

Application Form for STP & RWP

Application No.

STP date

1st

11th

(the date of the month on which you want to do STP)

21st

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051 Toll Free: 1800 425 5600 • Fax: (022) 6772 0512 Website: <u>www.principalindia.com</u> E-mail: <u>customer@principalindia.com</u>

In case of folios held on behalf of Minor - Standing Instructions in the nature of STP & RWP will be registered only till the date of Minor attaining Majority. **DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE Broker ARN Code** Sub-Broker ARN Code Sub-Broker Code **Principal Group Employee Code** E-107715 ARN-106392 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. (Refer Instruction No. 1)
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors in the lating the register produced by the distributors. Signature of Sole/ First Applicant/ Holder including the service rendered by the distributor. EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. 2] Name of Sole / First Unit Holder REGULAR WITHDRAWAL PLAN (RWP) – Atleast 6 Withdrawals of ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any) I/We would like to enrol for RWF Scheme Plan/Option Start Month End Month (optional) ^^ **RWP Amount RWP Units** (the date of the month on No. of Installments RWP date 1st 11th 21st Monthly Quarterly Frequency Semi-annual Annual which you want to withdraw) (Atleast 6) SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC SWITCH PLAN (SSP) Atleast 6 Withdrawals of (i) ₹ 1,000/- each for all Schemes (Except Principal Personal Tax Saver Fund & Principal Tax Savings Fund) (ii) ₹ 500/- each for Principal Personal Tax Saver Fund & Principal Tax Savings Fund (Available only after the expiry of the scheme specific lock-in period) I/We would like to transfer units OR ₹ (in figures) Rupees (in words) From: | Scheme Plan Option Scheme Plan Option End Month (optional) ^^ No. of Installments (Atleast 6) Start Month

DECLARATION AND SIGNATURES

Daily Weekly Monthly

* Every Monday (Next Business Day if Monday is a non-business day)

Frequency

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 statute 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 Asset Management Pxt. Ltd. (Formerly known as Principal Pnh Asset Management Company Private Limited) [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. I/We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Schemes 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) / payment instrument is/are returned unpaid by my/our bank for any reason whatsoever. I/We hereby agree that AMC can directly credit all the dividend payouts and re

Annual

| Quarterly | | | | Semi-annual | |

^^ In case if the investor does not specify the end month the RWP/STP shall be active only upto such date that the sufficient funds are available

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 / FCNR Account.

Applicable for Micro SIP: ½We further confirm & declare that ½We do not have any existing Micro SIPs in the scheme(s) of Principal Mutual Fund which together with the current Micro SIP application will result in aggregate investments exceeding ₹50,000/-. Further, ↓We confirm that where the PAN has not been provided for any unitholder the same is on account of the fact that ↓We do not hold PAN as on date.

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name PAN	Enclosed (please ✔) PAN KYC Attach copy of PAN & KYC^)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name PAN	Enclosed (please ✔) PAN KYC Attach copy of PAN & KYC^)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name PAN	Enclosed (please ✔) PAN KYC Attach copy of PAN & KYC^)
^ Refer Instruction No.	3			

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) ARN No: EUIN: Sub-Broker ARN: Application / Folio No. Received from Application for Amount: STP RWP - From: Scheme Plan Option Signature, Stamp & Date To: Scheme Plan Option