

This Form is to be used by Existing Investors for the purpose of

Sr. No. \_\_\_\_\_

Additional Purchase  SIP  Micro SIP  Switch (Please ✓ whichever is applicable)

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN - <small>Kindly affix your ARN stamp</small>	<small>Kindly affix your Sub Broker ARN stamp</small>		AMFI Identity Number	

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. "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" Transaction charges will be applicable to the investors for purchase transaction through Distributor/ Agent. Please refer to the detailed terms and conditions w.r.t. transaction charges given in KIM.

SIGNATURE(S) \_\_\_\_\_

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

**Existing Unitholders Information (KYC is mandatory for ALL investments irrespective of the amount.)**

First Unitholder \_\_\_\_\_ Existing Folio No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ]

**Additional Purchase**

Scheme Name \_\_\_\_\_ Plan Standard  Direct  Option \_\_\_\_\_

Investment Amount ₹ \_\_\_\_\_ DD Charges (if applicable) ₹ \_\_\_\_\_ Net Amount (A/c Payee-Cheque / DD Amount) ₹ \_\_\_\_\_

Cheque/DD No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Drawn on (Bank / Branch Name) \_\_\_\_\_

Cheque / DD Date [ ] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ] Account Type  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_ Please specify \_\_\_\_\_

**Systematic Investment Plan (SIP) (Through Post Dated Cheques)**  **\* Micro SIP**

Frequency (Please ✓) :  Monthly  Quarterly SIP/Micro SIP Date :  1st  7th  14th  21st  All four dates Installment Amount ₹ \_\_\_\_\_

Enrolment Period From [ ] [ ] [ ] / [ ] [ ] [ ] To [ ] [ ] [ ] / [ ] [ ] [ ] Cheque No(s). From \_\_\_\_\_ To \_\_\_\_\_ No. of Cheques \_\_\_\_\_

Drawn on (Bank / Branch Name) \_\_\_\_\_

\* SIPs upto ₹ 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'.

**Payment Bank Details (Mandatory for Additional Purchase / SIP)**

Source of Payment (from where the above investment is made)

First / Sole Holder's Bank Account **Mandatory (any one):**  Cheque leaf with Name pre-printed  Bank Statement  Pass Book  Bank Certificate **OR**

Third Party's Bank Account

Relationship with the Holder:  Parents/Grand-Parents/related persons  Employer on behalf of employee  Custodian on behalf of an FII or a client

Mandatory documents required:  KYC Acknowledgment Letter  Third Party Declaration Form

Document attached (Any one)  Cancelled cheque leaf with Name pre-printed  Bank Statement  Pass Book  Bank Certificate

**Switch**

From Scheme (Transferor) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

To Scheme (Transferee) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Please transfer (Please ✓)  ₹ \_\_\_\_\_ **OR**  Units \_\_\_\_\_ **OR**  All Units

**Declaration & Signatures**

I / We have read and understood the contents of the SID/SAI/KIM of the above Scheme of PineBridge Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I / We hereby apply for allotment/purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I / We hereby authorise PineBridge Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / PineBridge Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I / We understand that all plans of respective schemes will have common portfolio. However, the returns under each plan are expected to vary on account of specified expense ratio under the relevant plan. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. I / We have read and understood the Terms and Conditions w.r.t. transaction charges as applicable for purchase transaction. I / We 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. I / We declare that I / We do not hold PineBridge Mutual Fund responsible for the redemption/dividend credit going to the wrong bank account. I / We declare that the information given in this application form is correct, complete and truly stated. **EUIIN:** I / We hereby confirm that the EUIIN 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 **APPLICABLE FOR NRIs :** I / We confirm that I am / we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account.

SIGNATURE(S)

Sole / First Applicant / Guardian [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Second Applicant [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Third Applicant [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Please strike off the unused sections to avoid unauthorised use. Use separate forms for different folios.

