

Please strike off the unused sections to avoid unauthorised use. Use separate forms for different folios.

Allotment of units shall be subject to realization of payment instruments

## **APPLICATION FORM**

Please read Instructions before completing this Form

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub- Broker/Employee	Employee Unique ID	). Time Stamp No. (For office use only)			
ARN - Kindly affix your ARN stamp	Kindly affix your Sub Broker ARN stamp		AMFI Identity Number	21			
employee / relationship manager / sa manager / sales person of the distrib	lles person of the above dist	ributor or notwithstandin	g the advice of inapprop	ly" transaction without any interaction or advice by the riateness, if any, provided by the employee / relationship on.			
SIGNATURE(S)  Sole / First A	pplicant / Guardian / POA	Second	Applicant / POA	Third Applicant / POA			
Transaction Charges (Please tick a  ☐ IAM A FIRST TIME INVESTOR IN I  (₹ 150/- will be deducted as transact  Transaction charges will be applical transaction charges given in KIM.	MUTUAL FUNDS ion charge on Subscription of ₹10	· · · · · · · · · · · · · · · · · · ·	(₹ 100/- will be deducted a	STOR IN MUTUAL FUNDS  is transaction charge per Subscription of ₹10,000/- and more)  Please refer to the detailed terms and conditions w.r.t.			
"Upfront commission shall be paid directly  I. Applicant Details		istered Distributors based on for ALL investments in		various factors including the service rendered by the distributor."			
First / Sole Applicant Mr. /Ms./ M/s.		/ [ [ (If you have ar	-	please mention the number here and proceed directly to section 4)			
Guardian / POA Holder Mr. /Ms./ M/s.			P.	AN			
(in case First / Sole Applicant is minor)							
Date of Birth D D M	`	, ,		Natural Guardian Court Appointed Legal Guardian			
Proof of Date of Birth (Mandatory in Status of First / Sole Applicant (Please ✓)	n case of minor)	HUF	Certificate Passp Company D PEP FII / PIO / C	AOP / BOI Partnership firm Body Corporate			
Second Applicant Mr. /Ms./ M/s.			I	PAN			
Third Applicant Mr. /Ms./ M/s.			1	PAN			
In case of Non-individual, Unitholder Complete Address for Correspondence		d Signatory List (ASL)					
City		State		PIN			
Overseas Address ( <b>Mandatory</b> in case	e of NRI / FII Applicants) <b>Not</b>	e: Non-Resident Indians r	esiding in the United St	ates of America & Canada cannot invest.			
City	State	Соц	ntry MANDA	TORY Pin/Zip			
Tel. (Off./Res) (ISD) (STD)		Mol					
Email ID I		Email		rte			
Account No.	It Details (Mandatory for	Redemption & Dividend		select) Savings Current NRE NRO FCNR			
Bank Name							
Branch		City		PIN			
	t code on your cheque)			"Payable at par at all ABC Bank Ltd in India"  Date  Pay  Or bearer  Rupees			
MICR Code (9 digit code on your chec	. ,	NDATORY		ABC-Beak Ltd			
Document attached (Any one)	s Book	Bank Cer	rtificate	196, Mehatma Gandin-Read, Mumbai - 400 001  FSC ABS80000125  411977 4416394(2) 624630 31			
All Payout will be processed through E	+ I/NEFT/RTGS. In case you v	vish to receive a Cheque/DI — — — — —	D, Please Tick				
ACKNOWLEDGEMENT SLIP							
Received from Mr. / Ms. / M/s.				Sr. No.			
cheme / Option Time Stamp No.							
Bank / Branch	A		(Office Use O	nly)			

