

Principal®**Mutual
Funds**

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Application Form for SIP, STP & SWP**FOR EXISTING UNIT HOLDERS ONLY**

Application No. _____

In case of folios held on behalf of Minor - Standing Instructions in the nature of SIP, SWP & STP will be registered only till the date of Minor attaining Majority.

Please read the instructions before filling the Application Form**DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE**

Broker ARN Code	Sub-Broker ARN Code	EUIN	Sub-Broker Code	Principal Group Employee Code

☐ 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. 3)

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

Signature of Sole/ First Applicant/ Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. 12]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓ one of the options:- ☐ First time Mutual Fund Investor ☐ Existing Investor]
(Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor for the purpose of deducting Transaction Charges)

In case the total commitment for SIP (i.e. amount per SIP installment x No. of installments) amounts to ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor in 3-4 installments. Units will be issued against the balance amount invested.

1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. 1]

Common Account / Folio No. _____

Name of Sole / First Unit Holder _____

2 FIRST SIP PAYMENT DETAILS FOR INVESTMENT THROUGH - ☐ PDC ☐ Auto Debit (ECS) ☐ SI (Please ✓ choice of payment option selected)

(i) Investment Amount (₹) _____ (ii) DD Charges (₹) _____ Net Amount (₹) (i)+(ii) _____

Mode of Payment (Please ✓) ☐ Cheque ☐ DD# _____ *First SIP Cheque/DD No. _____ (Note: DD is acceptable only for investment through Auto Debit / SI)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ NRSR ☐ Others _____ MICR Code _____ This is a 9 digit number next to your Cheque No.

Cheque issued from Bank A/c No. _____ Name of 1st Bank A/c holder _____

Bank Name _____ Name of 2nd Bank A/c holder _____

Branch & City _____ Pin code _____ Name of 3rd Bank A/c holder _____

Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]

☐ Parent/Grand Parent/related person (Not to exceed ₹ 50,000): _____ Name _____
☐ Employer: _____ Name _____ ☐ Custodian: _____ Name _____

Enclose both the following Documents

- KYC Acknowledgement Letter of the Payer
- Joint Declaration

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the payment instrument.

In case of payment through DD/Pay order (relevant only for investment through Auto Debit / SI) it is mandatory to enclose Declaration / Acknowledgement from Bank.

3 REGISTRATION FOR SIP THROUGH POST DATED CHEQUES [(Please ✓) ☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank A/c.]**Equity / Balanced & Fund of Funds Schemes**

☐ Principal Large Cap Fund ☐ Principal Growth Fund ☐ Principal SMART Equity Fund ☐ Direct Plan+ ☐ Growth
☐ Principal Emerging Bluechip Fund ☐ Principal Index Fund ☐ Principal Balanced Fund ☐ Regular Plan ☐ Dividend
☐ Principal Global Opportunities Fund ☐ Principal Dividend Yield Fund ☐ Payout ☐ Reinvest ☐ Sweep

☐ Principal Retail Equity Savings Fund# ☐ Direct Plan+ ☐ Regular Plan ☐ Growth

ELSS ☐ Principal Personal Tax Saver Fund ☐ Direct Plan+ ☐ Regular Plan

Debt / Liquid Schemes

☐ Principal Government Securities Fund ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Dividend - ☐ Payout ☐ Reinvest ☐ Sweep
☐ Principal Income Fund - Long Term Plan ☐ Quarterly ☐ Annual

☐ Principal Debt Opportunities Fund - Conservative Plan ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Dividend
Dividend Frequency / Facility - ☐ Daily ☐ Weekly - ☐ Reinvest
☐ Monthly - ☐ Payout ☐ Reinvest ☐ Sweep

☐ Principal Retail Money Manager Fund ** ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Dividend (Monthly) ☐ Reinvest

☐ Principal Debt Opportunities Fund - Corporate Bond Plan ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Dividend - ☐ Payout ☐ Reinvest ☐ Sweep
☐ Principal Bank CD Fund ☐ Principal Income Fund - Short Term Plan ☐ Monthly ☐ Dividend Frequency - ☐ Monthly

☐ Principal Debt Savings Fund ☐ Monthly Income Plan ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Accumulation ☐ AEP ☐ Dividend ☐ Monthly ☐ Quarterly - ☐ Payout ☐ Reinvest ☐ Sweep
☐ Retail Plan# ☐ Direct Plan+ ☐ Regular Plan ☐ Growth ☐ Accumulation ☐ AEP

#Subscriptions is restricted only for individual investors (including HUFs, Association of Persons & where an individual is an ultimate beneficiary).

+ Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. 12]

* SIP not available

Sweep to Scheme _____ Plan _____ Option _____ (In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

2nd and subsequent Installments: No. of Cheques _____ {Atleast 6** Ind. first installment} Amount Per Cheque ₹ _____ Total Amount ₹ _____

Frequency ☐ Monthly ☐ Quarterly #2nd and subsequent installment Cheque Nos. _____ From _____ To _____

Second and subsequent installment month _____ SIP Date ☐ 1st ☐ 5th ☐ 15th ☐ 25th (the date on which you want to invest)

** Cheques to be dated as per the SIP date selected # Cheque should be drawn from the same Bank A/c. as mentioned in the First SIP Payment Details section.

