

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)
ARN 09217 ARN stamp	Kindly affix your Sub Broker ARN stamp		AMFI E150257 Member	

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 inappropriateness, 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)

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

Transaction Charges (Please tick as applicable. Refer to KIM)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
(₹ 150/- will be deducted as transaction charge on Subscription of ₹10,000/- and more)

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
(₹ 100/- will be deducted as transaction charge per Subscription of ₹10,000/- and more)

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.

"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."

1. For Existing Unitholders (If you have an existing folio no. with KYC, please mention the number here and proceed directly to section 5)

Folio No. Unitholder's Name

2. For New Investors

First / Sole Applicant Mr. Ms. M/s.

Guardian Mr. Ms. M/s.
(in case First / Sole Applicant is minor)

Second Applicant Mr. Ms. M/s.

Third Applicant Mr. Ms. M/s.

POA Holder Mr. Ms. M/s.

Date of Birth (Mandatory for minor) Relationship with Minor ☐ Natural Guardian ☐ Court Appointed Legal Guardian

Applicant	PAN (Enclose self / broker attested PAN Card Proof)	TAX STATUS (Please ✓)	KYC Compliant Proof (Please ✓)	Photo Identification Proof for Micro SIP / Investment (Please ✓)
Sole / First Applicant	<input type="text"/>	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="text"/>	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/>	<input type="checkbox"/>
POA Holder	<input type="text"/>	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	<input type="checkbox"/>	<input type="checkbox"/>

Proof of Date of Birth (Mandatory in case of minor) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Others

Status of First / Sole Applicant (Please ✓) ☐ Minor through Guardian ☐ HUF ☐ Company ☐ AOP / BOI ☐ Partnership firm ☐ Body Corporate
☐ Trust ☐ Society ☐ Bank / FI ☐ Proprietorship ☐ PEP (Politically Exposed Person) ☐ Others

MODE OF HOLDING (Please ✓) ☐ Anyone or Survivor ☐ Joint (Default if not opted for, in case of more than one applicant)

In case of Non-individual, Unitholder(s) to sign as per the Authorised Signatory List (ASL)

Complete Address for Correspondence

City State PIN

Overseas Address (Mandatory in case of NRI / FII Applicants) **Note: Non-Resident Indians residing in the United States of America & Canada cannot invest.**

City State Country Pin/Zip

Tel. (Off./Res) (ISD) (STD) Mobile* (ISD) (STD)

Email ID

If Email ID is provided, unitholder shall receive all communication by Email.

*For receiving SMS alerts.

3. Depository Account Details (Applicable only if you wish to hold units in demat form, else skip. Please read instruction for more details)

Depository Name (Please ✓)	<input type="checkbox"/> National Securities Depository Limited (NSDL)	<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)
Depository Participant's Name (DP)	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
Beneficiary Account Number	<input type="text"/>	<input type="text"/>

16 Digit Beneficiary Account Number to be mentioned above

ACKNOWLEDGEMENT SLIP

Received from Mr. / Ms. / M/s. Sr. No.

Scheme /Option

Bank / Branch

Cheque / DD No. Amount (₹)

Time Stamp No.
(Office Use Only)

Account No.		Account type (✓ to select)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
Bank Name							
Branch		City		PIN			
IFSC Code							
(11 digit code on your cheque)							
MICR Code (9 digit code on your cheque leaf)							
Document attached (Any one)	<input type="checkbox"/> Cancelled cheque leaf with Name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate						
All Payout will be processed through EFT/NEFT/RTGS. In case you wish to receive a Cheque/DD, Please Tick <input type="checkbox"/>							

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

☐ Additional Purchase ☐ SIP ☐ Micro SIP (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 009217 ARN stamp	Kindly affix your Sub Broker ARN stamp		AMFI E150257	

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

First Unitholder Existing Folio No.

KYC is mandatory for ALL investments irrespective of the amount.

PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.*	PAN No.*	PAN No.*
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
*Mandatory - Enclose self/broker attested PAN Card Copy.		
Photo Identification**	Photo Identification**	Photo Identification**

** Photo Identification mandatory - please refer to Micro SIP related information.

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 Acknowledgement Letter ☐ Third Party Declaration Form
 Document attached (Any one) ☐ Cancelled cheque leaf with Name pre-printed ☐ Bank Statement ☐ Pass Book ☐ Bank Certificate

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

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

*Mandatory - Enclose self/broker attested PAN Card Copy.

**Photo Identification Copy for Micro SIP only.

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.

Time Stamp No. (Office Use Only)

Investor Care	1800-200-3444	Email: india.investorcare@pinebridge.com	Website	www.pinebridge.in
Distributor Care	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	SMS	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. (EUIN)	Time Stamp No. (For office use only)
ARN 010927 ARN stamp	Kindly affix your Sub Broker ARN stamp		AME150257 Number	

I/We confirm that the EUIN 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

First Unitholder Existing Folio No.

KYC is mandatory for ALL investments irrespective of the amount.

