

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai-400 051. Toll Free - 1800 425 5600 • Fax: 022-6772 0512.

Website: www.principalindia.com • E-mail: customer@principalindia.com

Application Form

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

All details are mandatory. The application is liable to get rejected if details not filled. Application No.

Please read the instructions before filling the Application Form

DISTRIBUT	TOR INFORM <i>A</i>	ATION & APPLICATIO	N RECEI	PT DATE										
Broker AR	N Code	Sub-Broker ARN C	ode	EUIN		Sub-Brok	er Code		Principa	al Group	Employe	e Cod	ie	
ARN-10	09217			E1502	57									
any interaction or of in-appropriaten not charged any ac	advice by the enters, if any, providuisory fees on shall be paid dire	JIIN box has been intent mployee/relationship m rided by the employee/this transaction. (Refer I ectly by the investor to the distributor.	anager/sa relationshi nstruction I	iles person of the ip manager/sales No. G)	above dist person of	tributor or notw the distributor	vithstanding and the dist	g the advic tributor ha	e sig	nature o	f Sole/ Fi	rst App	olicant/	' Holder
	,		US TUDO	LICH DISTRIBI	ITODS / A	CENTS ONLY	Dofor Inc	truction l	No D/	1 1) for	Dotoile	1		
		ES FOR APPLICATION She is a First Time Mutu							•	•			orl	
					•	·								
		S DETAILS (Please no and then proceed to Sect		applicant details a	nd mode of	holding will be as Common Ac	•	•	Number)	[Refer Ir	struction	No. B(1)]	
Name of Sole / Firs	st Unit Holder													
2 NEW APPL	LICANT'S DET	AILS (Please fill in Bloc	k Letters w	rith black/blue ink	κ, use one b	ox for one alpha	bet leaving	one box bla	ank betv	ween tw	o words)			
Name of First / Sc	OLE APPLICANT	☐ Mr. ☐ Ms. ☐ M/s	S.	Gender -	Male [Female	Date of Birt	h/Incorpora	ation	D D	MIN	1 Y	Y	YY
F I R	ST	N A M E	M	I D D	LE	N A M	E	LA	S	T	N A	M A	E	
FATHER'S NAME PAN		Place / City of Incorporation				Country of Bi	rth /				lationalit	 у		
enclose Proof of DO)B (Mandatory fo	r minor) - Birth Certif		assnort \(\square \text{Other} \)			Relationship	with Minor	Applicat	nt - DE	ather \(\Bar{\chi} \)	10ther		
		se of minor applicant - Refer			n: Mandatory									
guardian / Poa H	OLDER / CONTAC	T PERSON		, ,	Gender -	☐ Male ☐ Fe	male	Date of	Birth	D D	MIN	/ Y	Y	YY
F I R	ST	N A M E	M	D D	LEL	N A M	E	LA	S	Т	N A	M	E	
ATHER'S NAME														
PAN		Place / City o	of Birth			Country of Bi	rth			N	lationalit	<i>y</i>		
NAME OF THE SECO	OND APPLICANT	☐ Mr. ☐ Ms			Gender -	☐ Male ☐ Fe	male	Date of	Birth	D D	MIN	1 Y	Y	YY
FIIR	S T	N A M E	M	I D D	LE	NAM	E	LA	S	Т	N A	M	E	
ATHER'S NAME														
AN NA		Place / City o	of Birth			Country of Bi	rth				lationalit	<i>,</i>		
NAME OF THE THIRI	D APPLICANT	☐ Mr. ☐ Ms			Gender -	☐ Male ☐ Fe	male	Date of	Birth	D D	MIN	/ Y	Y	Y Y
F I R	S T	N A M E	l l M	D D	LEL	IN I A I M	E	LA	ls l	I T I	N A	A M	TEI	
ATHER'S NAME											Ī	T		
PAN		Place / City o	of Birth			Country of Bi	rth				lationalit	,		
		T [P.O. Box Address is not s	e			SEAS ADDRESS (in case the First A	Applicant is NRI/F	FII/PIO) [P.O.	. Box Addre: Zip Co		ient] {Ref	er Instruct	ion No. B(5
CONTACT DETAILS	OF FIRST / SOLE	APPLICANT (Please ensure	that you fil	I in the contact deta	ils for us to se	erve you better)								
Phone O Mobile e-mail N Where e-mail ID is pr		O C K L	E T	/ We wish to red					e mailed	to your re	egistered a	ddress	on requ	est.
				·		·								
		(Cheque/DD should les before selecting appr					ability/appli	cability of	these op	otions m	ay differ	for va	rious so	chemes.
Scheme / Plan / Option /	Principal			Scheme										
Sub-Option / Frequency		egular Plan	•	☐ Dividend ☐ Daily			•	tion: 🗌 P Ty 🔲 Ann		□ Reir	ivest 🗀	Swee	p	
Dividend Sweep into	Scheme Plan			Or	otion					please e	of Divide	ulfill th	ne minir	mum
n case the choice of c	option is not indica	ited, default option shall be	Growth Op			e default sub-optio	n shall be Div	ridend reinve	estment o		ent criteri			d overlea
ACKNOW	LEDGEMFNT	SLIP (To be filled in b	v the Ann	licant) A	— — — RN No:		ıb-Broker <i>A</i>	— — — Arn:		- — - El	 JIN:			- — —
		(20	,		- *		•		alication					
Received from	NEET No.				Datad:	D D J M M J	Y	_ Abt	olication	I INU.				
Cheque / DD / RTGS / Drawn on Bank & Brai					Dated:	ן IVI IVI נטט	1 1 1 1	-						
Scheme / Plan / Option					Amount	₹		_						
		piect to realisation of pa	vment ins	strument	AIIIUUIII	`				Signatu	re, Stamp	& Date	Э	

