

SIP AUTO DEBIT FACILITY REGISTRATION CUM MANDATE FORM



Pramerica
MUTUAL FUND

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

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

| 1. DISTRIBUTOR INFORMATION (Refer Instruction No. 1) | | FOR OFFICE USE ONLY | |
|--|------------------------|---------------------------|-----------------------------|
| Distributor Code | Sub Broker Code | Branch Serial Code | Registrar Serial No. |
| ARN - | | | |
| 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. | | | |

| 2. APPLICANT INFORMATION (Refer Instruction No. 2A) | |
|---|--|
| 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 <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend * Default Option | | | | | | |
| Dividend Facility <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment (Default) | Dividend Frequency _____ | | | | | | |
| SIP Frequency (Please ✓ any one) <input type="checkbox"/> Daily [#] <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | SIP Date for (Mnthly / Qtrly) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All 5 Dates | | | | | | |
| <small># Only for Pramerica Dynamic Fund & Pramerica Equity Fund. Facility available only through select banks. Refer instructions Terms and Conditions - Point 3b</small> | | | | | | | |
| Instalment Amount (In figures) _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">SIP Period : (please ✓ A or B)</td> </tr> <tr> <td><input type="checkbox"/> Till I/we instruct to discontinue the SIP (A)</td> <td>Please mention Enrolment Period if option (B) is selected</td> </tr> <tr> <td><input type="checkbox"/> No. of Instalments (B) _____</td> <td>From _____ To _____</td> </tr> </table> | SIP Period : (please ✓ A or B) | | <input type="checkbox"/> Till I/we instruct to discontinue the SIP (A) | Please mention Enrolment Period if option (B) is selected | <input type="checkbox"/> No. of Instalments (B) _____ | From _____ To _____ |
| SIP Period : (please ✓ A or B) | | | | | | | |
| <input type="checkbox"/> Till I/we instruct to discontinue the SIP (A) | Please mention Enrolment Period if option (B) is selected | | | | | | |
| <input type="checkbox"/> No. of Instalments (B) _____ | From _____ To _____ | | | | | | |
| <small>Please refer to instruction 3d</small> | | | | | | | |

*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 overleaf. 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.

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

| | | | |
|--|--|---|---|
| SIGNATURE (S) <small>(Applicants must sign as per Common Application Form)</small> | <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"/> 3 rd Applicant/Guardian/Authorised Signatory/POA |
|--|--|---|---|

| 4. PARTICULARS OF BANK ACCOUNT (MANDATORY) (Refer Instruction No. 4) | |
|---|---|
| Account Number _____ | <small>Mention your Core Banking System (CBS) Account Number (if applicable). Please check with your bank, if you do not have the same.</small> |
| Account Type <input type="checkbox"/> CA <input type="checkbox"/> SB <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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 _____ |
| <small>(9 digit code next to the cheque no. MICR code starting and / or ending with 000 is not valid for ECS).</small> | <small>(11 digit no. appearing on your cheque leaf)</small> |
| <small>Mandatory to submit a cancelled cheque leaf of the bank account mentioned here. (Refer General Guidelines 2B)</small> | |

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) <small>(as in Bank records)</small> | <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"/> 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) <small>(as in Bank records)</small> | <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"/> 3 rd Account Holder as in Bank Records |
|---|--|---|---|

GENERAL GUIDELINES

1. This form should be used only for Registration of SIP through Auto Debit (ECS/Direct Debit) facility.
2. A. Applicants need to fill in this form together with the Common Application Form, for the purpose of availing the facility of Systematic Investments through Auto Debit (ECS/Direct Debit) facility. Existing investors to provide only the 'SIP Auto Debit Facility Registration cum Mandate Form'.
B. Existing investors to provide cancelled cheque leaf only if the bank account details provided in Section 4 of the 'SIP Auto Debit Facility Registration cum Mandate Form' are different from the bank account details already registered in the folio for remitting redemption proceeds/dividend amount OR are different from the bank account from which auto debits are already happening for an SIP registered in the past.
3. Please read the terms and conditions for SIP in Key Information Memorandum.
4. Please furnish all information marked as 'MANDATORY' in the form. In the absence of any mandatory information, your application for investment would be rejected.
5. Please refer the 'INSTRUCTIONS' below. This will help you fill in the necessary details in the form correctly and completely.
6. **SIGNATURES:** This form needs to be signed at three places marked X and XX. Please sign the forms as per instructions below.
 - a. × To be signed by Applicants for SIP investment in the same order in which the Common Application Form is signed.
 - b. ×× To be signed by Bank Account Holders in the order in which the Bank Account is held and the manner in which their signatures appear in the Bank records.

