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# Application Form

(Please read Product Labelling details and Instructions before filling the Form)

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

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(14) for Details]

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]

## 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(11)]

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 / PO / FI  Partnership Firm  BOI  Minor  Bank / FI  Society/Club  Trust  Company  Others (Please specify) \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction I) \_\_\_\_\_

Foreign Tax ID Number, if applicable (Refer instruction I) \_\_\_\_\_

If you are not resident in any country (except India) for tax purpose, please tick this box

Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person (In case of non-individual Investors, please provide only the name)  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 D D M M Y Y Y Y PAN \_\_\_\_\_ Relationship with  Father  Mother  Legal Guardian  Minor Applicant [Note: Enclose Supporting Document]

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

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction I) \_\_\_\_\_

Foreign Tax ID Number, if applicable (Refer instruction I) \_\_\_\_\_

If you are not resident in any country (except India) for tax purpose, please tick this box

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

OVERSEAS ADDRESS (in case the First Applicant is NRI/FI/PIO) [P.O. Box Address is not sufficient] [Refer Instruction No. B(5)]  
\_\_\_\_\_  
\_\_\_\_\_  
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

Where e-mail ID is provided all communications like Account Statement, New letter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

IF APPLICANT IS A NON-RESIDENT [Refer Instruction No. B(5)]

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) \_\_\_\_\_

GROSS ANNUAL INCOME (Please ✓):  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  1 Crore

Net-worth in (Mandatory for Non - Individuals) ₹ \_\_\_\_\_ as on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Not older than 1 year)

FOR INDIVIDUALS:

I am Politically Exposed Person  
 I am Related to Politically Exposed Person  
 Not Applicable

FOR NON-INDIVIDUALS INVESTORS (COMPANIES, TRUST, PARTNERSHIP ETC.)

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]  YES  NO  
ii. Foreign Exchange / Money Changer Services  YES  NO  
iii. Gaming / Gambling / Lottery / Casino Services  YES  NO  
iv. Money Lending / Pawning  YES  NO

... continued overleaf

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: \_\_\_\_\_

Sub-Broker ARN: \_\_\_\_\_

EUIN: \_\_\_\_\_

Received from \_\_\_\_\_

Cheque/ DD/ RTGS/ NEFT No. \_\_\_\_\_

Drawn on Bank & Branch \_\_\_\_\_

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

Application No. \_\_\_\_\_

### 3 JOINT APPLICANTS, IF ANY AND THEIR DETAILS

MODE OF HOLDING (Please ✓)  Single  Jointly  Either / Anyone or Survivor (If no choice mode, default Option : Jointly)

NAME OF THE SECOND APPLICANT  Mr.  Ms PAN  KYC  

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
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction I) \_\_\_\_\_

Foreign Tax ID Number, if applicable (Refer instruction I) \_\_\_\_\_

If you are not resident in any country (except India) for tax purpose, please tick this box

OCCUPATION DETAILS (Please ✓):  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

GROSS ANNUAL INCOME (Please ✓):  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  1 Crore OR Net Worth ₹ \_\_\_\_\_

OTHERS (Please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

NAME OF THE THIRD APPLICANT  Mr.  Ms PAN  KYC  

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
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Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Country of Tax Residence (Refer instruction I) \_\_\_\_\_

Foreign Tax ID Number, if applicable (Refer instruction I) \_\_\_\_\_

If you are not resident in any country (except India) for tax purpose, please tick this box

OCCUPATION DETAILS (Please ✓):  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  
 Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

GROSS ANNUAL INCOME (Please ✓):  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  >25 Lacs - 1 Crore  1 Crore OR Net Worth ₹ \_\_\_\_\_

OTHERS (Please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

### 4 DOCUMENTS ENCLOSED (Please ✓) [Refer Checklist on the Instruction Page]

MOA & AOA  Trust Deed  Bye-Laws  Partnership Deed  Resolution / Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  POA  
 Overseas Auditors' Certificate  Notarised Power of Attorney  Bank confirmation of Non-Resident Account Type / RRC  Copy of KYC acknowledgement letter  Form W8 BEN - E

### 5 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 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
(in case of nominee being a minor)

NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor)  Mr.  Ms  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor)  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

### 6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) \_\_\_\_\_

Account No. \_\_\_\_\_ Branch / City \_\_\_\_\_  
(Please provide the full account number)

Branch Address \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_

Account Type (Please ✓) For Residents  Savings  Current For Non-Resident  NRO  NRE  Repatriable  Non-Repatriable  Others \_\_\_\_\_

