

3 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency	Principal - _____ Scheme Name	Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan	Option: <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> AEP	Sub-Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> Sweep
		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual		

Dividend Sweep into Scheme _____ Plan _____ Option _____ (In case of Dividend Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

In case the choice of option is not indicated, default option shall be Growth Option. Under Dividend Option, the default sub-option shall be Dividend reinvestment option.

4 KYC / FATCA DETAILS FOR ALL APPLICANTS (Mandatory, Please ✓. The application is liable to get rejected if details not filled)

Status details for	First Applicant	Second Applicant	Third Applicant	Guardian	Politically Exposed Person (PEP) Details:	Is a PEP	Related to PEP	Not Applicable
Resident Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRI / PIO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>	-	-	-	Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor through Guardian ¹	<input type="checkbox"/>	-	-	-	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Individual <input type="checkbox"/> Company/Body <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> AOP <input type="checkbox"/> FI / FII / FPI	-	-	-	-	Authorised Signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Promoters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Karta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-	Whole-time Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	-	-				
	-	-	-	-				

Gross Annual Income Range (in ₹)				
Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian
Below 1 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 10 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 - 25 lac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 lac- 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
above 1 crore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR Networth in ₹ (Mandatory for Non Individual) (Not older than 1 year)	as on _____	as on _____	as on _____	as on _____

¹Address of tax residence would be taken as available in KRA database. In case of any change. Please approach KRA & notify the changes."

Occupation details for	First Applicant	Second Applicant	Third Applicant	Guardian	Type of Address given at KRA	Residential	Business	Registered Office
Private Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First / Sole Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Agriculturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housewife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Others (Please specify)	_____	_____	_____	_____				

5 MODE OF HOLDING (Please ✓)

Single Jointly Either / Anyone or Survivor (If no choice mode, default option : Jointly)

6 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) _____

Account No. _____ Branch / City _____

(Please provide the full account number)

Branch Address _____ Pin Code _____

Account Type (Please ✓) Savings Current NRE NRO FCNR NRSR

MICR Code* _____ This is a 9 digit number next to your Cheque No. _____

Essential Enclosures : (For Direct Credit): Blank cancelled cheque Copy of cheque

Only for RTGS* IFSC* Code _____ NEFT* Code _____ [* indicates - Mandatory]

Note: It is mandatory to enclose Proof of Bank (personalised cancelled cheque leaf) where the Payment Bank Account is different from the above mentioned Bank Account details.

7 DEMAT ACCOUNT DETAILS (OPTIONAL) [Refer instruction No. 'B (13)']

(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form.

NSDL	DP Name _____	DP ID _____	Beneficiary Account No. _____
CSDL	DP Name _____	Beneficiary Account No. _____	



For investment related enquiries, Investor Grievance please contact:

Principal Mutual Fund

Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.

TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: customer@principalindia.com • Website: www.principalindia.com

CHECK LIST : Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.

8 PAYMENT DETAILS & REGISTRATION THROUGH POST DATED CHEQUES (Mandatory) The name of the First/Sole Applicant must be preprinted on the cheque [Refer Instruction No. C]

(i) Investment Amount (₹) _____ (ii) DD Charges (₹) _____ Net Amount (₹) (i)+(ii) _____

Mode of Payment (Please ✓) Cheque DD RTGS NEFT ECS Funds Transfer Payment from Bank A/c. No. _____

*First SIP Cheque No. _____ Dated | D | D | M | M | Y | Y | Y | Y | _____

Drawn on Bank _____ Branch & City _____

Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)

Parent/Grand Parent/related person (Not to exceed ₹ 50,000): _____ Name _____

Employer: _____ Name _____ Custodian: _____ Name _____

Mandatory Enclosure
 KYC Acknowledgement Letter &
 Third Party Declaration Form

2nd and subsequent Installments: No. of Cheques _____ {Atleast 6** Incl. first installment} Amount Per Cheque ₹ _____ Total Amount ₹ _____

Frequency Monthly Quarterly 2nd and subsequent installment Cheque Nos. From _____ To _____

Second and subsequent installment month _____ SIP Date 1st 5th 15th 25th (the date on which you want to invest)

*Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the cheque. ** Cheques to be dated as per the SIP date selected

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - Instruction to the Bank from the Unitholder to Debit the Account.
 • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement Bank confirmation of Non-Resident Account Type / FIRC

* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

9 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

NOMINEE'S NAME Mr. Ms _____

Date of Birth | D | D | M | M | Y | Y | Y | Y | _____
(in case of nominee being a minor)

NAME OF PARENT / LEGAL GUARDIAN (in case of nominee being a minor) Mr. Ms _____

ADDRESS OF NOMINEE / GUARDIAN (in case of nominee being a minor) _____

City _____ Pin Code _____

Specimen Signature of Nominee / Guardian _____

OR

I/We do not wish to nominate a nominee in my / our folio. _____ Signature of 1st Unit Holder _____ Signature of 2nd Unit Holder _____ Signature of 3rd Unit Holder _____

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / www.principalindia.com]

10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards.

11 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)#

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

I am a US Person I am not a US Person

12 FATCA INFORMATION / FOREIGN TAX LAWS [Refer instruction No. 'I']

The below information is required for all applicant(s)/Guardian:

Category	First Applicant	Second Applicant/Guardian	Third Applicant
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please indicate all countries in which you are resident for tax purpose and the associated Tax Reference Numbers below:			
Country#			
Tax Identification Number##			
Identification Type (TIN or Other, please specify)			

To also include USA, where the individual is a citizen / green card holder of The USA
 ## In case Tax Identification Number is not available, kindly provide its functional equivalent. §
 In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIN, etc.

Non individuals: Please fill FATCA & CRS Declaration also
 In case the entities country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here: _____

Non Individual Investors involved / providing any of the mentioned services

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration]	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. Foreign Exchange / Money Changer Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
iv. Money Lending / Pawning	<input type="checkbox"/> YES <input type="checkbox"/> NO

Ultimate Beneficiary Owner (UBO) Details (Refer Instruction No. F) (For Non-individual Only: UBO Declaration attached)

Applicant is the UBO(s) of this investment (Default) Applicant is NOT the UBO(s) of this investment

FATCA & CRS – TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as with holding agents for the purpose of ensuring appropriate with holding from the account or any proceeds in relations thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

13 FATCA & CRS DECLARATION AND CERTIFICATION (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

I. FOR NON-INDIVIDUAL / ENTITY:

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
1. We are a, Financial institution ⁶ <input type="checkbox"/> or Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity <input type="text"/> <input type="text"/>
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for <input type="checkbox"/> If the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/> Not obtained – Non-participating FI	
PART B (Please fill any one as appropriate * to be filled by NFEs other than Direct Reporting NFEs*)	
1. Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____
¹ Refer 2a of Part D ² Refer 2b of Part D ³ Refer 2c of Part D ⁴ Refer 3(ii) of Part D ⁶ Refer 1 of Part D Refer 3(vii) of Part D ¹⁰ Refer 1A of Part D	

II. ALL APPLICANTS:

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

III. INDIVIDUAL / NON-INDIVIDUAL DECLARATION:

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us. I / We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason whatsoever. I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank. I/We hereby agree for the AMC/Trustees to compulsorily redeem any Units held directly or beneficially by me/us if I/we fail to provide the information called for by the AMC / Principal Mutual Fund or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time.

Applicable to NRIs only: I / We confirm that I am / we are Non- Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account /FCNR Account.

IV. SIGNATURE:

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC [*]
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC [*]
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name <input type="text"/> PAN <input type="text"/>	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC [*]

^{*} Refer Instruction No. D