

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



INVESTORS SUBSCRIBING TO THE SCHEME THROUGH SIP AUTO DEBIT FACILITY TO COMPLETE THIS FORM COMPULSORILY ALONGWITH COMMON APPLICATION FORM (Refer General Guidelines 2A)

1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1)

| ARN code | Sub broker ARN code | Sub broker code (as allotted by ARN holder) | Employee Unique Identification Number (EUIIN) |
|----------------------|---------------------|---|---|
| ARN - Bonanza - 0186 | ARN - | | |

Incase the Employee Unique Identification Number (EUIIN) box has been left blank please refer point 3 related to EUIIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2. APPLICANT INFORMATION (Refer Instruction No. 2)

Application No. / Existing Folio No.

Name of Sole/1st Applicant

3. SIP DETAILS (First SIP cheque and subsequent via Auto Debit Facility in select cities only) (Refer Instruction No. 3)

Scheme Name _____ Option Growth* Dividend Bonus * Default Option

Dividend Facility Payout Re-investment (Default)

Dividend Frequency _____

SIP Frequency (Please ✓ any one) Daily[†] Monthly Quarterly

SIP Date for (Monthly / Quarterly) 1st 7th 10th 15th 25th All 5 Dates

Only for Pramerica Dynamic Asset Allocation Fund & Pramerica Large Cap Equity Fund. Facility available only through select banks. Refer Terms and Conditions - Point 3

Instalment Amount (In figures) ₹ _____

| SIP Period : (please ✓ A or B) | Please mention Enrolment Period | |
|--|---------------------------------|---------|
| <input type="checkbox"/> Till I/we instruct to discontinue the SIP (A) | From | To |
| <input type="checkbox"/> No. of Instalments (B) _____ | M M Y Y | M M Y Y |

Please refer to Instruction 3d

Please read the Scheme Information Document of the respective scheme for minimum SIP instalment, minimum SIP period and aggregate amount of investment.

DECLARATION & SIGNATURE: I/we hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/we will also inform AMC, about any changes in my/our bank account. I/we have read and agreed to the terms and conditions mentioned. I/we confirm that 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.

For investors investing in Direct Plan: I/we hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan.

Applicable to Micro Investors (Delete if not applicable): I/we hereby declare that I/we do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Please ✓ if the EUIIN space is left blank: 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.

| SIGNATURE (S) (Applicants must sign as per Common Application Form) | | | |
|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Sole/1 st Applicant/Guardian/Authorised Signatory/POA | <input checked="" type="checkbox"/> | 2 nd Applicant/Guardian/Authorised Signatory/POA |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | 3 rd Applicant/Guardian/Authorised Signatory/POA |

4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4)

Account Number _____ Mention your Core Banking System (CBS) Account Number (if applicable). Please check with your bank, if you do not have the same.

Account Type CA SB NRO NRE FCNR

Name of Sole / 1st Account Holder _____

Name of 2nd Account Holder _____

Name of 3rd Account Holder _____

Name of Bank _____

Branch & City _____ Pin _____

MICR Code (Mandatory) _____ IFSC Code _____ Mandatory to submit a cancelled cheque leaf of the bank account mentioned here. (Refer General Guidelines 2B)

(9 digit code next to the cheque no. MICR code starting and / or ending with 000 is not valid for ECS). (11 digit no. appearing on your cheque leaf)

DECLARATION & SIGNATURE: I/we hereby, authorise Pramerica Mutual Fund and its authorised service providers, to debit my/our above mentioned bank account directly or by ECS (debit clearing) for collection of SIP payments.

| SIGNATURE (S) (as in Bank records) | | | |
|---------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Sole/1 st Account Holder as in Bank Records | <input checked="" type="checkbox"/> | 2 nd Account Holder as in Bank Records |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | 3 rd Account Holder as in Bank Records |

5. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order) (Refer Instruction No. 4(e))

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)

AUTHORISATION OF THE BANK ACCOUNT HOLDER

The Branch Manager,

This is to inform you that I/we have registered for making payment towards my investments in Pramerica Mutual Fund by debit to my /our above account directly or through ECS (Debit Clearing). I/we hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this form) to get the above Mandate verified & executed. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,

| SIGNATURE (S) (as in Bank records) | | | |
|---------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Sole/1 st Account Holder as in Bank Records | <input checked="" type="checkbox"/> | 2 nd Account Holder as in Bank Records |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | 3 rd Account Holder as in Bank Records |

All sections to be completed legibly in English in Black/Blue coloured ink and in BLOCK letters.

30.08.2013