

3 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency	Principal - Scheme Name		
	Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep
		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	

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

In case the choice of option is not indicated, default option shall be Growth Option. Under Dividend Option, the default sub-option shall be Dividend reinvestment option.

Principal Asset Allocation Fund-of-Funds

- Conservative Plan Moderate Plan Aggressive Plan
 Direct Sub-Plan+ - Growth Regular Sub-Plan - Growth

+ Only for investors without broker code. If Direct Sub-plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer KIM on Investment Sub-Plans / Options]

4 KYC / FATCA DETAILS FOR ALL APPLICANTS (Mandatory, Please ✓. The application is liable to get rejected if details not filled)

Status details for	First Applicant	Second Applicant	Third Applicant	Guardian
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI / PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-
Minor through Guardian ^f	<input type="checkbox"/>	-	-	-
Non Individual	<input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI	-	-	-
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on _____	as on _____	as on _____	as on _____

* Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes."

Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify)	_____	_____	_____	_____

Type of Address given at KRA	Residential	Business	Registered Office
First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 MODE OF HOLDING (Please ✓) Single Jointly Either / Anyone or Survivor (If no choice mode, default option : Jointly)

6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) _____
 Account No. _____ Branch / City _____
 (Please provide the full account number)
 Branch Address _____ Pin Code _____

Account Type (Please ✓) Savings Current NRE NRO FCNR NRSR

MICR Code* _____ This is a 9 digit number next to your Cheque No. Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque

Only for RTGS* IFSC* _____ NEFT* Code _____ [* indicates - Mandatory]

Note: It is mandatory to enclose Proof of Bank (personalised cancelled cheque leaf) where the Payment Bank Account is different from the above mentioned Bank Account details.

7 DEMAT ACCOUNT DETAILS (OPTIONAL) [Refer instruction No. 'B (13)']

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form.

NSDL	DP Name _____	DP ID _____	Beneficiary Account No. _____
CSDL	DP Name _____	Beneficiary Account No. _____	



For investment related enquiries, Investor Grievance please contact:

Principal Mutual Fund

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.
 TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: customer@principalindia.com • Website: www.principalindia.com

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 KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • 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 us to serve you better.

8 PAYMENT DETAILS & REGISTRATION THROUGH POST DATED CHEQUES (Mandatory) The name of the First/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C]

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

Mode of Payment (Please ✓) Cheque DD RTGS NEFT ECS Funds Transfer Payment from Bank A/c. No. _____

*First SIP Cheque No. _____ Dated

Drawn on Bank _____ Branch & City _____

Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)

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

Employer: _____ Name _____ Custodian: _____ Name _____

Mandatory Enclosure
 KYC Acknowledgement Letter &
 Third Party Declaration Form

2nd and subsequent Installments: No. of Cheques _____ {Atleast 6**
Incl. 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)

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the cheque. ** Cheques to be dated as per the SIP date selected

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - Instruction to the Bank from the Unitholder to Debit the Account.
 • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement Bank confirmation of Non-Resident Account Type / FIRC

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

9 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

NOMINEE'S NAME Mr. Ms _____

Date of Birth

NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor) Mr. Ms _____

ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor) _____

City _____ Pin Code _____

Specimen Signature of Nominee / Guardian _____

OR

I/We do not wish to nominate a nominee in my / our folio. _____ Signature of 1st Unit Holder _____ Signature of 2nd Unit Holder _____ Signature of 3rd Unit Holder _____

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / www.principalindia.com]

10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us 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.

11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)#

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 understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

I am a US Person I am not a US Person

12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer instruction No. 'I']

The below information is required for all applicant(s)/Guardian:

Category	First Applicant	Second Applicant/Guardian	Third Applicant
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below:			
Country#			
Tax Identification Number##			
Identification Type (TIN or Other, please specify)			

To also include USA, where the individual is a citizen / green card holder of The USA

In case Tax Identification Number is not available, kindly provide its functional equivalent.\$

In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIN, etc.

