PINEBRIDGE INVESTMENTS

SIP / MICRO SIP AUTO DEBIT (ECS) FORM

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 - Bonanza - 0186	Kindly affix your Sub Broker ARN stamp		AMFI Identity 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"

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.

1. Applicant's Details (Mandatory) KYC is mandatory for ALL investments irrespective of the amount.

Sole / First Applicant _____

Guardian/POA Holder _____

Existing Folio No. ☐☐☐☐☐☐☐☐☐☐ / ☐☐ ☐ SIP OR ☐ MICRO SIP

Scheme Name _____

Plan ☐ Standard ☐ Direct **Option** ☐ Growth* ☐ Dividend Payout ☐ Dividend Reinvestment

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

2. Systematic Investment Plan (SIP) Payment Bank Details (Source of payment from which the above investment is made/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)

SIP Date ☐ 1st / ☐ 7th* / ☐ 14th / ☐ 21st / ☐ all four dates SIP Date From M M / Y Y Y Y To M M / Y Y Y Y **

SIP Frequency (Please ✓) ☐ Monthly* / ☐ Quarterly First SIP Cheque No. ☐☐☐☐☐☐ Dated D D / M M / Y Y Y Y

Account type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR SIP Installment Amount (₹) _____

Drawn on (Bank / Branch Name) _____

Note : The first Auto Debit should be atleast 30 days after the first SIP Transaction Date

** Default Option will be applied in case of no information, ambiguity or discrepancy.* ***If no end date is specified SIP will continue for 50 years.*

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 _____

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 **Mandatory documents required:** ☐ KYC Acknowledgment Letter ☐ Third Party Declaration Form

Relationship with the Holder: ☐ Parents/Grand-Parents/related persons ☐ Employer on behalf of employee ☐ Custodian on behalf of an FII or a client

3. Declaration, Authorisation of Bank Accountholder(s) (to be signed by the Accountholder) and Signature

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 declare that I/We donot 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 understood the Terms and Conditions w.r.t. transaction charges as applicable for purchase transaction.

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

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 above-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 above bank account by ECS (Debit Clearing) for collection of SIP payments.

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)*

Dated D D / M M / Y Y Y Y

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

Recorded on D D / M M / Y Y Y Y Recorded by ☐☐☐☐☐☐

Credit A/c. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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