          | _         |
|                                 | * Man          | datory v   | vith a  | an attes  | ted P             | AN P  | roof      |        | ^ Mar        | If Y      | es, at   | tach   | proof       | K abo    | IVC.   |         |      |               |         |         |        |            | " On     | ly fo    | r Mici          | ro SII | ?. <b>(Pl</b> | eas      | se refe   | rins      | ructi        | on n     | 0. 20    | .)       |           |
| Mode of Holding                 | ☐ Sing         | gle OR     |         | □ Any     | one e             | or Su | JIVİVO    | r      | OR 🗆         | Join      | t (De    | fault  | Opt         | ion)     |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           |           |              |          |          |          |           |
| Status                          | Res            | ident In   | divi    | idual [   | □ N               | RI/P  | 10        | ] (    | ompany.      | /Bod      | y Cor    | pora   | te          |          | Trust  | t [     | ] P  | Partne        | ership  | ) [     | ] FI   | l [        | E        | Bank     | ( [             |        | NG0           |          | AO        | P/BC      | )            |          | Club/    | /Soci    | ety       |
|                                 |                |            |         |           |                   |       |           |        | ☐ Gove       |           |          |        |             |          |        |         |      | _             |         |         |        |            |          |          |                 |        | e spe         |          | ,,        | _         |              | _        | _        | _        | _         |
| Occupation                      | ☐ Pri\         | ate Sec    | tor :   | Service   | <u> </u>          | Publ  | lic Sec   | tor    | /Govt. Se    | rvice     |          | Busin  | ess         | ☐ Pi     | rofes  | ssion   | al [ | ☐ Aç          | ıricul  | turis   | t _    | Re         | tired    |          | Hou             | isew   | ife [         | S        | studen    | t [       | ) Oth        |          | (Plea    | se sp    | ecify)    |
| 3. CONTACT INFORM               | MATION         |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           | (Re       | fer I        | nstr     | ucti     | on N     | Vo. 3)    |
| Correspondence Ac               | Idress of S    | ole/Fir    | st A    | Applica   | nt (P             | .O. E | Box a     | ddr    | ess is no    | t suf     | ficie    | nt)    |             |          |        |         |      |               |         |         |        | _          |          | _        | _               | _      | _             | _        |           | _         | _            | _        | _        | _        |           |
|                                 |                |            | +       |           | Ш                 |       | Н         |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            | -        | ╀        | +               | +      | $\bot$        | +        | +         | +         | +            | $\vdash$ | ╄        | $\vdash$ | +         |
| City                            |                |            |         |           |                   |       |           |        |              |           |          |        |             |          | C+     | ***     |      |               |         |         |        |            |          |          |                 |        | ١.            | Din      | codo      | $\perp$   | +            | ₩        | ₩        | ₩        | +         |
| Overseas Address (I             | Mandator       | u for N    | DI/E    | מחב וו    | lican             | +) ([ | )         | ov -   | nddrocci     | ic no     | t cuf    | ficio  | nt)         |          | Sta    | ite     |      |               |         |         |        |            |          |          |                 |        | _ '           | 21110    | code      |           | $\perp$      | $\perp$  | $\perp$  | Щ        | Ш         |
| Overseas Address (i             | Manuator       | y IOI IV   | KI/F    | п аррі    | Ican              | I) (F | 7.U. BI   | UX C   | luuless      | 13 110    | L Sui    | licie  | IIL)        |          |        |         |      | 1             |         |         |        |            | Г        | Т        | Т               | Т      | Т             | Т        | $\neg$    | Т         | Т            | Т        | Т        | T        | $\Box$    |
|                                 |                |            | +       | -         | $\vdash$          |       | $\vdash$  |        |              |           |          |        |             | $\vdash$ |        | -       |      |               |         |         |        |            | $\vdash$ | +        | +               | +      | +             | +        | +         | +         | +            | $\vdash$ | $\vdash$ | +        | $\forall$ |
| City                            |                |            |         |           | ш                 |       |           |        |              |           | <u> </u> |        |             |          | Co     | ount    | rv   |               |         |         |        |            |          | t        | +               |        | Post          | tal (    | code      | H         | +            | $\vdash$ | +        | +        | +         |
|                                 | Tel. No. ST    | D Code     | 1       | 1         | $\overline{\Box}$ |       | Re        | c      |              | Ι         |          |        |             |          |        |         | ff.  |               |         |         |        |            |          | H        | +               |        | Fax           | Ŧ        | _         |           | 十            | 十        | 十        | 十        | H         |
