

SIP TRANSACTION FORM

Single / Multiple SIP Option



Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1. DISTRIBUTOR INFORMATION																																									
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN*																																				
ARN - 67723	RIA -		ARN -																																						
<small>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. Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.</small>																																									
2. UNIT HOLDER DETAILS (Mandatory)																																									
Name of Unitholder: <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>																																									
Folio No. <input type="text"/> PAN ¹ <input type="text"/> Note: ¹ Please mention Guardian pan if the 1st holder is below 18 years of age.																																									
3. SIP DETAILS - New SIP Registration (*Mandatory field)																																									
Investment Details <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																																									
In case of multiple schemes, cheque should be drawn in favour of "PGIM India Mutual Fund - Common Collection A/c"																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Scheme / Plan</th> <th>Growth</th> <th>IDCW¹ Payout</th> <th>IDCW Reinvestment</th> <th>Amount</th> <th>SIP Date <input type="text"/> (Any date of the month & quarter)</th> </tr> </thead> <tbody> <tr> <td>PGIM INDIA <input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>r Minimum Rs. 1000</td> <td rowspan="3"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">SIP Period</th> </tr> <tr> <td>From</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td>To*</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td colspan="2">Maximum duration of 30 years</td> </tr> </table> </td> </tr> <tr> <td>PGIM INDIA <input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>r Minimum Rs. 1000</td> </tr> <tr> <td>PGIM INDIA <input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>r Minimum Rs. 1000</td> </tr> <tr> <td colspan="5" style="text-align:right">TOTAL² r <input type="text"/></td> <td></td> </tr> </tbody> </table>					Scheme / Plan	Growth	IDCW ¹ Payout	IDCW Reinvestment	Amount	SIP Date <input type="text"/> (Any date of the month & quarter)	PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">SIP Period</th> </tr> <tr> <td>From</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td>To*</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td colspan="2">Maximum duration of 30 years</td> </tr> </table>	SIP Period		From	<input type="text"/> DD/MM/YYYY	To*	<input type="text"/> DD/MM/YYYY	Maximum duration of 30 years		PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000	PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000	TOTAL² r <input type="text"/>						
Scheme / Plan	Growth	IDCW ¹ Payout	IDCW Reinvestment	Amount	SIP Date <input type="text"/> (Any date of the month & quarter)																																				
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">SIP Period</th> </tr> <tr> <td>From</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td>To*</td> <td><input type="text"/> DD/MM/YYYY</td> </tr> <tr> <td colspan="2">Maximum duration of 30 years</td> </tr> </table>	SIP Period		From	<input type="text"/> DD/MM/YYYY	To*	<input type="text"/> DD/MM/YYYY	Maximum duration of 30 years																													
SIP Period																																									
From	<input type="text"/> DD/MM/YYYY																																								
To*	<input type="text"/> DD/MM/YYYY																																								
Maximum duration of 30 years																																									
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000																																					
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r Minimum Rs. 1000																																					
TOTAL² r <input type="text"/>																																									
Initial Investment Details Amt. (r) <input type="text"/> Cheque No. <input type="text"/> Dated: <input type="text"/> Drawn on: <input type="text"/>																																									
<small>Note: ¹ IDCW option not available for FOF schemes. ² If Multiple SIP option is opted then the investment amount should match with the total SIP amount. ³ For New SIP registration if you are using the existing OTM mandate please provide the details in the space provided below.</small>																																									
<input type="checkbox"/> SIP renewal <input type="checkbox"/> Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PGIM INDIA <input type="text"/></td> <td>Scheme <input type="text"/></td> <td>Plan <input type="text"/></td> <td>Option <input type="text"/></td> <td>Amount r <input type="text"/></td> </tr> <tr> <td>Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</td> <td>SIP Date <input type="text"/> DD</td> <td>SIP Period: From <input type="text"/> DD/MM/YYYY</td> <td>To <input type="text"/> DD/MM/YYYY</td> <td>Maximum duration of 30 years.</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> ³ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* <input type="text"/></td> </tr> <tr> <td colspan="5">Debit Bank Name <input type="text"/> Account No. <input type="text"/></td> </tr> <tr> <td colspan="5"><input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily) Note: *Existing Mandate should be valid for the enrolled period.</td> </tr> </table>						PGIM INDIA <input type="text"/>	Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>	Amount r <input type="text"/>	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date <input type="text"/> DD	SIP Period: From <input type="text"/> DD/MM/YYYY	To <input type="text"/> DD/MM/YYYY	Maximum duration of 30 years.	<input type="checkbox"/> ³ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* <input type="text"/>					Debit Bank Name <input type="text"/> Account No. <input type="text"/>					<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily) Note: *Existing Mandate should be valid for the enrolled period.															
PGIM INDIA <input type="text"/>	Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>	Amount r <input type="text"/>																																					
Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date <input type="text"/> DD	SIP Period: From <input type="text"/> DD/MM/YYYY	To <input type="text"/> DD/MM/YYYY	Maximum duration of 30 years.																																					
<input type="checkbox"/> ³ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)* <input type="text"/>																																									
Debit Bank Name <input type="text"/> Account No. <input type="text"/>																																									
<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, OTM to be filled in mandatorily) Note: *Existing Mandate should be valid for the enrolled period.																																									
4. SIP TOP-UP																																									
Top Up Amount r <input type="text"/> Top Up Frequency (✓) <input type="checkbox"/> Half Yearly* <input type="checkbox"/> Yearly																																									
<input type="checkbox"/> Top Up to continue till* <input type="text"/> DD/MM/YYYY maximum duration of 30 years (Please ✓ any 1) OR <input type="checkbox"/> Top Up to continue till SIP amount reaches^ r <input type="text"/>																																									
* Default option if not selected. # It is the date from which SIP Top Up amount will cease. ^ SIP Top Up will cease once the mentioned amount is reached.																																									
DECLARATION & SIGNATURE(S) : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that the ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any Other mode), payable to him for different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. Applicable to Micro Investors (Delete if not applicable): I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding r 50,000 in a year.																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SIGNATURE (S) <small>(Applicants must sign as per Common Application Form)</small></td> <td><input checked="" type="checkbox"/> Sole/1st Applicant/Guardian/Authorised Signatory/POA</td> <td><input checked="" type="checkbox"/> 2nd Applicant/Guardian/Authorised Signatory/POA</td> <td><input checked="" type="checkbox"/> 3rd Applicant/Guardian/Authorised Signatory/POA</td> </tr> </table>						SIGNATURE (S) <small>(Applicants must sign as per Common Application Form)</small>	<input checked="" type="checkbox"/> Sole/1st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3rd Applicant/Guardian/Authorised Signatory/POA																																
SIGNATURE (S) <small>(Applicants must sign as per Common Application Form)</small>	<input checked="" type="checkbox"/> Sole/1st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3rd Applicant/Guardian/Authorised Signatory/POA																																						



ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP

(*Mandatory field)

UMRN <input type="text"/>	Folio <input type="text"/>	Date* <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>
Sponsor Bank Code <input type="text"/> CITI000PIGW	Utility Code <input type="text"/> CITI 00002000000037	
<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	I/We hereby authorize <input type="text"/> PGIM INDIA MUTUAL FUND to debit (Please ✓) <input type="text"/> SB / CA / CC / SB-NRE / SB-NRO / Other	
Bank a/c number* <input type="text"/>		
With Bank* <input type="text"/>	Name of customers bank <input type="text"/>	IFSC* <input type="text"/> MICR* <input type="text"/>
an amount of Rupees* <input type="text"/>	Amount in words <input type="text"/>	In Figures <input type="text"/>
FREQUENCY* <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE* <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference - 1 <input type="text"/> Application no. / Folio number	Phone No <input type="text"/>	
Reference - 2 <input type="text"/>	Email ID <input type="text"/>	

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD*		
From <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>	<input checked="" type="checkbox"/> Signature of first account holder	<input checked="" type="checkbox"/> Signature of second account holder
To <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY <input type="text"/>	<input checked="" type="checkbox"/> Signature of third account holder	
OR <input checked="" type="checkbox"/> Until Cancelled	Name of first account holder* <input type="text"/>	Name of second account holder* <input type="text"/>
	Name of third account holder* <input type="text"/>	

- 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.
- 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.
- Mandate "From" and "To" date should be only for 30 years

INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

1. DISTRIBUTOR INFORMATION

- a) In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- b) Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- c) Quoting of EUIN is mandatory in case of advisory transactions.
- d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- e) Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- f) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / IDCW Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, IDCW Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under IDCW Transfer Plans.
- g) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

2. UNIT HOLDER DETAILS:

- a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number.
- b) Please provide us with CKYC form for you to comply with the revised KYC requirements. For more details, please visit our website <http://www.pgimindiamf.com> and download the CKYC form.