Non individuals: Please fill FATCA & CRS Declaration also
 In case the entities country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: _____

Non Individual Investors involved / providing any of the mentioned services

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iv. Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For Non-individual Only: UBO Declaration attached)

Applicant is the UBO(s) of this investment (Default) Applicant is NOT the UBO(s) of this investment

FATCA & CRS – TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as with holding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relations thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

13 FATCA & CRS DECLARATION AND CERTIFICATION (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

I. FOR NON-INDIVIDUAL / ENTITY:

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
1. We are a, Financial institution ⁶ <input type="checkbox"/> or Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for <input type="checkbox"/> If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/> Not obtained - Non-participating FI	
PART B (Please fill any one as appropriate * to be filled by NFEs other than Direct Reporting NFEs*)	
1. Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____
¹ Refer 2a of Part D ² Refer 2b of Part D ³ Refer 2c of Part D ⁴ Refer 3(ii) of Part D ⁶ Refer 1 of Part D Refer 3(vii) of Part D ¹⁰ Refer 1A of Part D	

II. ALL APPLICANTS:

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 below and hereby accept the same.

III. 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 and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). 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 Pnb Asset Management Company 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 authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason whatsoever. I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank. I/We hereby agree for the AMC/Trustees to 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 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.

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.

IV. SIGNATURE:

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	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 - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	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 - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC [^]

[^] Refer Instruction No. D

Mandate Form for NACH/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]



*UMRN

Date

Tick (✓)

*Sponsor Bank Code

*Utility Code

CREATE	<input type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize **PRINCIPAL MUTUAL FUND** To debit (tick ✓) SB /CA /CC /SB-NRE /SB-NRO /Other

Bank A/c. Number:

With Bank IFSC or MICR

An amount of Rupees (In Words) ₹ (In Figures)

Frequency Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Unique ID 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.

PERIOD
From
To
Or 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 instruction 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.

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of Mandate Facility offered by Principal Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in Principal Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of Principal Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

Customer Information

Mobile:

E-mail Id:

Please attach a cancelled original personalized cheque

The above Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registration, using Physical Forms.

***For official use only. Investors are advised to leave these fields as blank.**

Don't forget to fill the below mentioned details in the OTM Form above

- Account Number, Bank Name, IFSC/ MICR Code, Branch
- Mention the maximum amount per day
- Mention the amount in words and in figures, just as you would in a cheque
- Folio No. or Application No., Mobile No. and E-mail Id
- Your signature as per your bank account

ONE TIME MANDATE (OTM)

Just register once and thereafter no more cheques/DD for investments or Debit mandate for new SIPs!



SIP Registration Form

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

Broker ARN Code	Sub-Broker Code	Sub-Broker ARN Code	EUIN No.	Principal Group Employee Code	Micro SIP	For Office use only
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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. 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.

Sole/First Applicant's Signature Mandatory

Investor Name: Folio No.:

Payment Details: Cheque No. Drawn on Date Amount

PAN/PEKRAN & KYC

Sole / First Applicant / Guardian Name Second Applicant / Guardian Name Third Applicant / Guardian Name

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Cycle Date	Frequency	Start Month/Year	End Month/Year	Perpetual
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Please tick as applicable:

- One Time Mandate is already registered in the folio. [No need to submit again].
- One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities. The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Declaration: 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 above are correct and express my willingness to make payments 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.

Signature [as per Mutual Fund Records/Application]

First Unit Holder Signature _____ Second Unit Holder Signature _____ Third Unit Holder Signature _____

SIP Acknowledgement through OTM facility.	Principal Mutual Fund	ISC Stamp
Investor Name: <input type="text"/>	Folio No./Application No. <input type="text"/>	
Scheme Name: <input type="text"/>	Plan: <input type="text"/> Option: <input type="text"/>	Amount: <input type="text"/>