MICR Code\* \_\_\_\_\_ This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit):  Blank cancelled cheque  Copy of cheque

Only for RTGS\* IFSC\* Code \_\_\_\_\_ NEFT\* Code \_\_\_\_\_ [\* indicates - Mandatory]



For investment related enquiries, Investor Grievance please contact:

#### Principal Mutual Fund

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](mailto:customer@principalindia.com) • Website: [www.principalindia.com](http://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) documents are attached (KYC Declaration, Address/ID/Aadhar card and PAN card) • All mandatory documents are attached from website of KYC, as applicable. An appropriate option is filled. To request for a lost, expired or incorrect documents, please contact the KYC provider.

**7 PAYMENT DETAILS (Mandatory)** [Refer Instruction No. C]

(i) Investment Amount (₹)  (ii) DD Charges (₹)  Net Amount (₹) (i)+(ii)

Mode of Payment (Please ✓)  Cheque  DD  RTGS  NEFT  ECS  Funds Transfer \* Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  NRSR Dated  |  |  |  |  |  |  |

Payment from Bank A/c. No.  Name of 1st Bank A/c holder

Drawn on Bank  Name of 2nd Bank A/c holder

Branch & City  Name of 3rd Bank A/c holder

**Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)**

Parent/Grand Parent/related person (Not to exceed ₹ 50,000): Name   Employer: Name   Custodian: Name

Mandatory Enclosure  KYC Acknowledgement Letter &  Third Party Declaration Form

**Please enclose any one of the relevant documents as indicated below as per the Mode of Payment:** • RTGS/ NEFT/ ECS/ Bank Transfer -  Instruction to the Bank from the Unitholder to Debit the Account. • DD / Pay order / Banker's Cheque and the like -  Declaration / Acknowledgement from Bank  Copy of Passbook / Bank Statement

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

**8 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")**

**Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.**

Scheme / Plan / Option / Sub-Option / Frequency	<b>Principal -</b>			<b>Scheme Name</b>		
	Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep			
	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual					

Dividend Sweep into Scheme  Plan  Option

(In case of Dividend Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

**9 DEMAT ACCOUNT DETAILS** [Refer instruction No. 'B (13)']

Depository Participant (DP) ID  Beneficiary Account Number

**10 MANDATORY FOR NON-INDIVIDUAL APPLICANTS (Ultimate Beneficiary Owner Details)** [Refer instruction No. 'F']

Applicant is the Ultimate Beneficial Owner(s) of this investment.  
 Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form)  
 ^ Where no box is ticked, the first statement will be taken as the default meaning that the applicant/investor is the Ultimate Beneficial Owner.

**11 PRIVACY POLICY CONFIRMATION** [Refer instruction No. 'H']

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. I/We confirm that I/we have read and understood " Privacy Policy" of PMFAMC 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 PMFAMC's Associates/Group Companies (Affiliates), for offering their services and products. I/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.

**12 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)\***

I/We hereby declare and agree that I am/we are not a " U.S. person" for U.S federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Principal Phb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Phb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Phb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S federal income tax. I/We agree to indemnify Principal Phb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our " U.S. person" status for U.S federal income tax purposes.

I am a US Person  I am not a US Person

**13 FORM FOR NON-INDIVIDUAL APPLICANTS/ INVESTORS**

**Details under FATCA / Foreign tax laws**

Please indicate the country in which the entity is a resident for tax purposes and the associated Tax ID Number below :

Country	Tax Reference Number

Please tick the relevant box below, even if Country of Tax Residency is India

Form W8 BEN - E/ specified declaration (Endosed) OR  
 Unable to confirm FATCA status

[We will contact you shortly to confirm your FATCA Status and obtain required supporting documents.]

^ Where no box is ticked, the second statement will be taken as the default implying that the applicant / investor currently is unable to confirm FATCA status and will confirm the same in future.

**14 DECLARATION FORM FOR IDENTIFICATION OF BENEFICIAL OWNERS (Mandatory for Non-Individual Applicants/Investors)**

Date of Birth

Name of the Investor: \_\_\_\_\_

PAN of the Investor:

Nature of Non-Individual Investment	
<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unincorporated association
<input type="checkbox"/> Trust	<input type="checkbox"/> Body of Individuals
<input type="checkbox"/> Other Company	<input type="checkbox"/> Others _____
<input type="checkbox"/> Partnership Company	(Please specify)

This form must be signed and stamped by the Authorized signatory(ies). Listed companies or companies that are majority owned subsidiary of a listed company need not fill the form further.

