

TRANSACTION FORM

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



PGIM
India Mutual Fund

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN - 98471	RIA -		ARN -		E115901

*Employee Unique Identification Number **As allotted by ARN holder. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Existing Folio No.

NAME OF UNITHOLDER

3. ADDITIONAL PURCHASE REQUEST

(Refer Section 3 under instructions)

Scheme Name _____ *Option (Please ✓ any one) ☐ Growth ☐ IDCW**
IDCW** Facility (Please ✓ any one) ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW[§] IDCW** Frequency _____
Mode of Payment ☐ Cheque ☐ Demand Draft ☐ Electronic Fund Transfer ☐ OTM[#] Source of Funds (For NRI / FIIS Investor) ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify) _____
Amount ₹ (in words) _____
DD Charges ₹ Cheque / DD No. Dated

Drawn on Bank/OTM Bank _____ Branch & City _____

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form. **Refer Instruction No. 10

*For Default option, please refer SID. [§] Please refer SID / Addendum thereof for schemes available for Transfer of IDCW. [#] One Time Mandate

4. SWITCH REQUEST

(Refer Section 4 under instructions)

From Scheme _____ Option (Please ✓ any one) ☐ Growth ☐ IDCW**
IDCW** Facility (Please ✓ any one) ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW[§] IDCW** Frequency _____
To Scheme _____ Option (Please ✓ any one) ☐ Growth ☐ IDCW**
IDCW** Facility (Please ✓ any one) ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW[§] IDCW** Frequency _____
Amount ₹ (in words) _____
OR No. of Units OR ☐ All units (Please ✓)

*For Default option, please refer SID. [§] Please refer SID / Addendum thereof for schemes available for Transfer of IDCW. **Refer Instruction no. 10

5. REDEMPTION REQUEST

(Refer Section 5 under instructions)

Scheme _____ Option (Please ✓ any one) ☐ Growth ☐ IDCW**
Amount ₹ (in words) _____
OR No. of Units OR ☐ All Units (Please ✓ any one)
Bank Name _____ Other than default bank registered in folio
A/c No.

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please mention bank name and account number.

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

(Refer Section 6)

Scheme _____ Plan _____ Option (Please ✓) ☐ Growth ☐ IDCW**
IDCW** Frequency _____ Withdrawal Frequency ☐ Monthly ☐ Quarterly
Withdrawal Instalment ₹ _____ Withdrawal Date ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates
No. of Instalments _____ Withdrawal From to

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

(Refer Section 7)

☐ Daily (Please ✓ any one) ☐ Weekly ☐ Monthly ☐ Quarterly
Transfer Installment Amount ₹ _____ STP Date (Monthly/Quarterly) (Any date of the month)
Start Date End Date STP Date (Weekly) (Monday to Friday will be consider)
Transfer Instalment Amount ₹ _____
No. of Instalments _____
Start Date End Date

In case of any discrepancy between no. of investments and start-end date, period as per start-end date would be considered.

From Scheme _____ To Scheme _____
Plan _____ Plan _____
Option (Please ✓ any one) ☐ Growth ☐ IDCW** *Option (Please ✓ any one) ☐ Growth ☐ Reinvestment of IDCW** ☐ Payout of IDCW**
☐ Transfer of IDCW[§] To PGIM India _____
IDCW** Frequency _____
([§]Please refer to SID / Addendum thereof for schemes available for Transfer of IDCW Facility) (**Refer instruction no. 10)

8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 7 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 PGIM India 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.

☐ Please ✓ if the EUIN space is left blank: 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.

SIGNATURE(S)

1st Unitholder/Guardian/Authorised Signatory/POA _____
2nd Unitholder/Guardian/Authorised Signatory/POA _____
3rd Unitholder/Guardian/Authorised Signatory/POA _____