INSTRUCTIONS

1. **Distributor Information**
Please mention "Direct" in case the application is not routed through any distributor.
2. **Applicant Information**
Please mention the Common Application Form number / existing folio number and furnish the name of sole/1st applicant as it appears in the Common Application Form.
3. **SIP Details**
Please furnish the following details with respect to your systematic investment:
 - a. **Scheme Details** - Scheme Name, Scheme Plan and Option. (If the Scheme details indicated in the Auto Debit Facility form materially vary from the Scheme details indicated in the Common Application Form, the Scheme details mentioned in the Common Application Form would be considered).
 - b. **SIP Frequency** - Daily, Monthly or Quarterly. Please tick the appropriate option. **Daily frequency is offered only through Direct Debit bank meeting the requirements specified in the Terms & Conditions section - point 3.**
 - c. **SIP Dates (Monthly/Quarterly)** - 1st, 7th, 10th, 15th and 25th of every month or quarter. You also have a choice to have SIP instalments on all 5 dates by ticking the appropriate box provided for all 5 dates.
 - d. **SIP Instalment Requirement**
Daily (Only for Pramerica Dynamic Fund and Pramerica Equity Fund) SIP minimum instalment amount: ₹ 500/-, Minimum number of instalments: 10
Quarterly & Monthly (For All schemes) SIP minimum instalment amount: ₹ 1,000/-, Minimum number of instalments: 5 (10 Instalments for PLF)
 - e. **SIP Auto Debit Enrollment Period** - Please mention the Auto Debit Enrollment commencement date and end date. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option - where you specify only the From Date - and can discontinue your SIP by writing to us. Please note if the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Auto Debit Registration Form materially vary from the SIP Dates, SIP Instalment Amount and the SIP Auto Debit Period indicated in the Common Application Form, the details contained in the Auto Debit Registration Form would be considered for enrolment.
4. **Particulars of Bank Account**
 - a. Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicants' Personal Details" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided. Please refer to point 10 of Terms & Conditions for Auto Debit Facility Form.
 - b. Please mention names of all bank account holders. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked ×× in the same order and manner in which their signatures appear on bank records.
 - c. Please indicate the Bank Account Type.
 - d. **It is mandatory to furnish the 9 Digit MICR Code of your Bank in this section.** This is the number appearing next to the cheque number on the MICR band at the bottom of the cheque. **In the absence of this information, your SIP Application would be rejected. Please note MICR code starting and / or ending with 000 is not valid for ECS.**
 - e. Please provide either a cancelled cheque leaf (or copy thereof) of the bank account from which the Auto Debit is to be effected or the Banker's attestation (in Section 5 of the Auto Debit Registration Form in case the first SIP Instalment is through a DD or a Pay Order). This would help us cross-verify your bank details appearing in the cheque with the bank details furnished in this form and let you know of discrepancies, if any, for early corrective action.
5. The SIP enrolment will be discontinued if (a) 3 consecutive SIP instalments in case of daily, monthly & quarterly frequency are not honoured, b) the Bank Account (for standing instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 21 days before the next SIP Auto Debit instalment due date or if written request for cancellation is submitted by you at least 21 days before the due date.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

1. SIP Auto Debit is available through ECS or Direct Debit Facility. This Facility is offered to you using Reserve Bank of India's (RBI) Electronic Clearing Service (Debit Clearing Facility). By opting for this facility you agree to abide by the terms and conditions subject to which this facility is offered by RBI.
2. **ECS**
The SIP ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
Agra • Ahmedabad • Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman • Baroda • Belgaum • Bhavnagar • Bhillwara • Bhopal • Bhubaneswar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hasan • Hubli • Hyderabad • Imphal • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolhapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shillong • Shimla • Shimoga • Sholapur • Siliguri • Surat • Tirunelveli • Tirupati • Tiruppur • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udupi • Varanasi • Vijaywada • Vizag
The cities listed above may be modified/ removed at any time purely at the discretion of Pramerica Mutual Fund without assigning any reason or prior notice.
Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.
3. **Direct Debit**
Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.
Direct Debit banks with Core Banking Account Number Length
Allahabad Bank - 11 • Axis Bank - 15 • Bank of Baroda - 14 • Bank of India - 15 • Citi Bank - 10 • Federal Bank - 14 • IDBI Bank - 16 • IndusInd Bank - 13 • ING Vysya Bank - 12 • Kotak Bank - 14 • Panjab National Bank - 16 • State Bank of India - 11 • UCO Bank - 14 • Union Bank of India - 15 • Corporation Bank - 14 - (Not fixed but should accompany with copy of the bank passbook)
4. **Please note that SIP Daily frequency is only available to investors providing the SIP Debit mandate of Direct Debit banks with Core banking account numbers.**
In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. Pramerica Mutual Fund (PMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
5. The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 21 days for ECS setup & of at least 15 days in case of Direct Debit and indicate the correct SIP Auto Debit commencement date. Please refer to point 3 in instructions.
6. For cancellation of the Auto Debit (ECS/Direct Debit) Facility, you need to give a notice 21 days in advance to the AMC or its Registrars.
7. You will not hold Pramerica Mutual Fund (PMF)/ Pramerica Asset Managers Private Limited (PAMPL) / Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of RBI's ECS/local holidays.
8. PMF/PAMPL reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
9. PMF/PAMPL/Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred / suffered by you as a result of use of this facility.
10. As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.

AUTO DEBIT FACILITY FORM- CHECKLIST

| | | |
|--|---|--|
| ✓ Applicant's Information | <input type="checkbox"/> Application Form No. | <input type="checkbox"/> Name of Sole/1 st Applicant |
| ✓ Scheme Details | <input type="checkbox"/> Scheme | <input type="checkbox"/> Option <input type="checkbox"/> Dividend Facility <input type="checkbox"/> Dividend Frequency (if applicable) |
| ✓ SIP Details | <input type="checkbox"/> SIP Instalment Amount | <input type="checkbox"/> Preferred SIP Date <input type="checkbox"/> SIP Auto Debit Period |
| ✓ Bank Account Details | <input type="checkbox"/> Name of Sole/1 st Bank A/c Holder | <input type="checkbox"/> Bank A/c No. (CBS A/c, wherever applicable) |
| ✓ MICR code | <input type="checkbox"/> Cancelled Cheque leaf/Copy of Cheque leaf is attached. | |
| ✓ Banker's attestation in Section 5 where the payment for first instalment is through a Demand Draft or Pay Order. | | |
| ✓ Third Party Declaration Form, in case of third party payment. | | |
| ✓ Banker's certificate in case of first instalment through a Demand draft. | | |
| ✓ All Bank Account Holders have signed the Form at the places marked "××" in the same order and manner in which their signatures appear on Bank Records. | | |