# **One Time Mandate Form**

(Including SIP registration/SIP Top up facility)
Investors must read the Key Information Memorandum and the instructions before completing this Form.



| 1. DISTRIBU   | TOR INFORMATION  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| ARN code  | RIA code   | ARN / RIA Name   |   | Sub broker ARN code   | Sub broker code **  | EUIN*  |
| ARN -2495   |  |  | =   | ARN -   | <u> </u>  | E347831  |
| Upfront commission s<br>By mentioning RIA co                            | shall be paid directly by the investor to the Ande, I/We authorize you to share my/our tra   | ox has been left blank please refer point 3 rela<br>MFI registered Distributors based on the investor<br>nsactions data feed/portfolio holdings/ NAV deta  | ors' assessment o<br>ails under Direct F  | Plan of scheme(s) managed by y  | ces rendered by the distribut<br>ou with the Investment Advis   | er.  |
| Please ✓ if the<br>or advice by the<br>manager/sales                    | e EUIN space is left blank: I/We here<br>the employee/relationship manager/sale<br>person of the distributor and the distributor   | by confirm that the EUIN box has been inte<br>es person of the above distributor or notw<br>outor has not charged any advisory fees on   | entionally left bl<br>vithstanding the<br>this transaction  | ank by me/us as this is an "e<br>advice of in-appropriatenes<br>n.  | xecution-only" transactionss, if any, provided by the   | without any interaction<br>employee/relationship   |
| 2. APPLICAN   | NTS DETAILS (MANDATOR)   | (Mandatory to submit FATCA & CRS declaratio  | on form if not subr   | mitted earlier or in case of change   | e in status.) (Refer Section  | on 2 under instructions)   |
| Sole/First Unit Ho  | older First Name   | Middle Name  |   | Last Name   | Folio No.   |  |
| 3. SIP DETA   | ILS (MANDATORY)  |  |   |   |   |  |
| New   | SIP Registration   | SIP renewal  |   | Change in OTM (fo   | or a SIP registered earlie  | er)  |
| OTM Debit Ma  | andate is already registered in the f  | olio. Please fill, Unique Mandate (UMRN)   |   |   |   |  |
| Debit Bank Name OTM Debit Ma  |  | (If selected, Section 4 to be filled in manda  | atorily)  | Account No.   |   |  |
| SchemeOption (✓)  | Growth* <b>OR</b> Payout of IDCW**   | OR Reinvestment of IDCW**  | Transfer of IDC   | \\\/** \  \  \  \  \  \  \  \  \  \  \  \  \  | Plan  |  |
| Payment Type [Plea  |  |  |   | Party Payment Declaration I   |   | *Refer Instruction No. 2)  |
| 1st Instalment Det  | ails Amt. (₹) Ch   | q/DD No Dated:D D M  | IMYYYY  | Drawn on:   | ,   | ,  |
|   | ent (Please ✓ any one)  Monthly  | Quarterly  | Second an   | d Subsequent Instalment   | Details: (All subsequen   | t instalment amounts   |
| SIP THROUG  | SH AUTO DEBIT (ECS/Direct Debit/N  | ACH)   |   | ime as the first instalment.)   | , ,   |  |
| OR  |  |  | SIP Date:   | 1 1 1   | te of the month except 29 /   | 30 / 31)   |
|   | H POST-DATED CHEQUE Second and s   | ·  | ☐ Till I/We   | instruct to discontinue the SI  | P   |  |
| •   |  | To   | Please men  | tion  |   | MMVVVV   |
| Dated   | From DDMMYYYY  | 10 DDMM11111   | Enrolment P   | Period: From  | <u> </u>  | IVI IVI Y Y Y  |
| SIP Top Up (  | Optional) - Available only for investr   | ments effected through Auto Debit.   |   |   |   |  |
| Top Up Amou   | ınt ₹ Refer Instructions   |  |   | Up Frequency Half Ye  | , _ ,   |  |
