

APPLICATION FORM FOR LUMP SUM AND/OR SIP INVESTMENTS

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS ONLY. PLEASE READ THE INSTRUCTIONS BEFORE FILLING THE APPLICATION FORM

Broker ARN/RIA Code [^]	Sub-Broker ARN Code	EUIN	Sub-Broker Code	APPLICATION NO.
ARN- ARN-3086				

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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. (Ref Instruction No. G). 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. * By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions.

Sole / First Applicant's Signature (Mandatory)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Refer Instruction No. B 14)

I am a First Time Investor in Mutual Fund Industry I am an Existing Investor in Mutual Fund Industry

1A FIRST APPLICANT'S DETAILS (Ref instruction B. All fields are mandatory) Existing Unit Holder (Fill & skip to section 5) Folio No. _____

Name of First Applicant (As in PAN / KYC/ Aadhaar) _____

City & Country of Birth City _____ Country _____ Date of birth (Proof in case of minor) D D M M Y Y Gender Male Female

PAN/PEKRN _____ KIN^^ _____ CKYC / KYC Form / Acknowledgement Copy

Mobile No. _____

Email ID _____

On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. In case email id is not provided, abridged summary of scheme wise annual report shall be sent to only those unit holders who specifically request to receive the same in the physical form. (Refer instruction no B 15)

Correspondence Address (Please note: Address will be replaced as per KYC records) _____

State _____ Country _____ Pin Code _____ City _____

Are you a tax resident of any country other than India? Yes No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

Overseas address (For FIs/NRIs/PIOs) (Ref B 5) _____

Name of the Guardian (in case of minor) / POA (Contact person for non individuals / POA holder name) PAN (Guardian / POA) _____

City & Country of Birth City _____ Country _____ Date of Birth (Guardian / POA) D D M M Y Y Gender Male Female

PAN/PEKRN _____ KIN^^ _____ CKYC / KYC Form / Acknowledgement Copy

Are you a tax resident of any country other than India? Yes No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

For Investments "On behalf of Minor" (Refer B 11) Birth Certificate School Certificate Passport Other Specify Guardian named above is Father Mother Court Appointed

1B JOINT APPLICANT'S DETAILS (All fields are mandatory) Mode of operation Single Joint (Default option) Either or Survivor(s)

Name of Second Applicant (As in PAN / KYC/ Aadhaar) _____

City & Country of Birth City _____ Country _____ Date of birth (Proof in case of minor) D D M M Y Y Gender Male Female

PAN/PEKRN _____ KIN^^ _____ CKYC / KYC Form / Acknowledgement Copy

Are you a tax resident of any country other than India? Yes No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

Name of Third Applicant (As in PAN / KYC/ Aadhaar) _____

City & Country of Birth City _____ Country _____ Date of birth (Proof in case of minor) D D M M Y Y Gender Male Female

PAN/PEKRN _____ KIN^^ _____ CKYC / KYC Form / Acknowledgement Copy

Are you a tax resident of any country other than India? Yes No (If yes, fill and attach FATCA & CRS individual form available at www.principalindia.com)

^^ For CKYC provide 14 digit KYC Identification Number (KIN).

2 KYC/ FATCA DETAILS (All fields are mandatory, Please tick or specify. Ref Instruction D & I)

Details of	Occupation Details										Politically Exposed Person (PEP) Details			
	Private Sector	Public Sector	Gov. Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Proprietorship	Others	Is a PEP	Related to PEP	Not Applicable
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorised Signatories/ Promoters/ Partners/ Karta/ Whole-time Directors / Trustee

Details of	Gross Annual Income Range (₹)						Status Details									
	< 1L	1-5L	5-10L	10-25L	25L-1C	> 1C	*Or Networth in ₹	Resident Individual	NRI / PIO / NRO	Sole Proprietorship	Minor through Guardian	Non Individual			Others	
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> HUF	Is the entity involved in any of the following:			Specify
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Partnership <input type="checkbox"/> Society <input type="checkbox"/> Trust	Foreign Exchange/ Money Changer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI/FII/FPI <input type="checkbox"/> NPO	Gaming/ Gambling/ Lottery (casinos, betting syndicates)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	as on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> LLP	Money Lending/ Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify	

*Mandatory for Non Individual. Not older than 1 year

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

From _____ Date D D M M Y Y

1	Scheme	Plan/Option	Amount
2	Scheme	Plan/Option	Amount
3	Scheme	Plan/Option	Amount

Stamp & Signature

3 BANK DETAILS FOR PAY-OUT (Mandatory. Refer C and avail of Multiple Bank Registration Facility. Please attach cancelled cheque copy.)