Investors who wish to invest through Auto Debit (ECS) OR through Standing Instructions - please fill section 8 OR 9 respectively. Either Auto Debit (ECS) OR Standing Instructions can be selected. ... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: _____

Sub-Broker ARN: _____

EUIN: _____

Application No. _____

Received from _____ Folio No. _____ Application for _____

☐ SIP through ☐ PDC ☐ Auto Debit (ECS) ☐ SI Scheme / Plan / Option _____

Amount. _____

Cheque/DD No. _____ Dated _____ Drawn on Bank & Branch _____

☐ STP ☐ SWP - From: Scheme _____ Plan _____ Option _____
To: Scheme _____ Plan _____ Option _____

Signature, Stamp & Date

We would like to enrol for SWP Scheme

Plan/Option

Start Month End Month (optional) ^^ SWP Amount SWP Units

SWP date ☐ 1st ☐ 11th ☐ 21st (the date of the month on which you want to withdraw) No. of Installments (Atleast 6) Frequency ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

I/We would like to transfer units OR ₹ (in figures) Rupees (in words)

From : Scheme Plan Option

To : Scheme Plan Option

Start Month End Month (optional) ^^ No. of Installments (Atleast 6)

Frequency ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual STP date ☐ 1st ☐ 11th ☐ 21st (the date of the month on which you want to do STP)

6 ASSIGNMENT CLAUSE (Relevant for resident applicant of the Principal Personal Tax Saver Fund)

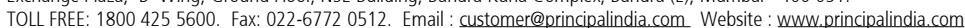
Minor's Relationship _____

It is compulsory for the applicants to furnish details of the assignee for this insurance cover in the space provided for in the application form. Investor may not get covered under insurance if the assignee is not appointed.

[Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserves the right to seek further information/documents for verification purpose]

SIGNATURES	Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE				POA HOLDER SIGNATURE			
	POA Details - Name								
	PAN								
	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)								
	Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE				POA HOLDER SIGNATURE			
	POA Details - Name								
PAN									
Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)									
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE				POA HOLDER SIGNATURE				
POA Details - Name									
PAN									
Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC (Attach copy of PAN & KYC^)									

Applicable for Micro SIP: I/We further confirm & declare that I/We 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, I/We confirm that where the PAN has not been provided for any unitholder the same is on account of the fact that I/We do not hold PAN as on date.



CHECK LIST : Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued by KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument. • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "**Name of the Scheme A/c. First Investor Name**" OR "**Name of the Scheme A/c. Permanent Account Number**" OR "**Name of the Scheme A/c. Folio Number**" and the same should be crossed "**Account Payee Only**". • If you are investing for the first time, please ensure that you fill in the contact details for you to serve you better.

10 SIP AUTO DEBIT - REGISTRATION-CUM-MANDATE FORM FOR ECS (Please note that a minimum 30 days are required to set up Auto Debit)

(Please ✓) <input type="checkbox"/> New SIP Registration <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Bank A/c.		Folio No.		Application No.
Broker ARN Code:		Sub-Broker Code:	EUIN	Sub-Broker Code
Scheme			Plan	Option
I / We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein:				
Bank A/c. No.		A/c. Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others		
Bank Name		Branch & City		Pin code
Name of 1st Bank A/c holder		MICR Code <small>This is a 9 digit number next to your Cheque No.</small>		
Name of 2nd Bank A/c holder		Mandatory Enclosure - <input type="checkbox"/> Blank Cancelled Cheque <input type="checkbox"/> Copy of Cheque		
Name of 3rd Bank A/c holder		<input type="checkbox"/> Copy of Pass Book		
Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]				Enclose both the following Documents
<input type="checkbox"/> Parent/Grand Parent/related person (Not to exceed ₹ 50,000): <small>Name</small>				• KYC Acknowledgement Letter of the Payer
<input type="checkbox"/> Employer: <small>Name</small> <input type="checkbox"/> Custodian: <small>Name</small>				• Joint Declaration
Each SIP Installment Amount (₹)		SIP Start Date <small>D D M M Y Y Y Y</small>	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	No. of Installment (Atleast 6 Ind. first installment)
SIP Period <small>Start From (2nd instalment) M M Y Y End on (Last instalment) M M Y Y</small>	Second and subsequent installment dates <small>(the date on which you want to invest for subsequent period)</small>		<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th	
I/We herein declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS. In case the cheques/ my/our instructions to the Bank are dishonoured or cannot be acted upon, then in such an event the Bank, the AMC and Principal Mutual Fund shall not be held responsible.				
Signature of 1st Holder/POA Holder/Guardian		Signature of 2nd Holder/POA Holder		Signature of 3rd Holder/POA Holder
Please note Signature(s) should be as it appears on the application form and in the same order. In case, Mode of Holding is joint, all applicants are requested to sign.				
Date <small>D D M M Y Y Y Y</small>		(Bank's Stamp)		Signature of the Authorised Official from the Bank

FOR BANK USE ONLY (Not to be filled in by Applicant)				
Recorded on <small>D D M M Y Y Y Y</small>	Customer Ref. No.	Recorded by		
Scheme Code	Credit A/c. No.	Bank use		
		Mandate Ref. No.		

AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by all the Account Holder(s)]				
I/We hereby authorise the bank to debit my / our account for making payment to Principal Mutual Fund through ECS (Debit) as per the details given herein. I/We have read the relevant Scheme Information Document and Statement of Additional Information and agree to discharge the responsibility expected of me/us as a participant under the concerning scheme(s). I/We will also inform Principal Mutual Fund, about any changes in my/our bank account.				
Further this is to inform you that, I / we have registered with the RBI's Electronic Clearing Service and that the payment towards my investment in Principal Mutual Fund shall be made from my/our within bank account with your bank.				
I/We authorise the representative carrying this ECS Mandate Form to get it verified & executed, if necessary. The verification charges, if any, may be debited from my/our account. I/We hereby further authorise Principal Mutual Fund, acting through their authorised service providers to debit my / our bank account by ECS (Debit Clearing) for collection of SIP payments.				
1st Account Holder's Signature (As in Bank Records)		2nd Account Holder's Signature (As in Bank Records)		3rd Account Holder's Signature (As in Bank Records)
				Bank Account Number
Investors can opt either Auto Debit (ECS) OR Standing Instructions.				

11 SIP - DIRECT DEBIT / STANDING INSTRUCTION (SI) FORM				
(Please ✓) <input type="checkbox"/> New SIP Registration <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Bank A/c.		Folio No.		Application No.
Broker ARN Code:		Sub-Broker Code:	EUIN	Sub-Broker Code
<input type="checkbox"/> Axis Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> ICICI Bank <input type="checkbox"/> IDBI Bank <input type="checkbox"/> Indus Ind Bank <input type="checkbox"/> Kotak Mahindra Bank				
<input type="checkbox"/> Punjab National Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Corporation Bank <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Allahabad Bank <input type="text" value="Branch"/>				
(please select [✓] your concerning Bank & mention the Branch)				

Sub. : Request for maintaining of a Direct Debit / Standing Instruction (SI) for SIP with Principal Mutual Fund

I/We, NAME OF FIRST UNITHOLDER, hereby authorise you to deduct on a monthly / quarterly basis (as a Direct Debit / SI) from my / our A/c. No. (hereinafter referred as "funding account") for ₹ IN FIGURES (₹ IN WORDS) only

and remit the same to Principal Mutual Fund as per the details given below:

Name of Scheme/Plan/Option	:			
Direct Debit / SI Date	:	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th	Frequency : <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	No. of Installment (Atleast 6) <input type="text"/>
Start Date	:	<small>D D M M Y Y Y Y</small>	End Date <small>D D M M Y Y Y Y</small>	(All Dates to be mentioned in DD/MM/YYYY format only)
Account Type (Please ✓)	:	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others		
Bank Account Number	:	MICR Code** <small>This is a 9 digit number next to your Cheque No.</small>		
Name of the 1st Bank Account Holder		Name of the 2nd Bank Account Holder		Name of the 3rd Bank Account Holder
Details of the Payer (In case, the First Unitholder is not a Bank A/c. holder from where the payment is being made) [Refer Instruction No. 7]				Enclose both the following Documents
<input type="checkbox"/> Parent/Grand Parent/related person: <small>Name</small>				• KYC Acknowledgement Letter of the Payer
<input type="checkbox"/> Employer: <small>Name</small> <input type="checkbox"/> Custodian: <small>Name</small>				• Joint Declaration

** Please provide the MICR Code of the bank branch from where the ECS is to be effected. **MICR Codes starting or ending with 000 are not valid for ECS.**

I/We understand that the Debit to my / our account will take place at any time on the transaction day (Cycle date) and accordingly I/We undertake to keep sufficient funds in the funding account on the date of execution of Direct Debit / SI. I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Principal Pnb Asset Management Company / Principal Mutual Fund or the Bank responsible. I/We understand that if the date of debit to my/ our account happens to be a non Business Day as per the Principal Mutual Fund, allotment of units will happen on the following business day as per the Terms and Conditions listed in the Scheme Information Document of respective Scheme(s) of Principal Mutual Fund. Mandate verification charges, if any, may be debited from my/our account. The above referred Bank(s) shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above referred Bank(s) reasonable control and which has the effect of preventing the performance of the contract by the above referred Bank(s).

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)
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FOR BRANCH USE ONLY (TO BE RETURNED TO PRINCIPAL MUTUAL FUND)			
Signature Verified by		Approved by BM	
For CPU Use only:		Maintained by	
Maintained on		Account Number	
Name of the A/c Holder			
Direct Debit / SI Start Date	Direct Debit / SI End Date	Next Direct Debit / SI Date	Amount