| Top Up to cor   | ntinue till SIP amount reaches^ ₹  | OR   | Top l   | Up to continue till# DDD  | M M Y Y Y Y   | (Please ✓ any one)   |
| ^ SIP Top Up will<br>*Default option if                                 | cease once the mentioned amount is not selected  | reached.   |   | s the date from which SIP To<br>EKRN required for Micro inve  |   | in a vear  |
| ommissions (in the<br>ne/us. <b>For investo</b> i<br>.pplicable to Micr | SIGNATURE: I/We hereby declare that<br>in Auto Debit. If the transaction his de<br>pout any changes in my/our bank acco<br>form of trail commission or any Other<br>rs investing in Direct Plan: I/We here<br>o Investors (Delete if not applicable<br>nts exceeding ₹ 50,000 in a year. | the particulars given above are correct and layed or not effected at all for reasons of in unt. I/We have read and agreed to the term mode), payable to him for different comperby agree that the AMC has not recommen if I/We hereby declare that I/We do not I/We hereby declare that I/We do not I/ | d express my w<br>complete or incons and condition<br>eting Schemes<br>ided or advised<br>have any existi | villingness to make payments<br>correct information. I/We woul<br>ns mentioned. I/We confirm of various Mutual Funds fro<br>me/us regarding the suitabil<br>ing Micro Investments which | s referred above to debit r<br>Id not hold the user institut<br>that the ARN Holder has on<br>m amongst which the Sch<br>ity or appropriateness of together with the curren | ny/our account directly or<br>ion responsible. I/We will<br>disclosed to me/us all the<br>leme is recommended to<br>the product/scheme/plan.<br>application will result in |
| SIGNATURE(S<br>(Applicants must signas per Common                       |  |  |   |   |   |  |
| Application Form)   | ★ Sole/1 <sup>st</sup> Applicant/Guardian/Authoris   | ed Signatory/POA 💃 2 <sup>nd</sup> Applicant/Gua   | ardian/Authorised   | d Signatory/POA 💢 3   | <sup>rd</sup> Applicant/Guardian/Author   | sed Signatory/POA  |
| 4 OTM DEP   | BIT MANDATE FORM FOR N   |  |   |   |   |  |
|   |  | ONE TIME MANDATE F   | ODM   |   |   | (*Mandatory field)   |
| PGIM India Mutual Fo  |  | For office use   | OKIVI   |   | ate* D D M M  | ( Wandatory Hold)  |
|   | Sponsor Bank Code  |  | 111   | ility Code  |   | 0027   |
| CREATE✓   |  | CITIO00PIGW  |   |   | CITI 00002000000  |  |
| MODIFYX   | I/We hereby authorize  | PGIM INDIA MUTUAL FUND   |   | to debit (Please ✓)   | SB / CA / CC / SB-NRE   | / SB-NRO / Other   |
| CANCELX   | Bank a/c number*   |  |   |   |   |  |
| With Bank*  | Name of custo  | omers bank IF:   | SC*   |   | MICR*   |  |
| an amount of R  |  | Amount in words  |   |   |   | gures  |
| FREQUENCY*  | X Mthly X Qtly X   | H-Yrly ✓ As & When presente  | ed  | DEBIT TYPE* X   | ixed Amount 🗸 🛭   | Maximum Amount   |
| Reference - 1   | Applicati  | on no. / Folio number  |   | Phone No  |   |  |
| Reference - 2   |  |  |   | Email ID  |   |  |
| PERIOD*  From D D   | X X X X X X X X X X X X X X X X X X X  | ank whom I am authorizing to debit my accoun   |   | -   |   |  |
| To D D  |  | x x Signature of first account holder  | xx Signat   | ure of second account hold  | der xx Signature of   | third account holder   |
|   | til Cancelled  | Name of first account holder*  | Name o  | of second account holder*   | Name of third   | account holder*  |

