

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

BOOSTER Meet your life goals faster

PAUSE Why Stop when you can Pause?

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

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

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
1.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	
2.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	
3.		<input type="checkbox"/> HY <input type="checkbox"/> Y	MM / YY	MM / YY	

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

SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
D D	MM / YY	MM / YY
D D	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 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.

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



SIP AUTO DEBIT/ NACH FORM

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

Principal UMRN Bank use Date

Tick (✓) Sponsor Bank Code **CITI000PIGW** Utility Code **CITI00002000000037**

CREATE I/We hereby authorize **Principal Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

MODIFY Bank A/c number

CANCEL

with Bank Name of customers 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

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.

PERIOD

From

To

Or Until Cancelled

1. Signature of 1st Account holder Name as in bank records

2. Signature of 2nd Account holder Name as in bank records

3. Signature of 3rd Account holder 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.