Note: Renaming of Dividend Options

Investors are requested to note that pursuant to SEBI circular no. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 05, 2020, the 'Dividend options' under all the existing schemes of PGIM India Mutual Fund ('the Mutual Fund') shall be renamed as follows with effect from April 1, 2021.

Option/facility	Name
Dividend Payout	Payout of Income Distribution cum Capital Withdrawal option (IDCW)
Dividend Re-investment	Reinvestment of Income Distribution cum Capital Withdrawal option (IDCW)
Dividend Transfer/Sweep Plan	Transfer/Sweep of Income Distribution cum Capital Withdrawal plan (IDCW)

Investors are requested to note that the above changes are changes in the disclosure requirements. There is no change in the current manner of calculation and distribution of dividend. Whenever distributable surplus will be distributed, a clear segregation between income distribution (appreciation on NAV) and capital distribution (Equalization Reserve) shall be suitably disclosed in the Consolidated Account Statement provided to investors.

3. SIP DETAILS:

- a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "PGIM India Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- b) Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
- d) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:

- Minimum amount per instalment
- Minimum number of instalments
- Aggregate investment via SIP

- e) Please furnish/indicate the below mentioned details with respect to your systematic investment. Investor can register up to 3 different SIPs in the same Folio using the Multiple SIP Registration facility.
 - i) Scheme/Plan/Option and IDCW Frequency, where applicable.
 - ii) SIP Instalment Amount. In case of multiple SIP, The initial Amount should match the total amount.
 - iii) **SIP Frequency** - Monthly or Quarterly. Please tick the appropriate option.
 - iv) **SIP Dates (Monthly/Quarterly)** - Any date of the month & quarter.
 - v) The validity of the mandates can be only for a maximum duration of 30 years or below from the Start Date.
 - vi) SIP Instalment Requirement:

SIP (All open ended schemes except PGIM India Long Term Equity Fund)			
Frequency	Min Amount Rs.	Multiple of Rs.	Min Number of Instalments
Monthly & Quarterly	1000	1	5

SIP - PGIM India Long Term Equity Fund			
Frequency	Min Amount Rs.	Multiple of Rs.	Min Number of Instalments
Monthly	500	500	12
	1000 and above	500	6
Quarterly	1000	500	6

- f) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- g) SIP renewal -Please provide the scheme details and the OTM details.
- h) Change in OTM -Change in OTM for a SIP registered earlier fresh OTM has to be filled in.

MULTIPLE SIP DETAILS:

- a) Investors can register upto 3 different SIP's in the same folio using the multiple SIP registration facility.
- b) If the Multiple SIP is opted then the investment amount should match with the total SIP amount.

SIP TOP UP INSTRUCTIONS (Optional):

This sections is to be filled only if the investor wish to increase the SIP amount on half yearly/ yearly basis by pre-decided incremented amount.

- a. SIP Top-Up Facility: Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
 - The minimum amount of increase under SIP Fixed Amount Top-Up facility should be Monthly SIP: Rs. 100/- and in multiples of Re. 1/- thereof. Quarterly SIP: Rs. 100/- and in multiples of Re. 1/- thereof.
 - For PGIM India Long Term Equity Fund the minimum amount of increase under SIP Fixed Amount should be Rs. 500/- and in multiples of Rs. 500/- for monthly and Rs. 1000/- and in multiples of Rs. 500/- for quarterly frequency.
 - SIP Top-Up frequency in case of investors availing Monthly SIP facility will be half yearly and yearly and for availing Quarterly SIP facility, the frequency will be yearly. In case the SIP Top-Up frequency is not indicated under Monthly SIP, it will be considered as half yearly.
- b. Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme h. Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- c. Payments made by Cash/Money Order/Postal Order, Non-MICR cheque, outstation cheques are not accepted.
- d. For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.pgimindiamf.com and also refer to scheme related documents.

ONE TIME MANDATE INSTRUCTIONS FOR NACH / AUTO DEBIT

1. One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided by the investor in the OTM mandate.
This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.
To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. 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.
4. 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.
5. 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 PGIM India Mutual Fund.

6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by PGIM India Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
13. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
14. PGIMIMF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investor


For more information visit us at

 www.pgimindiamf.com

E-mail us at

 care@pgimindia.co.in

Call us (Toll free) at

 1800 266 7446