SIP TRANSACTION FORM (SINGLE / MULTIPLE SIP OPTION)

PGIM India Mutual Fund

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 -	RIA -		ARN -		

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) (# Mandatory field)

Name of Unitholder: #
(Name as per PAN / ITD Records) First Name Middle Name Last Name DOB #

Father's name: Mother's name:

Folio No. PAN[1] # Note: [1] Please mention Guardian PAN if the 1st holder is below 18 years of age. PAN copy mandatory.

3. SIP DETAILS - New SIP Registration

Investment Details: ☐ Monthly ☐ Quarterly (* Mandatory field)

I/We Would like to invest to meet My/Our financial goals - ☐ Child's Education ☐ Child's Marriage ☐ Wealth Creation ☐ Retirement Planning ☐ Dream Home ☐ Dream Vacation

In case of multiple schemes, cheque should be drawn in favour of **"PGIM India Mutual Fund - Common Collection A/c"**

Scheme / Plan	Growth	IDCW[1] Payout	IDCW Reinvestment	Amount
PGIM INDIA	☐	☐	☐	₹ Minimum Rs. 1000
PGIM INDIA	☐	☐	☐	₹ Minimum Rs. 1000
PGIM INDIA	☐	☐	☐	₹ Minimum Rs. 1000
			TOTAL[2]	₹

SIP Date DD (Any date of the month & quarter)

SIP Period

From DD/MM/YYYY

To* DD/MM/YYYY

Maximum duration of 40 years

Initial Investment Details Amt. (₹) Cheque No. Dated: Drawn on:

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.

☐ SIP renewal ☐ Change in OTM (For SIP registered earlier - OTM to be filled in mandatorily)

PGIM INDIA Scheme Plan Option Amount ₹

Frequency: ☐ Monthly ☐ Quarterly SIP Date DD SIP Period: From DD/MM/YYYY To DD/MM/YYYY Maximum duration of 40 years.

☐ [3] OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate (UMRN)*

Debit Bank Name Account No.

☐ 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 ₹ Top Up Frequency (✓) ☐ Half Yearly* ☐ Yearly

☐ Top Up to continue till# DD/MM/YYYY maximum duration of 40 years (Please ✓ any 1) **OR** ☐ Top Up to continue till SIP amount reaches^ ₹

* 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 his 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/1st Applicant/Guardian/Authorised Signatory/POA	✗ 2nd Applicant/Guardian/Authorised Signatory/POA	✗ 3rd Applicant/Guardian/Authorised Signatory/POA

SIP_V1.2 JULY 2024

PGIM India Mutual Fund

ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP

(*Mandatory field)

UMRN For office use Date* D D M M Y Y Y Y

CREATE ✓ MODIFY X CANCEL X

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

I/We hereby authorize PGIM INDIA MUTUAL FUND to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number*

With Bank* Name of customers bank IFSC* MICR*

an amount of Rupees* Amount in words ₹ In Figures

FREQUENCY* X Mthly X Qtly X H-Yrly ✓ As & When presented DEBIT TYPE* X Fixed Amount ✓ Maximum Amount

Reference - 1 Application no. / Folio number 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 account as per latest schedule of charges of the bank.

Maximum period of validity of this mandate is 40 years only.

PERIOD*
From D D M M Y Y Y Y
To D D M M Y Y Y Y

XX Signature of first account holder XX Signature of second account holder XX 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.
- **Maximum period of validity of this mandate is 40 years only.**