4 KYC / FATCA	DETAILS FOR	ALL APPLICAN	ITS (Mandatory,	Please 🗸 . The ap	oplication is liable to get re				
Status details for	First Applicant	Second Applicant	Third Applicant	Guardian	Politically Exposed Pe	rson (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
Resident Individual					First / Sole Applicant				Ц
NRI / PIO					Second Applicant Third Applicant				
Sole Proprietorship		-	-	_	Guardian				
Minor through Guardian#		-	-	_	Authorised Signatories				
Non Individual	☐ Company/Body				Promoters				
	☐ Corporate				Partners				
	☐ Partnership☐ Trust				Karta				
	Society	-	-	_	Whole-time Directors				
	HUF				Gross Annual Income	Range (in ₹)			
	☐ Bank ☐ AOP				Occupation details for	First Applicant	Second Applica	nt Third Applicant	Guardian
	☐ FI / FII / FPI				Below 1 lac				
Others (Please specify)					1 - 5 lac				
. , , , , ,					5 - 10 lac 10 - 25 lac				
Occupation details for	First Applica	nt Second Applicar	nt Third Applicant	Guardian	25 lac- 1 crore				
Private Sector					above 1 crore				
Public Sector					OR Networth in ₹				
Government Service					(Mandatory for Non Individual)	as on	as on	as on	as on
Business					(Not older than 1 year	us on	45 011	us on	45 011
Professional					" Address of tax residence	would be taken as a	vailable in KDA	datahasa In casa of	any change Please
Agriculturist					approach KRA & notify th	ne changes."	IVAIIADIC III KIKA	database. In case of	arry charryc. I icasc
Retired					Type of Address given	at KRA	Residenti	al Business	Registered Office
Housewife					First / Sole Applicant				
					Second Applicant				
Student					Third Applicant				
Others (Please specify)					Guardian				
Bank Name (Do not abbreviate) Account No. Branch Address Account Type (Please ✓) MICR Code* Only for IFSC* RTGS* Code	(Please pro	Mandatory) [R	it number) NRO F This is a 9 digit	CONR NRSR number next to you	Branch / City Branch / City Grant Cheque No. Essential E	Enclosures : (For Direct	t Credit): Blan	[* ir	Copy of cheque
	TAILS (Manda	atory) The name			be preprinted on the cheq				
(i) Investment Amount (₹)		<u> </u>		harges (₹)	Payment from	Net Amount ((₹) (i)+(ii)		
Mode of Payment (Please ✓	() Cheque	☐ DD ☐ RTGS	□ NEFT □ I	ECS Funds	Fransfer Bank A/c. No.				
*Cheque / DD / RTGS / NEF	FT No.		[Dated D D	M M Y Y Y	Υ			
Drawn on Bank					Branch & City				
Details of the Payer (In ca	ase, the First Unit	holder is not one o	of the Bank A/c. ho		d above)			Mandatory Enclosu	
Parent/Grand Parent/rela	ated person (Not to	exceed ₹ 50,000): _		Name					edgement Letter &
Employer:	Name			Custodian:	Name			☐ Third Party Dec	claration Form
	f the relevant does	imonts as indicator		-	t: • RTGS/NEFT/ECS/Bank	Transfer. Instruc	ction to the Real	from the Unitholder	to Dehit the Account
•			•	•	Copy of Passbook / Bank State				
* Please mention the Appl	•				.,,				
		and the state of t							
Principal* For inves	stment related end	quiries, Investor Gr	ievance please coi	ntact:					