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 Details: Bank Name Bank Account No. IFSC Code

Switch

From Scheme (Transferor) Plan Option

To Scheme (Transferee) Plan Option

Please transfer (Please ✓) ☐ ₹ OR ☐ Units OR ☐ All Units

Systematic Transfer Plan (STP)

From Scheme (Transferor) Plan Option

To Scheme (Transferee) Plan Option

Please transfer ☐ Fixed Amount ₹ OR Frequency: ☐ All Four Dates ☐ Fortnightly ☐ Monthly

(Please ✓) ☐ Capital Appreciation STP Date: ☐ 1st ☐ 7th ☐ 14th ☐ 21st

Enrolment Period From M M / Y Y To M M / Y Y

STP shall not be executed if amount is less than ₹ 1000/- (To be submitted 5 business days before the 1st 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 M M / Y Y To M M / Y Y

SWP shall not be executed if amount is less than ₹ 1000/-. Frequency - Monthly (To be submitted 5 business days before the 1st 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

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.

EUIN: 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.

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

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:			
Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address			
PAN No.*			
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

*Mandatory - Enclose self/broker attested PAN Card Copy.

**Photo Identification Copy for Micro SIP only.

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date

Received from

☐ Redemption: Amount (₹) OR Units
☐ Switch : 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)

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)
ARN-1093172 <small>ARN stamp</small>	<small>Kindly affix your Sub Broker ARN stamp</small>		AMFI E150257 <small>number</small>	

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"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"

SIGNATURE(S) _____ Sole / First Applicant / Guardian / POA _____ Second Applicant / POA _____ Third Applicant / POA

Transaction Charges (please tick as applicable. Refer to KIM)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS
(₹ 150/- will be deducted as transaction charge on Subscription of ₹10,000/- and more)

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS
(₹ 100/- will be deducted as transaction charge per Subscription of ₹10,000/- and more)

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.

KYC is mandatory for ALL investments irrespective of the amount.

1. For Existing Unitholders

First Unitholder	Second Applicant	Third Applicant
Sole / First Applicant / Guardian		
PAN No.*	PAN No.*	PAN No.*
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**

* Mandatory - Enclose self/broker attested PAN Card Copy. ** Photo Identification Copy for Micro SIP only - please refer to instruction.

2. For New Investor - Applicant's Details (Mandatory)

Sole / First Applicant

3. ☐ Systematic Investment Plan (SIP) Details OR ☐ Micro SIP Details (please ✓ whichever is applicable)

Scheme Name

Plan

☐ Standard ☐ Direct ☐ Growth* ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Bonus

SIP Frequency (Please ✓) ☐ Monthly* OR ☐ Quarterly SIP Date (Please ✓) ☐ 1st OR ☐ 7th* OR ☐ 14th OR ☐ 21st OR ☐ All four dates

Installment Amount (₹) ₹

First SIP Cheque No. Dated DD / MM / YYYY

Drawn on (Bank / Branch Name)

SIP Auto Debit Period (The first Auto Debit should be at least 30 days after the first SIP transaction date)

Start Date From MM / YYYY End Date⁽¹⁾ To MM / YYYY (Last Installment)

⁽¹⁾ If no End Date is specified SIP will continue for 50 years.

* Default Option will be applied in case of no information, ambiguity or discrepancy.

4. Payment Bank Details

Source of Payment (from which 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

5. Particulars of Bank Account (From which money will be debited)

Account holder name as in Bank Account Bank name

Account No. Branch Address

City MICR Code M A N D A T O R Y (This is a 9 Digit Number next to your Cheque Number)

For NRI / FII Investors, please indicate account type of your remittance (please ✓) ☐ NRE ☐ NRO ☐ FCNR ☐ Others Please specify

Enclosed (please ✓) ☐ Account Debit ☐ Foreign Inward Remittance Certificate ☐ Others

I/We hereby, declare that the particulars given above are correct and express my/our willingness to make payments referred above through direct debit / participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold PineBridge Mutual Fund, their Investment Manager - PineBridge Investments Asset Management Company (India) Private Limited or any of their appointed service providers or representatives responsible. I/We will also inform PineBridge Investments Asset Management Company (India) Private Limited about any changes in my/our bank account. 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 have read and agreed to the terms and conditions mentioned overleaf. **EUIN:** I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction

SIGNATURE(S) (ALL ACCOUNT HOLDERS MUST SIGN HERE)

First Account Holder's Signature (As in Bank Records) Second Account Holder's Signature (As in Bank Records) Third Account Holder's Signature (As in Bank Records)

FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on DD / MM / YYYY by

Credit A/c. No.

