

TRANSACTION FORM

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



Pramerica

MUTUAL FUND

1. DISTRIBUTION INFORMATION

(Refer Section 1 under instructions)

ARN Code	RIA Code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIIN)
ARN- ARN-109217		ARN-		E-150257

In case the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 8 related to EUIIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

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 FIRST/SOLE UNITHOLDER	Mr. Ms. M/s.
NAME OF GUARDIAN (if applicable)	Mr. Ms. M/s.
NAME OF SECOND UNITHOLDER	Mr. Ms. M/s.
NAME OF THIRD UNITHOLDER	Mr. Ms. M/s.
NAME OF PoA (if applicable)	Mr. Ms. M/s.

3. ADDITIONAL PURCHASE REQUEST

(Refer Section 3 under instructions)

Scheme Name	*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep [§]	*Dividend Frequency
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer	Source of Funds (For NRI / FIIS Investor) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS (please specify)
Amount ₹	(in words)
DD Charges ₹	Cheque / DD No.
Dated	
Drawn on Bank	Branch & City

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.

*For Default option, please refer to SID. [§] Please refer to SID / addendum thereof for schemes available for DSF

4. SWITCH REQUEST

(Refer Section 4 under instructions)

From Scheme	To Scheme
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep [§]	*Dividend Facility (Please ✓ any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep
Dividend Frequency	*Dividend Frequency
Amount ₹	(in words)
OR No. of Units	OR <input type="checkbox"/> All units (Please ✓)

*For Default option, please refer to SID. [§] Please refer to SID / addendum thereof for schemes available for DSF

5. REDEMPTION REQUEST

(Refer Section 5 under instructions)

Scheme	Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Amount ₹	(in words)
OR No. of Units	OR <input type="checkbox"/> All Units (Please ✓ any one)
Bank Account	<input type="checkbox"/> Option 1 (Default) <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5
For Corporate Investors with more than 5 registered Banks Accounts <input type="checkbox"/> Please specify option no.	
Option (Please ✓ any one)	

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 (✓) the appropriate Option.

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

(Refer Section 6 under instructions)

Scheme	Plan
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
Withdrawal Instalment ₹	Withdrawal Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
No. of Instalments	Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates
Total Withdrawal	Withdrawal From <input type="text"/> to <input type="text"/>
	(First Instalment) (Last Instalment)

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

(Refer Section 7 under instructions)

From Scheme	Plan
Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Frequency
To Scheme	Plan
*Option (Please ✓ any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Sweep	Dividend Frequency
*For Default option, please refer to SID.	
Transfer Instalment ₹	No. of Instalments
Total Transfer ₹	Transfer Frequency (Please ✓ any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Transfer Period From <input type="text"/> to <input type="text"/>	STP dates (Monthly or Quarterly) (Please ✓ any one)
(First Instalment) (Last Instalment)	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates

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

(Refer Section 8 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 DHFL Pramerica 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 EUIIN space is left blank : 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.

SIGNATURE(S)

1 st Unitholder/Guardian/Authorised Signatory/POA	2 nd Unitholder/Guardian/Authorised Signatory/POA	3 rd Unitholder/Guardian/Authorised Signatory/POA
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INSTRUCTIONS FOR COMPLETING THE TRANSACTION FORM

General Instructions

1. This Transaction Form would help in making purchases, switches, redemptions, systematic transfer/ withdrawal from existing investments. New applicants who wish to invest in DHFL Pramerica Mutual Fund should fill a separate prescribed Common Application Form.
2. Please read the Scheme information Document and KIM of the respective schemes carefully before investing.
3. Please strike off any sections that are not relevant / applicable. Please counter-sign in accordance with your mode of holding against any corrections that you make in the Transaction Form.
4. Please note that section 2 has to be filled mandatorily.
5. Permanent Account Number (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement. The attestation of the copy of PAN card may be done by a Notary Public or a Gazetted Officer or a Manager of a Bank or a financial adviser under his seal and should carry the name and designation of the person attesting it. In the absence of this, your application will be rejected.
6. Please refer the 'Guidance Notes' below. This should help in filling the necessary details correctly and completely.
7. Completed Transaction Forms should be submitted to your nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy Computershare Pvt. Ltd.
8. If the investor has more than one transaction to provide, he should use separate form for each transaction.