|                                 | Mobile No      | _          | +       | _         | $\vdash$          |       | NC.       | э.     |              | $\vdash$  | Em       | ail II | <b>1</b> *# |          |        | -       |      |               |         |         |        |            | $\vdash$ | +        | +               | +      | 1 0 1         | +        | +         | +         | +            | $\vdash$ | $\vdash$ | +        | ++        |
|                                 | Mobile No      |            | +       |           | $\vdash$          |       | H         |        |              |           |          | ail II |             |          |        |         |      |               |         |         |        |            |          | +        | +               | +      | +             | +        | +         | +         | +            | +        | +        | +        | ++        |
|                                 | Mobile No      |            | +       | _         | $\vdash$          |       | H         |        |              |           |          | ail II |             |          |        |         |      |               |         |         |        |            |          | +        | +               | +      | +             | +        | +         | +         | +            | $\vdash$ | $\vdash$ | +        | $\forall$ |
| *Mandatory, if applyi           |                |            | for E   | E-PIN (re | l—l<br>eferse     | ction | 15 in th  | nis Aı | Dolication   | L<br>Form |          |        |             | vidin    | g em   | ail id  | wou  | .l<br>ıld maı | ndato   | rily r  | Leceiv | L<br>e onl | y E-st   | tater    | nent o          | of aco | ount          | in li    | eu of pl  | <br>nysic | <br>al stat  | <br>emer | 1t of a  | T        | nt.       |
| 4. BANK DETAILS (I              | _              |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           |           |              |          |          |          | 10.4)     |
| Mention your Core Ba            |                |            |         |           |                   |       |           |        |              |           |          |        | do n        | ot h     | ave t  | he s    | ame  | ₽.            |         |         |        |            |          |          |                 |        |               |          |           | `         |              |          |          |          |           |
| Account No.                     |                |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         | Ac   | ccour         | nt Ty   | pe      |        | Α          | SB       |          | NRO             |        | VRE           |          | FCNR      | □0        | ther         | (        | Pleas    | e sper   | cif y)    |
| Bank Name                       |                |            | Ι       |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               | T        | I         | Ι         | $\Box$       |          |          |          |           |
| Branch                          |                |            | T       |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               | С       | ity     |        |            |          | Π        | T               | T      | T             | T        | $\top$    | Т         | T            | Г        | Г        | Г        | $\sqcap$  |
| MICR code                       |                |            | Ť       |           |                   |       | ]         |        | IFSC co      | ode       |          |        |             |          |        |         |      |               |         |         |        |            |          | Mai      | ndate           |        |               |          | it a car  |           |              |          |          | f of t   | the       |
| (MICR code is the 9 digit cod   | le next to the | cheque no  | 0.)     | '         | _                 |       | (IFS      | C coc  | de is the 11 | digit r   | 10. app  | earin  | on y        | our ch   | eque l | leaf) ( | Mano | datory 1      | for cre | dit via | NEFT   | /RTGS      | 5)       |          |                 | D      | ank a         | ıcco     | ount m    | enti      | oned         | nere     | <u>.</u> |          |           |
| ~*                              |                |            |         |           |                   |       |           |        |              |           |          |        |             |          |        |         |      |               |         |         |        |            |          |          |                 |        |               |          |           |           |              |          |          | }<-      |           |

| <br><b>*</b> <     |
|--------------------|
| Pramerica          |
| Tamerica           |
| BALLETT ALL ELLARD |

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor) **Application No.** 

| Received from Mr. / Ms. / M/s. | an application for investment in Pramerica Mutual Fund - |  |
|--------------------------------|--|--|
| Scheme Name                    | Option 🗌 Growth 🗎 Dividend                               |  |
| for ₹ (in figures)             | vide Instrument no                                       |  |
| Bank                           | Branch City  |  |

All purchases are subject to realisation of cheque/demand draft and furnishing of mandatory information/documents. Please retain this slip till you receive your Account Statement.