6. Authorisation of Bank Accountholder(s) (to be signed by the Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) and that my/our payment towards investment in PineBridge Mutual Fund shall be made from my/our below-mentioned bank account number with your bank. I/We hereby authorise PineBridge Investments Asset Management Company (India) Private Limited - Investment Manager to PineBridge Mutual Fund, acting through their authorised service providers and representatives carrying this ECS Mandate Form to get it verified and executed. I/We hereby further authorise PineBridge Investments Asset Management Company (India) Private Limited (Investment Manager to PineBridge Mutual Fund), acting through their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) for collection of SIP payments:

NAME(S) & SIGNATURE(S) OF BANK ACCOUNT HOLDER(S) AS IN BANK RECORDS

Account Number			
Name of First Account Holder (As in Bank Records)	Name of Second Account Holder (As in Bank Records)	Name of Third Account Holder (As in Bank Records)	
First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)	

MULTIPLE BANK ACCOUNTS REGISTRATION FORM

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

Folio No. (For Existing Unit Holders) _____	OR Application No (for New Unit Holders) _____	Permanent Account Number (PAN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Name of Sole / First Unit Holder _____												

A - ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our folio. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non individuals.

☞ For each Bank Account, Investors should produce original for verification or submit originals of the documents mentioned below.

Account No.											
Bank Name											
Account Type	Tick (✓) <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Other _____										
City									Pin Code		
MICR Code ^									^9 digit code on your cheque next to the cheque no.		
IFSC Code ^ ^									^ ^11 digit code on your cheque leaf		
Document attached (Any one) <input type="checkbox"/> Cancelled cheque with name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate											

Account No.											
Bank Name											
Account Type	Tick (✓) <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Other _____										
City									Pin Code		
MICR Code ^									^9 digit code on your cheque next to the cheque no.		
IFSC Code ^ ^									^ ^11 digit code on your cheque leaf		
Document attached (Any one) <input type="checkbox"/> Cancelled cheque with name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate											

Account No.											
Bank Name											
Account Type	Tick (✓) <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Other _____										
City									Pin Code		
MICR Code ^									^9 digit code on your cheque next to the cheque no.		
IFSC Code ^ ^									^ ^11 digit code on your cheque leaf		
Document attached (Any one) <input type="checkbox"/> Cancelled cheque with name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate											

Account No.											
Bank Name											
Account Type	Tick (✓) <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Other _____										
City									Pin Code		
MICR Code ^									^9 digit code on your cheque next to the cheque no.		
IFSC Code ^ ^									^ ^11 digit code on your cheque leaf		
Document attached (Any one) <input type="checkbox"/> Cancelled cheque with name pre-printed <input type="checkbox"/> Bank Statement <input type="checkbox"/> Pass Book <input type="checkbox"/> Bank Certificate											

B - DEFAULT BANK ACCOUNT

From among the bank accounts registered with you or mentioned above, please register the following bank account as a Default Bank Account into which future redemption and/or dividend proceeds, if any of the above mentioned folio will be paid:

Bank Account No.										
Bank Name										

Declaration and Signatures	I / We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I / We understand that my / our request will be executed only if it is duly filled with all required details and is duly signed as per the mode of holding and necessary documents are attached as applicable, failing which the request will be rejected. I / We shall not hold PineBridge Investments Asset Management Company (India) Private Limited (AMC) and the Registrar and other service providers liable for any loss due to delay or request not being executed due to incomplete / incorrect information / documentation.
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SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)		
Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder

C - BANK ACCOUNT DELETION FORM

Folio No. (For Existing Unit Holders) _____	Permanent Account Number (PAN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
Name of Sole / First Unit Holder _____																			

Please delete the following Bank accounts as registered accounts for my/our above folio:

Bank Account No.																	
Bank Name																	

Bank Account No.																	
Bank Name																	

Bank Account No.																	
Bank Name																	

Bank Account No.																	
Bank Name																	

Deletion of a default bank account is not permitted unless the investor mentions another registered bank account as a default account in Part B of this Form

Declarations and Signatures
I / We have read and understood the terms and conditions of bank accounts registration and agree to abide by the same. I / We understand that my / our request will be executed only if it is duly filled with all required details and is duly signed as per the mode of holding and necessary documents are attached as applicable, failing which the request will be rejected. I / We shall not hold PineBridge Investments Asset Management Company (India) Private Limited (AMC) and the Registrar and other service providers liable for any loss due to delay or request not being executed due to incomplete / incorrect information / documentation.

SIGNATURES (To be signed as per mode of holding. In case of non-Individual Unit holders, to be signed by AUTHORISED SIGNATORIES)		
Sole / First Applicant / Unit holder	Second Applicant / Unit holder	Third Applicant / Unit holder

Instructions and Terms and Conditions

1. This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/HuF can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
2. Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
3. If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
4. Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
5. The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
6. The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
7. A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
8. If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/alter it from of our records.
9. The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
10. If request for redemption received together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
11. If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
12. The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
13. This form can be submitted along with the Purchase/Subscription application or as a standalone request for addition/deletion/default bank mandate details.
14. Kindly submit the duly filled and signed form at the nearest AMC/CAMS Investor Service Centers.

REGISTERED OFFICE ADDRESS

203, Peninsula Tower, 2nd Floor, Peninsula Corporate Park, G. K. Marg, Lower Parel, Mumbai - 400 013.
 Tel. No. : (91 22) 4093 0000 Fax No. : (91 22) 4093 0077

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Distributor Care	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	SMS	TRUST to 56767

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