Bank Name

Bank A/c No. Type Savings Current NRO NRE FCNR NRSR Others Specify

Branch Name City Pin

IFSC / NEFT Code (11 digit)* MICR Code (9 digit)* *Mentioned on your cheque leaf

4 PAYMENT DETAILS (Applicable for both lumpsum & SIP investment)

Payment Account Non Third Party Payment Third Party Payment (Please attach declaration form available at www.principalindia.com)

Payment mode	Instrument/ Reference No.	Amount (₹)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT		DD Charges (if any)	Bank & Branch	<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer				<input type="checkbox"/> NRO
				<input type="checkbox"/> NRE

5 INVESTMENT DETAILS (In case of discrepancy, Default plan/option will be applied) Ref Instruction A, B & C

i-Name Give a name to your goal Goal Value (₹) Track the progress of your goals through account statements easily

5A - INVESTMENT TYPE ONLY LUMPSUM (Fill 5A) ONLY SIP* LUMPSUM & SIP* *Fill 5A, B and attach SIP Auto Debit/ NACH form

3-in-1 Invest in upto 3 schemes with a single cheque.

Scheme Names	Plan		Option		Sub Option			Dividend Frequency (if applicable)	Amount in figure (₹)
	Regular	Direct	Dividend	Growth	Payout	Reinvest	Sweep	Tick any one*	
1. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	Lumpsum
2. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	
3. Principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> HY <input type="checkbox"/> A	
Total (Amount in words)									
Dividend Sweep into	Scheme	Plan						Option	
	Scheme	Plan						Option	
	Scheme	Plan						Option	

*D-Daily, W-Weekly, M-Monthly, Q-Quarterly, HY-Half Yearly & A-Annual

5B - SIP REGISTRATION DETAILS

My Date* Choose your favourite day

SIP DETAILS (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point A)

Scheme No.	SIP Amount (₹) (Minimum amount ₹ 500/ 2,000. Refer KIM)	SIP Date(s)* (*Default date 10th)	SIP Frequency	Start Date	End Date	Perpetual
1.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
2.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
3.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	MM / YY	MM / YY	<input type="checkbox"/>
Total (Amount in words)						

Perpetual No hassle to Renew your SIPs

A better way to plan for your dreams **SUPER SIP**

Booster* Meet your life goals faster

Pause Why Stop when you can Pause?

TOP-UP DETAILS (Applicable to scheme number mentioned in table 5A. Refer SIP instructions point B)						PAUSE DETAILS (Applicable to scheme number mentioned in 5A table. Refer SIP instructions point C)		
Scheme No.	Top up Amount (Min. ₹ 500 & Multiple of ₹1/-)	Frequency (HY-Half Yearly Y-Yearly (Default))	Top Up Start Month/Year	Cap Month/Year	Cap Amount	SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
1.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY		D D	MM / YY	MM / YY
2.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY		D D	MM / YY	MM / YY
3.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY		D D	MM / YY	MM / YY

QUICK CHECKLIST

- KYC acknowledgement letter (Compulsory for MICRO Investments)
- Self attested PAN card
- Email ID and mobile number provided for regular updates
- Plan/ Option/ Sub Option name mentioned along with scheme name
- SIP Auto Debit/ NACH form is filled & attached for SIP investments
- Relationship proof between Guardian and Minor (if application is in the name of a Minor) attached
- Additional documents attached for Third Party payments. Refer instructions
- FATCA & CRS Declaration for non individual/ Entity is attached (mandatory)

6 DEMAT ACCOUNT DETAILS (Optional) (Refer instruction No. B(13))

(Please ensure that the sequence of names as mentioned in the application from matches with that of the account held with the Depository Participant. Attach copy of DP statement.)

NSDL	DP NAME	DP ID	Beneficiary Account No.
CSDL	DP NAME	Beneficiary Account No.	

7 NOMINATION DETAILS (Single or joint applicants are advised to avail Nomination facility. Ref Instruction E).

I/We wish to nominate. I/We DO NOT wish to nominate and sign here

	Sole / First Applicant / Guardian	Second Applicant	Third Applicant
Nominee Name			
Guardian Name (In case of Minor)			
Allocation %			
Nominee/ Guardian Signature			
Nominee 1			
Nominee 2			
Nominee 3			
Address		Total = 100%	

8 DECLARATION & SIGNATURES

INDIVIDUAL / NON-INDIVIDUAL DECLARATION: I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ("the Scheme") and agree to abide by the terms and conditions, of the Scheme. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Asset Management Pvt. Ltd. (AMC), its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us. I/We hereby agree to the AMC to reject the application or compulsorily redeem any Units held directly or beneficially by me/us if I/We fail to provide the information called for by the AMC / Principal Mutual Fund or the information provided by me turns out to be false or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time. Where, I/We have been advised this fund / scheme for investment and the investments are made in Direct Plan, I/We authorise the Mutual Fund to share my / our investment and transaction details with my / our advisor / distributor.