(P. T. O. ✂)

**Acknowledgement Slip (To be filled in by the Investor)**

Existing Folio No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

SIP /  Micro SIP : Installment Amount (₹) \_\_\_\_\_

Total Cheques \_\_\_\_\_ Cheque Nos. \_\_\_\_\_

Additional Purchase : Amount (₹) \_\_\_\_\_

Cheque No. \_\_\_\_\_

Switch : Amount (₹) \_\_\_\_\_ **OR** Units \_\_\_\_\_

Time Stamp (Office Use Only)

<b>Investor Care</b>	1800-200-3444	Email: india.investorcare@pinebridge.com	<b>Website</b>	www.pinebridge.in
<b>Distributor Care</b>	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	<b>SMS</b>	TRUST to 56767

\* Available at our Ahmedabad, Bengaluru, Chennai, Mumbai, New Delhi and Pune branches.

This Form is to be used by Existing Investors for the purpose of  Redemption  Switch  STP  SWP  
 SIP / STP / SWP Cancellation  Change of Contact Details (Please ✓ whichever is applicable)

Sr. No. \_\_\_\_\_

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN - <small>Kindly affix your ARN stamp</small>	<small>Kindly affix your Sub Broker ARN stamp</small>		AMFI Identity Number	

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**SIGNATURE(S)** \_\_\_\_\_  
 Sole / First Applicant / Guardian / POA \_\_\_\_\_ Second Applicant / POA \_\_\_\_\_ Third Applicant / POA \_\_\_\_\_

**Existing Unitholders Information (KYC is mandatory for ALL investments irrespective of the amount.)**

First Unitholder \_\_\_\_\_ Existing Folio No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] / [ ] [ ] [ ]

**Redemption**

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 Amount ₹ \_\_\_\_\_ Amount ₹ (In Words) \_\_\_\_\_  
 No. of Units \_\_\_\_\_ OR  All Units (Please ✓) (Please mention either Amount or Units)  
 Default Bank Account in this folio  Any of the Registered Bank Account in this folio  Please pay Proceeds via RTGS/NEFT

Bank Name: \_\_\_\_\_

Bank Account No. [ ] IFSC Code [ ]

**Systematic Transfer Plan (STP)**

From Scheme (Transferor) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 To Scheme (Transferee) \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 Please transfer  Fixed Amount ₹ \_\_\_\_\_ OR  Capital Appreciation  
 Frequency :  All Four Dates  Fortnightly  Monthly  
 STP Date :  1st  7th  14th  21st

Enrolment Period From [ ] To [ ]  
 STP shall not be executed if amount is less than ₹1000/- (To be submitted 5 business days before the 1<sup>st</sup> due date of Transfer)

**Systematic Withdrawal Plan (SWP)**

From Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 (Please ✓)  Fixed Amount ₹ \_\_\_\_\_ OR  Capital Appreciation  
 SWP Date :  1st  7th  14th  21st  All Four Dates  
 Enrolment Period From [ ] To [ ]  
 SWP shall not be executed if amount is less than ₹ 1000/-, Frequency - Monthly (To be submitted 5 business days before the 1<sup>st</sup> due date of Withdrawal)

**SIP / STP / SWP Cancellation**

I/We would like to discontinue  SIP  STP  SWP Effective Date :  1st  7th  14th  21st  All Four Dates  
 Month \_\_\_\_\_ Year \_\_\_\_\_

**SIP Cancellation** - To be submitted within 30 days from the next SIP effective date. **STP Cancellation** - To be submitted within 30 days from the next STP effective date.  
**SWP Cancellation** - To be submitted within 30 days from the next SWP effective date

**Change of Contact Details**

Update my Mobile No. [ ]  Update my Email ID\* \_\_\_\_\_  
 \* I would like to receive information by email in lieu of physical mail

**Declaration & Signatures**

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**APPLICABLE FOR NRIs :** I/We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account.

**SIGNATURE(S)**

Sole / First Applicant / Guardian \_\_\_\_\_

Second Applicant \_\_\_\_\_

Third Applicant \_\_\_\_\_

**Acknowledgement Slip (To be filled in by the Investor)**

Existing Folio No. [ ] Date [ ]

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

Redemption: Amount (₹) \_\_\_\_\_ OR Units \_\_\_\_\_  
 SWP :  Fixed Amount (₹) \_\_\_\_\_ OR  Capital Appreciation  
 STP :  Fixed Amount (₹) \_\_\_\_\_ OR  Capital Appreciation  
 SIP/STP/SWP Cancellation  Change of Contact Details

Time Stamp No. \_\_\_\_\_  
 (Office Use Only)

Please strike off the unused sections to avoid unauthorised use. Use separate forms for different folios.