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Please strike

. Depository Acc	ount Details (Applicable only if y	ou wish to hold units in demat f	orm, else skip. Please	read instruction fo	r more details)
Depository Name (Please ✓)	National Securities Depo	, , , , , ,	Central De	epository Services (In	dia) Limited (CDSL)
Depository Participant's Name	(DP)	O R			
DP ID	IN				
eneficiary Account Number			16 Digit Beneficiary	Account Number to	be mentioned above
			,		
. Investment and	Payment Details				
Scheme Name :	Plan*	Standard Direct Option*	Growth Dividend Payout	Dividend Re-inverse Dividend Freque	
	n will be applied in case of no informatio s PAN No. or "Scheme Name - Folio No		e / DD to be drawn in fa	vour of "Scheme Na	me - First Holder's Name" o
LUMPSUM INVESTMEN	T Payment	Mode: Cheque DD	RTGS NEFT	Funds Transfer	
heque/DD/RTGS/NEFT No.		D:	ate of Cheque/DD/RTG	S/NEFT D D	M M Y Y Y
mount Rs, (i)	DD charges Rs, (ii)	Tot	al Amount Rs. (i) + (ii)		
ank Name			Branch		
ank A/c. No.		Account	<b>Type</b> (Please ✓) Sa	vings Current	NRE NRO FC
IRI / FII investors please enclo	se (✓ as applicable) Account Debit		,	8 🗆	
·	d Third Party Payment Rejection, w	_			
Bank Certificate for DD		arty Declarations	, 		
SYSTEMATIC INVESTM	ENT PLAN (SIP)	SIP	☐ DOLLAR \$IP	(Mandatory throug	h ECS)
SIP through ECS	(II) SIP	through Post Dated Cheques	Rupee Equivalen	`	per installme
<u> </u>	(, =			nvestor(s) for AMC	i
) Frequency (Please ✓): ☐ I	Monthly Quarterly SIP / Micro SIP I	Date: Ist 7th 14th	21st All four date	es Installment amou	nt ₹
rolment Period From	M / Y Y To M M /	Y Y Cheque No(s). From	l	_То	No. of Cheques
rawn on (Bank / Branch Name					
lease fill up the SIP / Micro SII	P / Dollar \$IP Auto Debit (ECS) form en	closed in the KIM and submit it alon	g with this Application F	orm)	
. Nomination Det	tails (Mandatory* for Single / Sole	Holder. Please select any one of	the following)		
I/We wish to nominate th	e below #I/We do not wis	h to avail of the nomination facil	ity for my investment	:	
	Nominee	Name of Guardian	Relationship with	Signature of	Percentage of
		(in case of Minor)	Applicant	Ğuardian	Investment Allocation (
Nominee I					
Address					
Nominee 2					
Address			I	I	
Nominee 3					
Address		A b a filled This will be added from	4h - Dit A		i t 2
Declaration & S	ase note that nomination details need no	of be filled. I his will be picked from	the Depository Accoun	it details mentioned ii	n point no. 3
now-Your-Customer and Investor I in / are authorised to make this inv any Act, Rules, Regulations, Notifi vestment to my bank(s) / PineBridg an are expected to vary on accoun older has disclosed to me/us all the eing recommended to me/us. I/We hich together with the current appredit going to the wrong bank acco UIN: I/We hereby confirm that the the above distributor or notwiths es on this transaction PPLICABLE FOR NRIs: I / We of In any Authority (1996)	the contents of the SID/SAI/KIM of the above Protection". I /We hereby apply for allotment/ sestment and that the amount invested in the S cations or Directions issued by any regulatory we Mutual Fund's bank(s) and / or Distributor / E to of specified expense ratio under the relevant; commissions (in the form of trail commission or have read and understood the Terms and Con polication will result in aggregate investments ex unt. I /We declare that the information given in EUIN box has been intentionally left blank by tanding the advice of in-appropriateness, if any confirm that I am/ we are Non-Resident(s) of Ir IRE / FCNR Account. I/We undertake that all a	purchase of Units in the Scheme and agree cheme is through legitimate sources only authority in India. I / We hereby authoriss broker / Investment Advisor. I/We underst plan. I / We have neither received nor bee or any other mode), payable to him for the ditions w.r.t. transaction charges as applicaceding ₹ 50,000/- in a year. I/We declarathis application form is correct, complete me/us as this is an "execution-only" transary, provided by the employee/relationship indian Nationality / Origin, not a resident o	e to abide by the terms and and does not involve and is e PineBridge Mutual Fund, it and that all plans of scheme in induced by any rebate or godifferent competing Scheme able for purchase transactio e that I/We do not hold Pine and truly stated.  Tion without any interaction manager/sales person of the full I/We Canada and that I/We II/We	conditions applicable the not designed for the pur ts Investment Manager a will have common portfe gifts, directly or indirectly es of various Mutual Fun ns. I/We declare that I/W Bridge Mutual Fund res or or advice by the employ e distributor and the dist e have remitted funds for the post of the purpose e distributor and the dist	preto. I /We hereby declare that I pose of any contravention or end its agents to disclose details of olio. However, the returns under equinosities, in making this investment. The deformation of the contravent
IGNATURE(S)	: / First Applicant / Guardian / POA	Second Applicant	:/POA	Third	Applicant / POA
		Quick Checklist before Subm	ission		
Name All					
Name, Address are correct Email ID / Mobile number PAN / KYC requirements a Complete Bank details pro	are mentioned SIP ECS Form / Do Nomination facility	•	t pre-printed on Additional docume	nts provided in case of spe	f Demand Draft is used. ecific exceptional Third Party paym
· · ·				iments in case of Cor	
TOWN COLUMN TO THE PARTY OF THE				NAME AND STREET AND STREET	
nvestor Care	(City Code) 60000344* Email: inc	dia.investorcare@pinebridge.co		TRUST to 567	

<sup>\*</sup> Available at our Ahmedabad, Bengaluru, Chennai, Mumbai, New Delhi and Pune branches.