Principal*

Mutual
Funds

Principal Mutual Fund

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.

TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: customer@principalindia.com • Website: www.principalindia.com

CHECK LIST: Please ensure the following: • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

8 DEMAT ACCOUNT DETAILS (OPTIONAL) [Refer instruction No. 'B (13)']								
(Please ensure that the sequence of names as mentioned in the application form		he account h	eld with the Dep	ository Pa	ticipant).			
In case Unit holders do not provide their Demat Account details, Units will be allo	tted in physical form.							
NSDL DP Name	P ID			Benefic	iary Account No.			
CSDL DP Name B	eneficiary Account N	lo.						
9 NOMINATION (Please ✓ and confirm the option selected)	Please Refer Instru	uction No.	E'					
☐ I/We do hereby nominate the undermentioned Nominee to receive the Units a				mv/our de	eath. I/We also unders	stand that all paymer	nts and settlements made	
to such Nominee and Signature of the Nominee acknowledging receipt thereof,	shall be valid discharge	by the AMC	'Mutual Fund/ Tr	ustees.				
NOMINEE'S NAME Mr. Ms					Date of Birth	D D M N		
NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor)	☐ Mr. ☐ Ms				(in case of nominee			
ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor)								
						0' ' ' ' '		
City	Pin Coo	de			Specime	n Signature of Nomi	nee / Guardian	
OR Clause		11	Classic	- 6 0 1 1 1		0: .		
☐ I/We do not wish to nominate a nominee in my / our folio.	ture of 1st Unit Hold	er	Signature	of 2nd U	nit Holder	Signature of	3rd Unit Holder	
[Applicants can make multiple nomination (to the maximum of three) by filing no	mination form availabl	e at our Inves	tor Service Centr	es / www	principalindia.com]			
10 PRIMARY POLICY CONFIDMATION ID C. 1	414							
10 PRIVACY POLICY CONFIRMATION [Refer instruction No		5 11						
I/We consent to and authorize the AMC to share all information (including withor Fund with any of its Associates/Group Companies, for offering their services and						*		
hereby consent to and authorize AMC to collect personal information or sensitive								
information /sensitive personal data or information provided by me/us for exte								
Companies (Affiliates), for offering their services and products. I/We also consent			0			'	or information provided	
by me/us to non-affiliated third parties such as, but not limited to, attorneys, acc	ountants, auditors and	persons or e	ntities that are as	ssessing ou	ur compliance with in	dustry standards.		
11 US / NON-US PERSON DECLARATION FOR INDIVIDUA	AL (FATCA)#							
I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. feder	•	and that I an	/we are not actir	ng for, or c	on behalf of a U.S. per	son. I/We understan	d that Principal Pnb Asset	
Management Company Pvt. Ltd., believing this statement to be true, will rely on	t and act on it. In the e	vent this state	ment is false, Pri	ncipal Pnb	Asset Management	Company Pvt. Ltd. re	serves the right and shall	
be entitled to reject the application or terminate the folio.	den efemale en la			6 H			on a to be decreased Debrack and	
I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, in								
☐ I am a US Person ☐ I am not a US Person	μ.						1.1	
12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer in	struction No. 'I']							
The below information is required for all applicant(s)/Guardian:								
Category	First Ap	plicant	Se	cond App	licant/Guardian	Thir	d Applicant	
Are you a tax resident of any country other than India?	Yes	□ No		Ye	es No		Yes No	
If yes, Please indicate all countries in which you are resident for tax purpose and	I the associated Tax Re	ference Numl	pers below:					
Country#								
Tax Identification Number##								
Identification Type (TIN or Other, please specify)								
# To also include USA, where the individual is a citizen / green card holder of The	USA							
## 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	dentification Number of	or Global Enti	y Identification I	Number o	GIN, etc.			
Non individuals: Please fill FATCA & CRS Declaration also								
In case the entities country of Incorporation / Tax residence is U.S. but Entity is no	t a Specified U.S. Perso	on, mention E	ntity's exemptio	n code he	re:			
Non Individual Investors involved / providing any of the mentioned	l services							
i. Is the company a Listed Company or Subsidiary of Listed Company or cor	trolled by a Listed Con	npany: [If No	please attach	mandato	ry UBO declaration] YES	□NO	
ii. Foreign Exchange / Money Changer Services						☐ YES	□NO	
iii. Gaming / Gambling / Lottery / Casino Services						☐ YES	□NO	
iv. Money Lending / Pawning						☐ YES	□NO	
Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For	Non-individual Only:	UBO Declar	ation attached)					
•	IOT the UBO(s) of this							

