

COMMON APPLICATION FORM

Please read Instructions before completing this Form

Sr. No.

Broker/Dist	ributor			Code		Bro	ker/Employ	/ee	No.	(EUIN)		Tim	ie Stamp	No. (Fo	r office	use on	ily)
ARN9 1909	9217ARN	stamp							AMFI E1	50257	ber						
/ We hereby confirm																	
elationship manager / ne distributor and the								of inapprop	oriateness,	it any, pr	ovided b	y the empl	oyee / rel	ationship	manage	er / sales	person
CICNATURE (C)																	
SIGNATURE(S) —	Sole / I	irst Ap	plicant / 0	Guardia	n / POA		:	Second App	olicant / PC	DA			Th	ird Applic	ant / Po	OA	
Transaction Charge	s (Please	ick as	applicab	le. Ref	er to KIM)											
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ransaction charges	will be ap	plicab															
ransaction charges រុ Upfront commission sh	-		by the inve	stor to t	he AMFI re	egistered D	istributors ba	ased on the i	nvestors' a	ssessment	of variou	us factors in	cluding the	e service r	endered	by the d	listributor
I. For Exist	ing Unit	hold	ers (If yo	ou have	an existing	g folio no.	with KYC, pl	lease menti	on the nu	mber her	e and pr	oceed dire	ctly to sec	ction 5)		<u> </u>	
Folio No.							Unitholder's										
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2. For New	Investo	rs															
First / Sole Applicant	Mr. Ms.	M/s.															
Guardian	Mr. Ms.	M/s.															
(in case First / Sole Ap								1 1						1 1			
Second Applicant	Mr. Ms.	M/s.															
Third Applicant	Mr. Ms.	M/s.															
POA Holder	Mr. Ms.	M/s.															
Date of Birth	D D	M 1	M Y	YY	Y (M	landatory	for minor)	Relation	nship with	Minor	Natu	ıral Guardi	an 🗆 C	ourt App	ointed	Legal Gu	ardian
Applicant				PAN				X STATU	•			nt Proof		dentifica			
Аррисанс	(Enclo	se self,			I PAN Car	d Proof)		(Please ✓)	J		(Please			P / Inves			
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Third Applicant		MF					Resider	nt Non	Resident	MA				77.			
Guardian							Resider	nt Non	Resident								
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Proof of Date of Bir	<u>`</u>	,		,	_	Certificat		chool Cert	_		ssport		hers <u>Pleas</u>	e Specify			
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MODE OF HO	LDING	(Plea	se √) □	Anyon	e or Surv	ivor	Joint (Defa	ult if not	opted for,	in case	of more	than one	applican	t)			
In case of Non-indivi				as per th	ne Authoris	sed Signat	ory List (ASL	.)									
Complete Address for	Correspo	ndence															
City						Sta							PIN				
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													1				1
City			S1	tate				Country		MAND	ATOR	Υ	Pin/Zip				
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If Email ID is provided	l, unitholde	r shall ı	eceive all	commi	unication b	y Email.		*For rec	eiving SMS	alerts.							
3. Deposito	ry Acco	unt [Details	(Appli	cable only	if you w	ish to hold ı	units in de	mat form	, else ski	p. Pleas	se read ins	truction	for mor	e detai	ls)	
Depository Name (P			□ N	ational S	Securities D	Depository	Limited (NS				Central [Depository	Services	(India) Lir	nited (C	CDSL)	
Depository Participar DP ID	nt's Name (DP) I	N					O R									
Beneficiary Account I	Number								I	6 Digit B	eneficiar	y Account	Number t	o be mer	tioned	above	
ACKNOWLEDGEN	IENT SLII	,															
eceived from Mr. / Ms	s. / M/s.											Sr. No					
cheme /Option																	
ank / Branch									- 11	ne Stamp							
Cheque / DD No.					Amount	· (3)			(°	ffice Use	Only)						