INSTRUCTIONS FOR FILLING THE TRANSACTION FORM

Section 1 – DISTRIBUTOR INFORMATION

- In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- Quoting of EUIN is mandatory in case of advisory transactions.
- Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Bonus Units, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

Section 2 – UNIT HOLDERS DETAILS

- This section is mandatory.
- Please furnish the name of the Sole / First Unit Holder and the existing Folio Number.
- Please fulfill requirement specified in General Instruction 5 for all Unit holders.
- To comply with the requirements of Foreign Account Tax Compliance Act (FATCA) & CRS (Common Reporting Standard), it is mandatory for all investors (including Guardian & POA) to provide the FATCA & CRS declaration W.e.f. November 1, 2015 (if not already submitted). The FATCA & CRS declaration forms can be downloaded from our website at -<http://www.dhflpramericamf.com/downloads/KIMforms>.

Section – 3 ADDITIONAL PURCHASE REQUEST

- Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name – Direct Plan" for e.g. "DHFL Pramerica Ultra Short Term Bond Fund – Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan. Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- For Additional purchase, cheque or demand draft should be payable locally at the city where the purchase application is deposited, and should be drawn on any bank that is a member of the local Clearing House. All cheques/ drafts accompanying the additional purchase request should be crossed "Account Payee Only", and drawn in favour of the Scheme in which the investment is being made.
Note:
 - Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please attached Banker certificate as well.
 - as per RBI guidelines, cheques with alterations in Payee name and the Amount will not be honored. Hence alterations in the cheques should be avoided.
- Non-Resident Indians (NRI) and Person of Indian Origin (PIOs) are requested to attach a Foreign Inward Remittance Certificate (FIRC) or an Account Debit Certificate from the bankers along with the additional purchase request form to enable the AMC to ascertain the repatriation status of the amount invested.
- In case the investor desires to invest in more than one scheme/ plan/ option, he should submit a separate payment instrument and a separate transaction form for each such investment.

- Please mention the Folio Number and the Name of the First Unit holder behind the cheque / draft before they are handed over to any courier / messenger / distributor / ISC.

Section 4- SWITCH REQUEST

- Please specify the Source and Target - Scheme / Option for the switch transaction.
- Where Units under a Scheme are held under both Regular and Direct Plans and the switch request pertains to the Direct Plan, the same must clearly be mentioned on the request, failing which the request would be processed from the Regular Plan. However, where Units under the requested Option are held only under one Plan, the request would be processed under such Plan.
- Please specify the amount / number of units to be switched. If all units are to be switched, then please tick against the box provided.
- If the balance in the Scheme - Option after taking into account the switch is below the minimum switch size (either in amount or in units whichever is less), the entire balance would be switched to the target scheme.
- If the switch request specifies both amount and units for switch, the switch out transaction would be processed on the basis of number of units.

Section 5 – REDEMPTION REQUEST

- Please specify the scheme / option details and the amount / number of units you wish to redeem. If all units are to be redeemed, please tick against the box provided for the purpose.
- Where Units under a Scheme are held under both Regular and Direct Plans and the redemption request pertains to the Direct Plan, the same must clearly be mentioned on the request, failing which the request would be processed from the Regular Plan. However, where Units under the requested Option are held only under one Plan, the request would be processed under such Plan.
- If the redemption request specifies both amount and units for redemption, the redemption transaction would be processed on the basis of number of units.
- In case the number of units or amount is not specified in the redemption request, the request will be rejected.
- If the balance units in the folio at the time of redemption is not adequate to cover the amount of request, all units in the folio shall be redeemed.
- The Bank Mandate mentioned in the original application form will be considered as the default bank mandate and all additional bank mandates would be considered as optional bank mandates. To change the Default Bank Mandate under a folio, the investor needs to fill the Bank Accounts Registration Form and submit it to the nearest Investor Service Center.
- In case the investor wants the redemption proceeds to be credited to any one of the optional bank accounts from amongst the bank mandates registered under the folio, the investor needs to clearly indicate the same in the redemption application; in the absence of such indication, the redemption proceeds would be credited to the default bank account.
- In case request for redemption is received together with a change of bank account (using Transaction Form or Bank Accounts Registration Form) or before verification and validation of the new bank account, the redemption request would be processed to the registered default bank account. Unit holders may note that it is desirable to submit their requests for change in bank details at least ten working days prior to date of redemption/dividend payment, if any. Any redemption request placed along or during this period shall ordinarily be processed as per the earlier bank account registered in the records of the Registrars.
- DHFL Pramerica Mutual Fund will endeavour to remit the redemption proceeds through electronic mode, wherever sufficient bank account details of the unit holder are available.