| I would like to apply for E-PIN. An E-PIN will allow you to acce  | ss your account/tran   | sact through electronic cl   | hannels, subject to the Terms & Co   | Conditions for the facility as made available t  | _  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 6. INVESTMENT/ PAYMENT DETAILS  | Option   | Dividend Facility  |  | hidand Francisco III (D)   | (Refer Instruction No. 6)  |  |  |  |  |  |  |  |
| Scheme Name   | Option  Growth*  | Dividend Facility  ☐ Payout  |  | <b>Dividend Frequency #</b> (Please ✓ any o  Weekly  | Monthly  |  |  |  |  |  |  |  |
| ☐ Pramerica Liquid Fund☐ Pramerica Ultra Short Term Bond Fund   | ☐ Dividend  * Default Option   | Re-investment*   |  | facility is available on a Daily/ Weekly/ Fortni<br>out facility is available at Fortnightly & Mont  |  |  |  |  |  |  |  |  |
| ☐ Lumpsum Investment:   |  | ☐ SIP Investment:  | : (Monthly)  |  |  |  |  |  |  |  |  |  |
| I. Cheque / DD Amount _ ₹   |  |  |  | <b>bit)</b> Please also fill and attach the SIP Auto I<br>d and subsequent Instalment cheque Details   |  |  |  |  |  |  |  |  |
| II. DD Charges _₹   |  | 1 1 -  |  | T0 T0 D D M M Y  | YYY  |  |  |  |  |  |  |  |
| III. Investment Amount ₹   (I + II)   |  | Instalment Amt. (A   | A) Till I instruct to  | SIP Period — No. of Instalments (B)  | Total Amount (c) = (AxB)   |  |  |  |  |  |  |  |
| Mode of Payment (✓) ☐ Cheque ☐ Demand Draft   | ☐ Fund Transfer  | ₹ Min ₹ 500<br>I. First SIP Instalr  |  | SIP OR Min 10  | ₹   (Min ₹ 5000)     Demand Draft  |  |  |  |  |  |  |  |
| Instrument No Dated D D M /   | 1 Y Y Y Y  | Instrument No Dated D D M M Y Y Y Y  Name of the Bank A/c holder   |  |  |  |  |  |  |  |  |  |  |
| Name of the Bank A/c holder   |  | Drawn on   |  |  |  |  |  |  |  |  |  |  |
| Drawn on Name of the Bank   |  |  | ıbsequent Instalment Deta  | ailc·  |  |  |  |  |  |  |  |  |
| Branch & City   |  | SIP Period From  | D D M M Y Y  | Y Y TO D D M M Y   | YYY  |  |  |  |  |  |  |  |
| NRI/FII Investors, Please indicate source of funds for yo   |  | SIP Date (Please √<br>ase √ ) □NRE   |  |  |  |  |  |  |  |  |  |  |
| Th  | ird party cheq   | ue / transfer will r   | not be accepted for inve   |  | (Refer Instruction No. 6)  |  |  |  |  |  |  |  |
| EXCEPTION TO THIRD PARTY PAYMENT (ie. payment by The details of the cheque provided above pertain to my/  |  |  | ☐ Yes  | □ No   | (Mandatory to √)   |  |  |  |  |  |  |  |
| If No, my relationship with the bank account holder is  |  |  |  | (Application Form without this info  |  |  |  |  |  |  |  |  |
| 7. SWITCH (Please ( ) if you want to avail this fa  I/ We would like to switch all units purchased hereby, to the scho  |  |  |  |  | (Refer Instruction No. 7)  |  |  |  |  |  |  |  |
|   | ion (Please ✓)   | Dividend Facility  | J (Please ✓)   | <b>Switch Frequency</b> (Please ✓  | $\overline{}$  |  |  |  |  |  |  |  |
| □ PRAMERICA EQUITY FUND □ Grov  |  | ☐ Dividend Pay   |  | ts, in one lumpsum on the NFO closing d  | ate of switch in scheme  |  |  |  |  |  |  |  |