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Account No.						A	count type (to select)	Savings Curre	nt	NRO FCNR
Bank Name											
Branch						City			PIN		
IFSC Code								Payable at p	ear at all ABC Bank Ltd in India		
_	(1	I digit code o	n your cheque)					Pay		Date _	Or bearer
MICR Code (9 digit code on your cheque leaf)											
Document attached (Any one) Cancelled cheque leaf with Name pre-printed Bank Statement ABC Bank Ltd 196, Mahadana Galton-Road Mumbai - 400 001											
All Payout will be processed through EFT/NEFT/RTGS. In case you wish to receive a Cheque/DD, Please Tick											
All Payout will be	processed thro	ugh EFT/NEF	T/RTGS. In cas	e you wish t	to receive	a Cheque/DD, Please	Tick		41197	zy czesk .	<u>" </u>
5. Invest	ment and F	ayment E	Details (Plea	se select tl	he Fund r	name)					
Scheme Name											
Plan*	Standard	Direct C	Option*	Growth [Bonus	Dividend Re-i	nvestment	Dividen	d Payout 🔲 Fre	quency	
						or discrepancy. Cheq		drawn in fav	our of "Scheme Na	me - First Hold	ler's Name" or
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LOMPSOM	IINVESTRICINT			rayment i	iode:	·					
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□ SYSTEMATIC INVESTMENT PLAN (SIP) □ MICRO SIP (I) □ SIP through ECS (II) □ SIP through Post Dated Cheques											
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^{*} Available at our Ahmedabad, Bengaluru, Chennai, Mumbai, New Delhi and Pune branches.



COMMON TRANSACTION FORM

This Form is to be used by Existing Investors for the purpose of Sr. No.

Broker/Distributor	IP	Internal code for Sub-	Employee Unique ID.	Time Stamp No. (For office use only)
ARN9189247 ARN	Code Kindly affix your Sub Broker ARN stamp	Broker/Employee	No. (EUIN) AMFI E150257ber	
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Systematic Invest		n Post Dated Cheques)	* Micro SI	
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Enrolment Period From	1 / Y Y To M M	/ Y Y Cheque No	o(s). From	To No. of Cheques
Drawn on (Bank / Branch Name)			
	tor i.e. aggregate of installments in a rolling I		nall be referred to as 'Micro SIP'.	
	s (Mandatory for Addition tere the above investment is ma			
First / Sole Holder's Bank Ac			ame pre-printed 🔲 Bank S	tatement Pass Book Bank Certificate OR
Third Party's Bank Account				
Relationship with the Holder Mandatory documents requi		,	on behalf of employee	Custodian on behalf of an FII or a client
Document attached (Any one)		Name pre-printed Bank S		ank Certificate
Declaration & Signat		M . 15 . H . h . h		Sole / First
Note on Anti Money Laundering, Know-Your-Cand conditions applicable thereto. I /We here!	of the SID/SAI/KIM of the above Scheme of Pine Customer and Investor Protection". I /We hereby a by declare that I /We am / are authorised to make designed for the purpose of any contravention of	pply for allotment/ purchase of Units in the this investment and that the amount inve	on vivio cannot invest and important Scheme and agree to abide by the terms sted in the Scheme is through legitimate	Applicant / Guardian
sources only and does not involve and is not regulatory authority in India. I / We hereby aut Mutual Fund's bank(s) and / or Distributor / B	designed for the purpose of any contravention o horise PineBridge Mutual Fund, its Investment Ma roker / Investment Advisor, I/We understand that	r evasion of any Act, Rules, Regulations, Nager and its agents to disclose details of nall plans of respective schemes will have o	Notifications or Directions issued by any ny investment to my bank(s) / PineBridge common portfolio. However, the returns	RE(
under each plan are expected to very on acco or indirectly, in making this investment. The A different competing Schemes of various Mutua with transaction charges as applicable for pure	unt of specified expense ratio under the relevant RN holder has disclosed to me/us all the commit I muds from amongst which the Scheme is being these transaction. I We declare that I We do not be	plan. I / We have neither received nor bee sions (in the form of trail commission or recommended to me/us. I/We have read an everage existing Micro SIPs which together	n induced by any rebate or gifts, directly any other mode), payable to him for the id understood the Terms and Conditions with the current application will result in	Second Applicant
aggregate investments exceeding ₹ 50,000/- in bank account. I/We declare that the informati EUIN: I/We hereby confirm that the EUIN I employee/relationship manager/sales person of sales person of the distributor and the distribu-	horise PineBridge Mutual Fund, its Investment Maroker / Investment Advisor. I/We understand that unt of specified expense ratio under the relevant RN holder has disclosed to me/us all the commit if Funds from amongst which the Scheme is being hase transaction. I/We declare that I/We do not ha year. I/We declare that I/We do not ho a year. I/We declare that I/We do not hold PineBring which is the properties of the propertie	dge Mutual Fund responsible for the redemete and truly stated. this is an "execution-only" transaction voice of in-appropriateness, if any, provided spaction	ption/dividend credit going to the wrong without any interaction or advice by the by the employee/relationship manager,	3 ½ ; v Third Applicant
APPLICABLE FOR NRIs: 1/ We confirm the abroad through approved banking channels or funds received from abroad through approved the confirmation of	at I am/ we are Non-Resident(s) of Indian Nationa r from funds in my / our NRE / FCNR Account. I/ d banking channels or from funds in my / our NRE	itity / Origin, not a resident of US / Canada We undertake that all additional purchase //FCNR Account.	and that I /We have remitted funds from made under this folio will also be from	, pp. sant of a short below
if the investment is being mad	e by a Constituted Attorney, please Holder for Applicant 1	i lumism Name of Fower of At	for Applicant 2	POA Holder for Applicant 3
	riorder for Application	I OA Holder	101 Applicant 2	TOAT loider for Applicatic 3
Address PAN No.*				
	ory - Copy of KYC Acknowledgement Letter)	KYC Compliant (Mandatory	- Copy of KYC Acknowledgement Letter)	KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**		Photo Identification**		Photo Identification**
*Mandatory - Enclose self/broker atteste	a PAN Card Copy. **Photo Identifica	tion Copy for Micro SIP only.		
	Acknowledgen	nent Slip (To be filled in	by the Investor)	· — — — — — — — — — — — — — — — — — — —
Existing Folio No.		ione onp (to be filled if	-by the investor)	Date
Received from				
	t Amount (₹)			
Total Cheques	Cheque Nos		Time Stamp No).
Additional Purchase : Amount	t (₹)		(Office Use Onl	
Cheque No.		_		
Investor Care		: india.investorcare@pinel		
Distributor Care	(City Code) 60000344* Email	: india.distributorcare@pi	nebridge.com SMS	TRUST to 56767