Section 6 – SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please note that SWP request would be registered with us within 7 days from the date of lodgement of SWP Request. Please specify the scheme details, withdrawal instalment amount, the number of instalments, the total withdrawal amount, the withdrawal frequency and the withdrawal period. The SWP transaction is available on 10th and 25th of every month. The minimum withdrawal amount under SWP facility is the same as the minimum redemption amount under the scheme. Minimum Instalment: 2.

Section 6 & 7 - COMMON INSTRUCTION

- If any STP / SWP instalment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day (immediately succeeding Business Day for both the schemes in case of STP).
- If the STP / SWP period or no. of instalments is not specified by the applicant in the transaction form, the transactions will be processed until the balance of units in the unitholder's folio in the Source scheme becomes zero; STP/SWP mandate will terminate automatically if all Units from the respective source scheme are redeemed or upon the Mutual Fund receiving a written intimation of death of the sole / 1st Unit holder.
- The STP/SWP mandate may be discontinued by a Unit holder by giving a written notice of 7 days.

Section 8 – DECLARATION AND SIGNATURES

- All signatures should be in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in all cases be attested by a Magistrate, Notary Public or Special Executive Magistrate.
- Applications by minors should be signed by their guardians. In the case of a Hindu Undivided Family (HUF), the Karta should sign on behalf of the HUF.
- Applications by non individual investors must be signed by the authorised officials. A list of authorized officials, duly certified and attested, should also be attached to the transaction form.
- In case of application through constituted attorney, please ensure that the POA document is signed by the beneficial investor (POA donor) and the Constituted Attorney. The signature in the transaction Form, in such cases should clearly indicate that the signature is by the Constituted Attorney.
- In case of application through consituted attorney, please ensure that the POA document is signed by the beneficial investor (POA donor) and the Constituted Attorney. The Signature in the transaction Form, in such cases should clearly indicated that the signature is by the Constituted Attorney.

DHFL PRAMERICA ASSET MANAGERS PRIVATE LTD.

(erstwhile Pramerica Asset Managers Private Limited)

Registered Office : 2nd Floor, Nirlon House, Dr. A.B. Road, Worli, Mumbai 400025. Tel +91-22-6159 3000. Fax +91-22-6159 3100

E-mail us at - customercare@dhflpramericamf.in | For more information visit us at : www.dhflpramericamf.com | Call us (Toll free) at : 1800 266 2667

Additional KYC Information and FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)



Pramerica

MUTUAL FUND

☐ FIRST / SOLE APPLICANT / GUARDIAN

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others; please state the reason threof.

Occupation Details	<input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (please specify) _____
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Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹	_____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)

Politically Exposed Person (PEP) Status*	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been extrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

☐ SECOND APPLICANT

Name

PAN

OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address): <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others; please state the reason threof.

Occupation Details	<input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (please specify) _____
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Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹	_____ as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)

Politically Exposed Person (PEP) Status*	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable
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*PEP are defined as individuals who are or have been extrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

☐ THIRD APPLICANT

PAN									
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OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth		Country of Birth	
Nationality:	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address):	<input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others: please state the reason thereof.