I/We hereby declare following are the beneficial owners against this/all future investments by us with Principal Mutual Fund ("the Fund"). I/We also declare that information mentioned with regard to the beneficial owners is correct in all aspects and any future changes with regard to the details furnished, will be intimated to the Fund from time to time.

Sr. No.	Name of the Beneficial Owner	Relationship of the beneficial owner with the investor / Designation	Nationality	Complete Address with pin code	PAN of the beneficial owner / Other ID if PAN not available (Pl. specify)	For U.S. Citizen / U.S. resident	KRA Acknowledgement
1.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Place:

Date:

Authorised Signatories  
(with company/Trust/Firms/Body Corporate Seal)

**15 DECLARATION AND SIGNATURES**

I/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. I/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. I/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 Pnb 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. I/We further confirm that the APN 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 Scheme/s 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. I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank. I/We hereby agree for the AMC/Trustees to compulsorily redeem any Units held directly or beneficially by me/us if I/we fail to provide the information called for by the AMC / Principal Mutual Fund or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time.

**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.

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"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC <sup>a</sup>
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"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC <sup>a</sup>
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"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC <sup>a</sup>

<sup>a</sup> Refer Instruction No. D

**First Holder** : \_\_\_\_\_

**Second Holder** : \_\_\_\_\_

**Third Holder** : \_\_\_\_\_

**Common Account No.** : \_\_\_\_\_ **Date**

Please (✓)

Appointment of Nominee

Change in Nominee

| D | D | M | M | Y | Y | Y | Y |

**NOMINEE(S)**

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 valid discharge by Principal Pnb Asset Management Co. Pvt. Ltd. (AMC) / Principal Mutual Fund (Fund) / Principal Trustee Company Pvt. Ltd. (TC).

**NAME OF FIRST NOMINEE**  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 FIRST NOMINEE / LEGAL GUARDIAN**

\_\_\_\_\_

\_\_\_\_\_

City

Pin Code

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

\_\_\_\_\_%

**NAME OF SECOND NOMINEE**  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 SECOND NOMINEE / LEGAL GUARDIAN**

\_\_\_\_\_

\_\_\_\_\_

City

Pin Code

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

\_\_\_\_\_%

**NAME OF THIRD NOMINEE**  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 THIRD NOMINEE / LEGAL GUARDIAN**

\_\_\_\_\_

\_\_\_\_\_

City

Pin Code

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

\_\_\_\_\_%

The total percentage of investment allocation (across all Nominee(s)) can not exceed 100%.

### SIGNATURE(S) OF THE UNIT HOLDER(S)

Name	Signature and Date
First Unit Holder	
Second Unit Holder	
Third Unit Holder	

### INSTRUCTIONS FOR FILLING NOMINATION FORM

- (1) Nomination shall be maintained at folio / account level and shall be applicable for investments in all schemes in the folio / account. For existing investors Folio No., is mandatory, in absence of which the form is liable to be rejected.
- (2) Nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly.
- (3) Nomination shall not be allowed in a Folio held on behalf of a Minor. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate.
- (4) Where a Folio has Joint Holders, all Joint Holders should sign the request for nomination/cancellation of nomination even if the mode of holding is not "Joint".
- (5) Minor(s) can be nominated and in that event, the name and address of the guardian of the minor nominee(s) shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, Local authority any person designated by virtue of his office or a religious or charitable trust.
- (6) The Nominee shall not be a trust other than religious/charitable trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- (7) Nomination in respect of the units stands rescinded upon the transfer of units.
- (8) Nomination can be made for maximum number of three nominees. In case of multiple nominees, the percentage of allocation/share in favour of each of the nominees should be indicated against their name and their allocation/share should be in whole numbers without any decimals making a total of 100 percent.  
In the event of the Unitholders not indicating the percentage of allocation/share in favour of each of the nominees, Principal Mutual Fund / Principal Phb Asset Management Company Private Limited (AMC), by invoking default option shall settle the claim equally amongst all the nominees.
- (9) Transfer of units / payment of redemption proceeds, in favour of a Nominee shall be valid discharge by the AMC against the legal heirs.
- (10) The cancellation / change of nomination can be made only by those individuals who hold units on their own behalf singly or jointly.
- (11) On cancellation of the nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of such Nominee(s).
- (12) Every new nomination for a folio / account will overwrite the existing nomination.