

One Time Mandate Form



Pramerica

(Including SIP registration/SIP Top up facility)

Investors must read the Key Information Memorandum and the instructions before completing this Form.

MUTUAL FUND

1. DISTRIBUTOR INFORMATION

ARN code	RMA code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
ARN-162514		ARN -		

In case the Employee Unique Identification Number (EUIN) box has been left blank please refer point 3 related to EUIN.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services

Please check if the EUIN space is left blank: 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 rendered by the distributor.

2. APPLICANTS DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Sole/First Unit Holder First Name Middle Name Last Name Folio No.

3. SIP DETAILS (MANDATORY)

<input type="checkbox"/> New SIP Registration	<input type="checkbox"/> SIP renewal	<input type="checkbox"/> Change in OTM (for a SIP registered earlier)
<input type="checkbox"/> OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)		
Debit Bank Name		Account No.
<input type="checkbox"/> OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)		

Scheme _____ Plan _____
 Option (✓) Growt Dividend Payout Dividend Reinvestment Dividend Sweep Dividend Frequency _____
 Payment Type [Please (✓)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details	Amt. (₹) _____	Chq/DD No. _____	Dated: DDMMYYYY	Drawn on: _____
<input type="checkbox"/> SIP Investment (Please check any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)		
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) OR		Instalment Amount ` _____		
<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details		SIP Date (Please check ✓); <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th		
Cheque Nos. From _____ To _____		All 7 dates SIP Period (Please check ✓): <input type="checkbox"/> Till I/We instruct to discontinue the SIP No. of instalments _____		
Dated From DDMMYYYY To DDMMYYYY		Please mention Enrolment Period: From MMYYYY To MMYYYY		

SIP Top Up (Optional) - Available only for investments effected through Auto Debit.
 Top Up Amount ` Refer Instructions _____
 Top Up to continue till SIP amount reaches ` _____ OR Top Up to continue till DDMMYYYY (Please check any one) # It is the date from which SIP Top Up amount will cease
 *Default option if not selected ** PEKRN required for Micro investments upto Rs. 50,000 in a year

DECLARATION & SIGNATURE: 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 ` 50,000 in a year.

SIGNATURE(S) (Applicants must sign as per Common Application Form)	Sole/1 st Applicant/Guardian/Authorised Signatory/POA	2 nd Applicant/Guardian/Authorised Signatory/POA	3 rd Applicant/Guardian/Authorised Signatory/POA
	X	X	X

4. OTM DEBIT MANDATE FORM FOR NACH / ECS / AUTO DEBIT



ONE TIME MANDATE FORM

(Please read Instruction no. 4 overleaf)

(*Mandatory field)

UMRN _____ Folicus _____ Date DDMMYYYY

Sponsor Bank CITI000PIGW Utility Code CITI 00002000000037

Code I/We hereby DHFL PRAMERICA MUTUAL to debit (Please SB / CA / CC / SB-NRE / SB-NRO)

authorize Bank _____

a/c number* _____

With Bank* _____ Name of customers _____ IFSC* _____ MICR* _____

an amount of _____ Rupees* _____

SIP instalment

amount in words

In Figures

FREQUENCY* Mthly Qtly H- As & When presented

DEBIT TYPE* Fixed Amount Maximum Amount

Yrly Reference - 1

Phone

Reference - 2

No

Email

ID

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" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
To	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
OR	<input checked="" type="checkbox"/> Until Cancelled							

Signature of first account holder Signature of second account holder Signature of third account holder

Name of first account holder* _____

Name of second account holder* _____

Name of third account holder* _____

- 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 were I have authorized the debit.