Principal® Mutual Funds

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.
Website: www.principalindia.com • E-mail: customer@principalindia.com

Application Form

(Please read Product Labelling details and Instructions before filling the Form)

All details are mandatory. The application is liable to get rejected if details not filled.

Application No.

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
130842		E215826		

☐ **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. G)

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. B(14) for Details]

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]**

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. B(1)]

Please fill your Folio No. and Name and then proceed to Section (3) **Common Account / Folio No.**

Name of Sole / First Unit Holder

2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms. ☐ M/s. **Gender -** ☐ Male ☐ Female **Date of Birth/Incorporation** D D M M Y Y Y Y

F I R S T N A M E M I D D L E N A M E L A S T N A M E

FATHER'S NAME

PAN **Place / City of Birth / Incorporation** **Country of Birth / Incorporation** **Nationality**

Enclose Proof of DOB (Mandatory for minor) - ☐ Birth Certificate ☐ Passport ☐ Other _____ **Relationship with Minor Applicant -** ☐ Father ☐ Mother ☐ Legal Guardian

[**Note:** • No Joint holding permitted in case of minor applicant - Refer Instruction no. B(11). • **Guardian:** Mandatory for Minor Applicant. • **POA Holder/Contact Person:** Mandatory for Non-Individual Investors]

GUARDIAN / POA HOLDER / CONTACT PERSON **Gender -** ☐ Male ☐ Female **Date of Birth** D D M M Y Y Y Y

F I R S T N A M E M I D D L E N A M E L A S T N A M E

FATHER'S NAME

PAN **Place / City of Birth** **Country of Birth** **Nationality**

NAME OF THE SECOND APPLICANT ☐ Mr. ☐ Ms **Gender -** ☐ Male ☐ Female **Date of Birth** D D M M Y Y Y Y

F I R S T N A M E M I D D L E N A M E L A S T N A M E

FATHER'S NAME

PAN **Place / City of Birth** **Country of Birth** **Nationality**

NAME OF THE THIRD APPLICANT ☐ Mr. ☐ Ms **Gender -** ☐ Male ☐ Female **Date of Birth** D D M M Y Y Y Y

F I R S T N A M E M I D D L E N A M E L A S T N A M E

FATHER'S NAME

PAN **Place / City of Birth** **Country of Birth** **Nationality**

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

Pin Code

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] {Refer Instruction No. B(5)}

Zip Code

CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone **O** **R** **Fax**

Mobile ☐ I / We wish to receive updates via SMS on my mobile (Please ✓)

e-mail I N B L O C K L E T T E R S

Where e-mail ID is provided all communications like Account Statement, Newsletter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

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: ☐ **Direct Plan** ☐ **Regular Plan**

Option: ☐ Dividend ☐ Growth ☐ AEP **Sub-Option:** ☐ Payout ☐ Reinvest ☐ Sweep

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ 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.

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: **Sub-Broker ARN:** **EUIN:**

Received from

Cheque / DD / RTGS / NEFT No. Dated: D D / M M / Y Y Y Y

Drawn on Bank & Branch

Scheme / Plan / Option / Sub-Option Amount ₹

Please Note : All purchases are subject to realisation of payment instrument

Application No.

Signature, Stamp & Date

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	☐	☐	☐	☐
NRI / PIO	☐	☐	☐	☐
Sole Proprietorship	☐	–	–	–
Minor through Guardian#	☐	–	–	–
Non Individual	☐ Company/Body ☐ Corporate ☐ Partnership ☐ Trust ☐ Society ☐ HUF ☐ Bank ☐ AOP ☐ FI / FII / FPI	–	–	–
Others (Please specify)	_____	_____	_____	_____

Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Private Sector	☐	☐	☐	☐
Public Sector	☐	☐	☐	☐
Government Service	☐	☐	☐	☐
Business	☐	☐	☐	☐
Professional	☐	☐	☐	☐
Agriculturist	☐	☐	☐	☐
Retired	☐	☐	☐	☐
Housewife	☐	☐	☐	☐
Student	☐	☐	☐	☐
Others (Please specify)	_____	_____	_____	_____

Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
First / Sole Applicant	☐	☐	☐
Second Applicant	☐	☐	☐
Third Applicant	☐	☐	☐
Guardian	☐	☐	☐
Authorised Signatories	☐	☐	☐
Promoters	☐	☐	☐
Partners	☐	☐	☐
Karta	☐	☐	☐
Whole-time Directors	☐	☐	☐

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	☐	☐	☐	☐
1 - 5 lac	☐	☐	☐	☐
5 - 10 lac	☐	☐	☐	☐
10 - 25 lac	☐	☐	☐	☐
25 lac- 1 crore	☐	☐	☐	☐
above 1 crore	☐	☐	☐	☐
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."

Type of Address given at KRA	Residential	Business	Registered Office
First / Sole Applicant	☐	☐	☐
Second Applicant	☐	☐	☐
Third Applicant	☐	☐	☐
Guardian	☐	☐	☐

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* Code 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 PAYMENT DETAILS (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.

*Cheque / DD / RTGS / NEFT No. Dated D D M M Y Y Y Y

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

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.

Principal Mutual Funds

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 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.**	

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 (D D M M Y Y Y Y)
(in case of nominee being a minor)

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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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]**	☐ YES	☐ NO
ii.	Foreign Exchange / Money Changer Services	☐ YES	☐ NO
iii.	Gaming / Gambling / Lottery / Casino Services	☐ YES	☐ NO
iv.	Money Lending / Pawning	☐ YES	☐ 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 by 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] ☐ or Direct reporting NFE[7] ☐ (please tick as appropriate)	**GIIN** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
	GIIN not available (please tick as applicable) ☐ **Applied for** If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category[10] ☐ 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 ☐ (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 ☐ (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: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an active[3] NFE	Yes ☐ (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE ☐☐ (Mention code - refer 2c of Part D)
4.	Is the Entity a passive[4] NFE	Yes ☐ (If yes, please ?ll 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.

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 -** ☐ Enclosed Notarised Power of Attorney **Name** **PAN**	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)
Signature of **2nd Applicant** / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	**POA Details -** ☐ Enclosed Notarised Power of Attorney **Name** **PAN**	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)
Signature of **3rd Applicant** / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	**POA Details -** ☐ Enclosed Notarised Power of Attorney **Name** **PAN**	Enclosed (please ✓) ☐ PAN ☐ KYC Attach copy of PAN & KYC^)

^ Refer Instruction No. D

14 CHECKLIST

Please ensure that:

- ❑ All relevant particulars are filled in / ticked in the form
- ❑ PAN details are furnished [Refer Instruction No. D]
- ❑ KYC acknowledgement letter is enclosed [Refer Instruction No. D].
- ❑ Your investment is not less than the minimum investment amount.
- ❑ Your application is completed and signed by all applicants.
- ❑ To prevent fraudulent practices, Investors are urged to make the payment instruments (cheque / Demand draft / Pay Order etc.) 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"**.
- ❑ On the reverse of the payment instrument submitted please mention the Application Number, PAN and Name of the First Applicant.