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information as defined in the 'Privacy Policy' hosted on your website www.principalindia.com) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies/Affiliates, as well as to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person.

I/We hereby agree to keep the information provided to AMC updated and to provide any additional information/ documentation that may be required by AMC in connection with this application. Also, I hereby confirm that the information provided in this Application Form is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted herewith. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given under Instructions and hereby accept the same.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my consent for sharing/disclosing of my/our Aadhaar number including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the folios linked to my/our PAN.

Applicable to NRIs only: I/We confirm that I am / we are Non-Residents of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account / FCNR Account.

Declaration for SIP registration: Having read, understood and agreed to the contents of 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 Principal Mutual Fund mentioned within, I hereby declare that the particulars given in the form are correct and express my willingness towards SIP instalments referred above through participation in NACH/ECS/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

FATCA/ CRS Declaration for Non-individual: I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions given under Instructions and hereby accept the same.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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Date : Place :

Mutual Fund



Plan better with Super Features of Super SIP



iName
Name your investments



Booster*
Meet your life goals faster



3-in-1
Convenience of choosing multiple schemes to diversify



iChoose
Freedom to select schemes & amount



Pause
Why Stop when you can Pause?



My Date*
Choose your favourite day



Perpetual
No hassle to Renew your SIPs

*SIP Top-up. *Any Day SIP

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Instructions for SIP Registration

A. SIP INSTRUCTIONS

- 1 A minimum gap of 21 days needs to be maintained between date of Application & SIP start date.
- 2 With the introduction of One Time Mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked.
- 3 Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- 4 Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions or additional purchase transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- 5 In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- 6 If start date for SIP period is not specified, SIP will be registered and processed as per default date i.e. 10th of each month.
- 7 If anytime during the SIP period, the onetime mandate is modified to reduce the validity period, future installments of all SIPs registered under the mandate will be deemed to have the end period coinciding with the mandate.
- 8 In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with Principal Mutual Fund which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.
- 9 If end date is not specified, SIP will be continued till the perpetuity or until cancelled.

B TOP UP

- 1 SIP Top-Up will be subject to minimum SIP investment requirement, as applicable to the eligible schemes from time to time.
- 2 Investors subscribing for this facility are required to submit the request at least 25 days prior to the SIP top up date.
- 3 SIP Top-Up facility can be availed at half yearly and yearly intervals. In case the frequency is not specified, the top up will be processed with the default yearly frequency.
- 4 The minimum Top-Up amount would be ₹ 500/- & in multiples of ₹ 1/- . In case the investor does not specify Top-Up amount, ₹ 500/- will be considered as the default Top-Up amount.
- 5 If the end-date of the Top-up facility is not mentioned the Top-up facility will be continued till the tenure of the SIP.
- 6 Top - Up Limit
Cap Amt : It is the amount at which the investor can stop the SIP Top up. The SIP will continue to be processed with the previous topped up amount.
Cap Month and year : The investor can also select the date from which the future SIP TOP up will stop, In case the investor chooses a limit on both amount and date, the SIP Top up will be capped as per the amt cap (Default).
- 7 The top up cap amount should not exceed the maximum amount as mentioned in the NACH mandate. In case the top up cap amount exceeds the maximum amount as mentioned in the NACH mandate, then the lesser amount shall be considered as the default cap amount.

- 8 SIP Top-up facility can be started after minimum 6 months from the date of 1st SIP. However, for investors availing SIP Top-Up facility, the maximum amount of SIP installment including SIP Top-Up will be limited to ₹ 5,00,000/- (Rupees Five Lakhs) or the limit of bank mandate authorisation, whichever is lesser, subject to scheme specific transaction limits where applicable.
- 9 SIP Top-Up facility is currently available only for SIP registration and installment payments made directly with the fund and through modes like Electronic Clearing System (ECS)/Auto Debit/One Time Mandate (OTM) mode. SIP Top-Up facility is currently not available for SIP registration and installment being made by submission of Post-dated cheques (PDCs) and where SIP is registered and installments are sent through Mutual Fund Utility (MFU), MFSS system of NSE or BSE StAR MF platform of BSE or any other platforms of these stock exchanges or Channel Partners. As and when relevant systems are put in place, this facility will be automatically offered.
- 10 The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- 11 In case the SIP top up is cancelled the SIP will continue to be processed with the last topped up amount till the SIP end date.