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank were I have authorized the debit.

## **GENERAL GUIDELINES**

- 1. This form should only be used by existing investors for the following:
- Registering One Time Mandate/ Systematic Investments/ Lump sum/ NACH under existing folios through Auto Debit/ Post Dated Cheques
- b) Renewal of SIP investments.
- c) Change in Bank details for Auto Debit for existing SIPs.
- 2. Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form
- PERMANENT ACCOUNT NUMBER (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account

Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.

#### 5. KNOW YOUR CUSTOMER (KYC)

KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.

- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely.
   In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of PGIM India Mutual Fund or Karvy.

## INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

#### 1. DISTRIBUTOR INFORMATION

- a) In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- Quoting of EUIN is mandatory in case of advisory transactions.
- d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- f) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / IDCW Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, IDCW Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under IDCW Transfer Plans.
- g) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ARN-14/12-13 dated July 13, 2012.

#### 2. APPLICANT'S DETAILS:

- a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
- b) Please provide us with CKYC form for you to comply with the revised KYC requirements. For more details, please visit our website http://www.pgimindiamf.com and download the CKYC form.

## Renaming of Dividend options:

Investors are requested to note that pursuant to SEBI circular no. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 05, 2020, the 'Dividend options' under all the existing schemes of PGIM India Mutual Fund ('the Mutual Fund') shall be renamed as follows with effect from April 1, 2021.

| Option/facility              | Name   |  |
|------------------------------|--|--|
| Dividend Payout              | Payout of Income Distribution cum Capital Withdrawal option (IDCW)       |  |
| Dividend Re-investment       | Reinvestment of Income Distribution cum Capital Withdrawal option (IDCW) |  |
| Dividend Transfer/Sweep Plan | Transfer/Sweep of Income Distribution cum Capital Withdrawal plan (IDCW) |  |

Investors are requested to note that the above changes are changes in the disclosure requirements. There is no change in the current manner of calculation and distribution of dividend. Whenever distributable surplus will be distributed, a clear segregation between income distribution (appreciation on NAV) and capital distribution (Equalization Reserve) shall be suitably disclosed in the Consolidated Account Statement provided to investors.

## 3. SIP DETAILS:

- a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "PGIM India Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
- d) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:

- · Minimum amount per instalment
- Minimum number of instalments
- Aggregate investment via SIP
- e) Please furnish/indicate the below mentioned details with respect to your systematic investment
  - i) Scheme/Plan/Option and IDCW Frequency, where applicable.
  - ii) SIP Instalment Amount
  - iii) SIP Frequency Monthly or Quarterly. Please tick the appropriate option.
  - iv) SIP Dates (Monthly/Quarterly) All dates available of the month except 29/30/31.
  - v) SIP Instalment Requirement:

| SIP (All open ended schemes except PGIM India Long Term Equity Fund) |                   |                 |                              |  |  |  |
|--|-------------------|-----------------|------------------------------|--|--|--|
| Frequency  | Min Amount<br>Rs. | Multiple of Rs. | Min Number of<br>Instalments |  |  |  |
| Monthly & Quarterly  | 1000              | 1               | 5                            |  |  |  |

| SIP - PGIM India Long Term Equity Fund |                   |                 |                              |  |  |  |
|--|-------------------|-----------------|------------------------------|--|--|--|
| Frequency                              | Min Amount<br>Rs. | Multiple of Rs. | Min Number of<br>Instalments |  |  |  |
| Monthly                                | 500               | 500             | 12                           |  |  |  |
| Worlding                               | 1000 and above    | 500             | 6                            |  |  |  |
| Quarterly                              | 1000              | 500             | 6                            |  |  |  |

- vi) Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
- If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
- f) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).

## SIP TOP UP INSTRUCTIONS (Optional):

This sections is to be filled only if the investor wish to increase the SIP amount on half yearly/ yearly basis by pre-decided incremented amount.

- SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
- The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly SIP: Rs. 100/- and in multiples of Re.1/- thereof.

Quarterly SIP: Rs. 100/- and in multiples of Re. 1/- thereof.

- For PGIM India Long Term Equity Fund the minimum amount of increase under SIP Fixed Amount should be Rs. 500/- and in multiples of Rs. 500/- for monthly and Rs. 1000/- and in multiples of Rs. 500/- for quarterly frequency.
- SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly
  and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency
  is not indicated under Monthly SIP, it will be considered as half yearly.
- b. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme h. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- c Payments made by Cash/Money Order/Postal Order, Non- MICR cheque, outstation cheques are not accepted.
- for detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.pgimindiamf.com and also refer to scheme related documents.

# ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

- One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided by the investor in the OTM mandate.
  - This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.
  - To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- 4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional

- Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of PGIM India Mutual Fund.
- 6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 7. Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund
- 8. Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words.
   The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- 2. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- 14. PGIMIMF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.