COMMON TRANSACTION FORM

SIP / STP / SWP Cancellation Broker/Distributor	Sub Broker Name & Code	Internal code for Broker/Employ	Sub- Empl	oyee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)
ARN919092217 ARM stamp	Kindly affix your Sub Broker ARN stamp		AME	150257 lumber	
Jpfront commission shall be paid direct	tly by the investor to the AMFI re	gistered Distributors ba	ised on the invest	ors' assessment of vari	Lition or advice by the distributor personnel concerned ious factors including the service rendered by the distributerms and conditions w.r.t. transaction charges given in I
Sole / First	Applicant / Guardian / POA	!	Second Applicar	t / POA	Third Applicant / POA
Existing Unitholders Infor	rmation				Existing Folio No.
C is mandatory for ALL investments	s irrespective of the amount.				Existing Folio Pro-
Redemption					
neme			Plan		Option
nount ₹	Amou	nt ₹ (In Words)			
of Units Default Bank Account in this folio	Any of the Registered Bank A			Please mention either ceeds via RTGS/NEFT	r Amount or Units)
nk Details: Bank Name	Ally of the Registered Balik A	Bank Account No.	Flease pay FTO	Leeds via KT G3/TVEFT	IFSC Code
		Bank Account No.			IF3C Code
Switch om Scheme (Transferor)			Plan		
Scheme (Transferee)					Option
` -	0	R Units	Plan	OR All Units	Option
ase transfer (Please ✓)		K _ Onits		OR All Units	
om Scheme (Transferor)	(311)		Plan		Option
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shall not be executed if amount is systematic Withdrawal P		mitted 5 business day	s before the 1 th	due date of Iransfer)	
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$\mathbf{SIP} \ / \ \mathbf{MICRO} \ \mathbf{SIP} \ \mathbf{AUTO} \ \mathbf{DEBIT} \ \mathbf{(ECS)} \ \mathbf{FORM}$

r. No.

Broker/Distri	ibutor	Sub Broker Name & Code	Internal code for Sub- Broker/Employee	Employee Unique ID. No. (EUIN)	Time Stamp No. (For office use only)
ARN-1099315	72 ARN stamp	Kindly affix your Sub Broker ARN stamp	proyee	AMF E150257mber	
		onally left blank by me/us a			raction or advice by the distributor personnel concerned. various factors including the service rendered by the distributor.
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Third Applicant / Unit holder

MULTIPLE BANK ACCOUNTS REGISTRATION FORM

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

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Second Applicant / Unit holder

Sole / First Applicant / Unit holder

C - BANK ACCOUNT DELETION FORM

Folio No. (For Existing Unit Ho	ldors)										Pern	nanen	t Acco	unt l	Number	(PAN	۷)
Name of Sole / First																	
Please delete the follow	ving Bank	accounts	as register	ed accoun	ts for my/	our above	folio:			,							
Bank Account No.																	
Bank Name																	
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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 hold	ing. In case of non-Individual Unit holders, to be signed	by AUTHORISED SIGNATORIES)
Sole / F	irst 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. 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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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.