FATCA & CRS - TERMS & CONDITIONS

Details under FATCA & CRS: 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 with holding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relations thereto.

Should there by 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 (Insert FI's name) 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.

13 FATCA & CRS DECLARATION AND CERTIFICATION (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

I. FOR NON-INDIVIDUAL / ENTITY:

PAR	PART A (to be filled by Financial Institutions or Direct Reporting NFEs)										
1.	We are a, Financial institution ⁶	GIIN									
	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										
	Direct reporting NFE ⁷	sponsor's name below:									
	(please tick as appropriate)	Name of sponsoring entity									
	GIIN not available (please tick as applicable) Applied for										
	If the entity is a financial institution,	Not required to apply for - please specify 2 digits sub-category ¹⁰									
	Not obtained – Non-participating FI										
PAR	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 Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)										
	(that is, a company whose shares are regula	ly traded on an established securities market) Name of stock exchange	Name of stock exchange								
2.	Is the Entity a related entity ² of a publicly traded company Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded										
	(a company whose shares are regularly trade	d on an established securities market) Name of listed company									
		Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company									
		Name of stock exchange									
3.	Is the Entity an active ³ NFE Yes (If yes, please fill UBO declaration in the next section.)										
		Nature of Business	Nature of Business								
		Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)									
4.	Is the Entity a passive ⁴ NFE	Yes (If yes, please ?II UBO declaration in the next section.)									
	Nature of Business										
¹ Re	Refer 2a of Part D 2 Refer 2b of Part D 3 Refer 2c of Part D 4 Refer 3(ii) of Part D 6 Refer 1 of Part D Refer 3(vii) of Part D 10 Refer 1A of Part D										

II. ALL APPLICANTS:

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.

III. INDIVIDUAL / NON-INDIVIDUAL DECLARATION:

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above [" the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any stutue or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/We further confirm that the ARN holder (Broker/Sub-Broker) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme(s) has been recommended to me/us. I / We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payme

Applicable to NRIs only: I / We confirm that I am / we are Non- Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account.

IV. SIGNATURE:

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Enclosed Notarised Power of Attorney Name PAN	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details -	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Enclosed Notarised Power of Attorney Name PAN	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)

[^] Refer Instruction No. D

14 CHECKLIST

Please ensure that:

- ☐ All relevant particulars are filled in / ticked in the form
- PAN details are furnished [Refer Instruction No. D]
- ☐ KYC acknowledgement letter is enclosed [Refer Instruction No. D].
- ☐ Your investment is not less than the minimum investment amount.
- Your application is completed and signed by all applicants.
- ☐ To prevent fraudulent practices, Investors are urged to make the payment instruments (cheque / Demand draft / Pay Order etc.) favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number".
- On the reverse of the payment instrument submitted please mention the Application Number, PAN and Name of the First Applicant.