

TRANSACTION FORM

Please read the instructions carefully. Please strike off any sections that are not relevant or not applicable.



PGIM
India Mutual Fund

1. DISTRIBUTOR INFORMATION

ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code	EUIN
ARN -	RIA -		ARN -		

*Employee Unique Identification Number **As allotted by ARN holder. 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.

2. UNIT HOLDER DETAILS (Mandatory)

Folio No. First Unitholder's PAN

Name Of Unitholder

For all transactions except redemption and SWP, NPO is mandatory to submit for trust and society, if not provided earlier.

3. ADDITIONAL PURCHASE

In case of single scheme the cheque should be drawn in favor of scheme name and for multiple schemes, cheque should be drawn in favor of "PGIM India Mutual Fund - Common Collection A/c"

Scheme / Plan	Growth	IDCW* Payout	IDCW Reinvestment	Amount
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
PGIM INDIA <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/>
Note: Maximum 3 schemes allowed in one application. * If Multiple option is opted then the investment amount should match with the total amount.				TOTAL* ₹ <input type="text"/>

Amount ₹ (in words)

Mode of Payment ☐ Cheque ☐ Demand Draft ☐ Electronic Fund Transfer ☐ Existing OTM

UMRN No. (If existing OTM) Cheque No./UTR dated

Bank Branch & City *IDCW option is not available for FOF Schemes.

4. SWITCH

From Scheme PGIM INDIA To Scheme PGIM INDIA

Plan ☒ Regular ☐ Direct Option ☐ Growth ☐ IDCW Reinvestment* ☐ IDCW Payout* Plan ☐ Regular ☐ Direct Option ☐ Growth ☐ IDCW Reinvestment* ☐ IDCW Payout*

No. of Units OR ☐ All units ☒ OR

Amount ₹ (in words)

Note: Switch to ELSS scheme - please provide the amount in multiple of Rs 500/- and do not mention in units. *IDCW option is not available for FOF Schemes.

5. REDEMPTION

Reason for redemption: ☐ In need of funds ☐ Scheme not performing ☐ Service Issue ☐ Load Revised ☐ Change in Fund Manager ☐ Goals Achieved
☐ Not comfortable with Market Volatility ☐ I have decided to invest elsewhere ☐ Others (Please Specify)

Scheme PGIM INDIA Plan ☒ Regular ☐ Direct

Option ☒ Growth ☐ IDCW Reinvestment ☐ IDCW Payout No. of Units OR ☐ All units ☒ OR

Amount ₹ (in words)

Legal Entity Identification *Applicable for Non-Individuals only

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds in an account other than the primary Bank Account registered with us, then please mention alternate bank name and account number registered in the folio.

Bank Name A/c No.

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (The first instalment would get triggered on the 3rd working day from the date of submission of the form (excluding Submission date))

Scheme PGIM INDIA Plan ☒ Regular ☐ Direct

Option ☒ Growth ☐ IDCW Payout ☐ IDCW Reinvestment

Withdrawal Frequency ☒ Monthly ☐ Quarterly ☐ Annual

Withdrawal Instalment ₹

Withdrawal Date ☒

No. of Instalments

Withdrawal From to

Bank Name Other than default bank registered in folio Bank A/c No.

7. SYSTEMATIC TRANSFER PLAN (STP) (The first instalment would get triggered on the 3rd working day from the date of submission of the form (excluding Submission date))

From Scheme PGIM INDIA Plan Option ☒ Growth ☐ IDCW Payout* ☐ IDCW Reinvestment*

To Scheme PGIM INDIA Plan Option ☒ Growth ☐ IDCW Payout* ☐ IDCW Reinvestment*

Transfer Instalment Amount ₹ Starting Date Ending Date *IDCW option is not available for FOF Schemes.

☐ Daily (Note: Daily STP would be processed on all business days)

☐ Weekly (STP Day) ☒ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri No. of Instalments (This option is not applicable for daily frequency, In case of any discrepancy between no. of instalment and start-end date, period as per start date would be considered)

☐ Monthly* ☐ Quarterly (STP Date) (Any date of the month) *For FOF scheme only Monthly frequency is available.

DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint')

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of PGIM India Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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 the different competing schemes of various Mutual Funds from amongst which the Scheme is being 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.

☐ Please ☒ 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 fees on this transaction.

Signatures	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date <input type="text"/>
	1st Unitholder/Guardian/Authorised Signatory/POA	2nd Unitholder/Guardian/Authorised Signatory/POA	3rd Unitholder/Guardian/Authorised Signatory/POA	