| □ PRAMERICA DYNAMIC FUND □ Divid  "STP (Systematic Transfer Plan)   | lend   | ☐ Dividend Re-   | investment*   $\square$ In Insta   | alments, via STP (please fill the STP section  | ate of switch in scheme (* pefault Option)   |  |  |  |  |  |  |  |
| STP Amount: ₹   | STP Period: From   | m _ DD MM YYY  | YY_ TO DD MM YYY   | Y No. Of Instalments:  | Option   |  |  |  |  |  |  |  |
| STP Frequency: ☐ Daily ☐ Monthly  | STP Dates:   |  |  | <br>25th   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. NOMINATION DETAILS   |  |  |  |  | (Refer Instruction No. 8)  |  |  |  |  |  |  |  |
| 8. NOMINATION DETAILS  I/We do hereby nominate the undermentioned Nominee( settlements made to such Nominee(s) and Signature of the   | s) to receive the UI<br>Nominee(s) ackno   | nits allotted to my/our<br>owledging receipt there   | r credit in my/our folio in the e<br>eof, shall be a valid discharge b   | event of my/our death. I/We also under   |  |  |  |  |  |  |  |  |
| I/We do hereby nominate the undermentioned Nominee(   | s) to receive the UI<br>Nominee(s) ackno<br>Date of Birt   | wledging receipt there   | rcredit in my/our folio in the e<br>eof, shall be a valid discharge b<br>& Address of the Guardian   | event of my/our death. I/We also under<br>by the AMC/Mutual Fund/Trustees.   | rstand that all payments and   |  |  |  |  |  |  |  |
| I/We do hereby nominate the undermentioned Nominee(settlements made to such Nominee(s) and Signature of the  Name & Address of Nominee(s)   | Nominee(s) ackno   | h Name   | eof, shall be a valid discharge b  | event of my/our death. I/We also under<br>by the AMC/Mutual Fund/Trustees.<br>Signature of Guardian  |  |  |  |  |  |  |  |  |
| I/We do hereby nominate the undermentioned Nominee(settlements made to such Nominee(s) and Signature of the Name & Address of Nominee(s)  1.  | Nominee(s) ackno   | h Name   | eof, shall be a valid discharge t<br>& Address of the Guardian   | event of my/our death. I/We also under<br>by the AMC/Mutual Fund/Trustees.<br>Signature of Guardian  | rstand that all payments and   |  |  |  |  |  |  |  |
| I/We do hereby nominate the undermentioned Nominee(settlements made to such Nominee(s) and Signature of the Name & Address of Nominee(s)  1. 2.   | Nominee(s) ackno   | h Name   | eof, shall be a valid discharge t<br>& Address of the Guardian   | event of my/our death. I/We also under<br>by the AMC/Mutual Fund/Trustees.<br>Signature of Guardian  | rstand that all payments and   |  |  |  |  |  |  |  |
| I/We do hereby nominate the undermentioned Nominee(settlements made to such Nominee(s) and Signature of the Name & Address of Nominee(s)  1. 2. 3.  | Date of Birt   | wledging receipt there h Name (To be furnishe  | eof, shall be a valid discharge t<br>& Address of the Guardian<br>ed in case the Nominee is a  | event of my/our death. I/We also under<br>by the AMC/Mutual Fund/Trustees.<br>Signature of Guardian<br>a Minor)  | Proportion(%)  (should aggregate to 100%)  Default: Equal proportion   |  |  |  |  |  |  |  |
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Bye-laws
Partnership Deed
Notorised POA (signed by investor and POA Holder)

Call us (Toll free) at 1800 266 2667