C SIP PAUSE FACILITY:

- 1 The SIP pause facility can be availed only once during the tenure of the existing SIP.
- 2 SIP can be paused for a minimum period of 1 month to a maximum period of 6 months.
- 3 The request to pause the SIP should be submitted at least 25 days prior to the subsequent SIP date.
- 4 The SIP pause facility is applicable only for SIPs through ECS/NACH/Direct Debit.
- 5 If the SIP Pause period coincides with the Top up month, the topped up amount shall be debited in the next installment (after the completion of the pause period).
- 6 The SIP pause facility can be availed only after debit of the first installment.
- 7 The SIP pause facility will not be available for SIPs registered through Mutual Fund Utility (MFU), MFSS system of NSE or BSE StAR MF platform of BSE or any other platforms of these stock exchanges and Channel Partners or those who have standing instructions with Banks as the SIP are registered directly with them and not with the fund house.

D ANY DAY SIP

- 1 The investor can choose any day of the month for SIP.
- 2 In case no SIP date is mentioned, the SIP will be processed with the cycle date of 10th of the month (Default).
- 3 In case the chosen date falls on a non business day the SIP will be processed on the next business day.
- 4 In case the SIP date is not available for the particular month, the SIP will be processed on the last day of that month.
- 5 The first cheque and the subsequent cheque should not fall in the same month for monthly SIP and in the same quarter in case of quarterly SIP.

SIP AUTO DEBIT/ NACH FORM

Attention: No need to attach One Time Mandate again, if already registered / submitted earlier.

Principal®		UMRN	Bank use										Date	D	D	M	M	Y	Y	Y	Y					
<input checked="" type="checkbox"/> Tick (✓)	Sponsor Bank Code	CIT1000PIGW										Utility Code	CIT10000200000037													
<input checked="" type="checkbox"/> CREATE	I/We hereby authorize	Principal Mutual Fund										to debit (tick✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other													
<input type="checkbox"/> MODIFY	Bank A/c number																									
<input type="checkbox"/> CANCEL	with Bank	Name of customers bank										IFSC					or MICR									
an amount of Rupees	in words										₹	in figures														
FREQUENCY	<input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount														
Reference 1											Phone No.															
Reference 2											Email ID															
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																										
<table border="1"> <thead> <tr> <th colspan="2">PERIOD</th> </tr> </thead> <tbody> <tr> <td>From</td> <td>D D M M Y Y Y Y</td> </tr> <tr> <td>To</td> <td>3 1 1 2 2 0 9 9</td> </tr> <tr> <td>Or</td> <td><input checked="" type="checkbox"/> Until Cancelled</td> </tr> </tbody> </table>																			PERIOD		From	D D M M Y Y Y Y	To	3 1 1 2 2 0 9 9	Or	<input checked="" type="checkbox"/> Until Cancelled
PERIOD																										
From	D D M M Y Y Y Y																									
To	3 1 1 2 2 0 9 9																									
Or	<input checked="" type="checkbox"/> Until Cancelled																									
Signature of 1st Account holder						Signature of 2nd Account holder						Signature of 3rd Account holder														
1. Name as in bank records						2. Name as in bank records						3. Name as in bank records														
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, based on the instructions as agreed and signed by me. 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 where I have authorized the debit.																										

OTM Instructions: Terms & Conditions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Registration process for OTM forms submitted during the NFO period will commence after the closure and allotment of NFO applications.
- 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.
- 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 Principal Mutual Fund.
- If end date/frequency is not mentioned in the OTM Form, the same will be considered as per the SIP Registration Form and vice versa.

MANDATORY FIELDS

Date: Date is mandatory

- CREATE/MODIFY/CANCEL:** tick is mandatory for create/modify & cancel if not ticked mandate will be rejected
- To Debit (tick):** account type is mandatory
- Bank A/c Number:** Investor debit bank a/c number mandatory
- With Bank:** Investor bank name is mandatory
- IFSC / MICR:** Correct IFSC code or MICR code is mandatory
- An amount of Rupees:** SIP fixed instalment amount in words in word column is mandatory, maximum amount in words in word column is mandatory
- ₹ :** SIP fixed instalment amount in figures in figure column is mandatory, Maximum instalment amount in figures in figure column is mandatory
- Frequency:** SIP monthly/quarterly mandatory, Lump sum : as & when presented is mandatory
- Debit Type:** For SIP fixed Amount & for Lump sum Maximum Amount is mandatory
- Folio No.:** For Existing Investor only
- Phone No./ Email ID:** Phone No. or Email ID is Mandatory
- PAN Number:** Mandatory
- Period:** SIP start date is Mandatory, Lump sum : indicate till what date the mandate should be valid
- Signature of Account Holder:** Signature is mandatory as per bank record
- Name of the Bank A/c Holder:** Name of the Bank A/c Holder is mandatory