Occupation Details ☐ Service Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (please specify) _____

Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹ _____ as on DD/MM/YYYY (Not older than 1 year)

Politically Exposed Person (PEP) Status* ☐ PEP ☐ Related to PEP ☐ Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

☐ POWER OF ATTORNEY (POA) HOLDER

PAN									
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OR PAN Exempt KYC Ref No. (PEKRN)

Place of Birth		Country of Birth	
Nationality:	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) _____	Tax Residence Address (for KYC address):	<input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No' Please proceed of the signature of declaration

If 'Yes', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below)
1				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*
2				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C*

* Please specify reason _____

Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.

Reason B : No TIN required. (Select this reason Noly if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C : others: please state the reason threof.

Occupation Details ☐ Service Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business
☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (please specify) _____

Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore OR
Net-worth (Mandatory for Non-Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)

Politically Exposed Person (PEP) Status* ☐ PEP ☐ Related to PEP ☐ Not Applicable

*PEP are defined as individuals who are or have been entrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

☐ CERTIFICATION

I hereby confirm that the information provided hereinabove is true, correct, and complete to the best of my knowledge and belief and the I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / Tax authorities.

SIGNATURES

Date

D	D	M	M	Y	Y	Y	Y
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[illegible]

**Details of Ultimate Beneficial Owner including
Additional FATCA & CRS Information**
(Only for Non Individuals)



MUTUAL FUND

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

PAN Date of incorporation

City of incorporation Country of incorporation

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number *	Identification Type (TIN or Other, please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent\$.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

☐ **FATCA & CRS Declaration** (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution ⁵ <input type="checkbox"/>	GIIN <input type="text"/>
OR	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Direct reporting NFE ⁶ <input type="checkbox"/> (please tick as appropriate)	Name of sponsoring entity <input type="text"/>
GIIN not available (please tick as applicable) If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ⁷ <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ³ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part C)
4	Is the Entity a passive ⁴ NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business <input type="text"/>

¹Refer 2a of Part C | ²Refer 2b of Part C | ³Refer 2c of Part C | ⁴Refer 3(ii) of Part C | ⁵Refer 1 of Part C | ⁶Refer 3(vii) of Part C | ⁷Refer 1A of Part C

UBO Declaration

(Mandatory for all entities except, a Publicly Traded Company or a related entity of Publicly Traded Company)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).
(Please attach additional sheets if necessary)

Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of part C)

Details	UBO1	UBO2	UBO3
Name			
PAN / Any Other Identification Number			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax residency*			
Tax ID No. %			
Tax ID Type			
Address	<div></div> <div>Zip<div></div></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>	<div></div> <div>Zip<div></div></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>	<div></div> <div>Zip<div></div></div> <div>State<div></div></div> <div>Country<div></div></div> <div>Contact detail<div></div></div>
Address Type	<div><div>Residence</div><div>Registered Office</div><div>Business</div></div>	<div><div>Residence</div><div>Registered Office</div><div>Business</div></div>	<div><div>Residence</div><div>Registered Office</div><div>Business</div></div>
City of Birth			
Country of Birth			
Occupation Type	<div><div>Service</div><div>Business</div><div>Others</div></div>	<div><div>Service</div><div>Business</div><div>Others</div></div>	<div><div>Service</div><div>Business</div><div>Others</div></div>
Nationality			
Father's Name (Mandatory if PAN is not available)			
Gender	<div><div>Male</div><div>Female</div><div>Others</div></div>	<div><div>Male</div><div>Female</div><div>Others</div></div>	<div><div>Male</div><div>Female</div><div>Others</div></div>
Date of Birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Percentage of Holding (%)^			

If passive NFE, additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

^Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with DHFL Pramerica Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signatures

Signatures

Signatures

Date

D

D

M

M

Y

Y

Y

Y

Place

PART C FATCA Instructions & Definitions

1. Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.

Investment entity is any entity:

- That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

- The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made;

or

- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

FI not required to apply for GIIN:

A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

c. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> (i) an Investor Protection Fund referred to in clause (23EA); (ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (iii) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

(iii) Passive income

The term passive income includes income by way of:

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE

PART C FATCA Instructions & Definitions (Contd.,)

- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person - A U.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Owner documented FFI

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan