

NON-FINANCIAL REQUESTS FORM (1/2)

Please read instructions carefully. Please strike of sections that are not applicable.



Folio No.

Date

Name of 1st Unitholder: _____ PAN¹

Name of 2nd Unitholder: _____ PAN

Name of 3rd Unitholder: _____ PAN

¹Please mention Guardian PAN if the 1st unitholder is below 18 years of age.

PAN / KYC			
Please enclose: <input type="checkbox"/> Self attested copy of PAN card <input type="checkbox"/> KYC Acknowledgement			
1st Unitholder / Guardian	2nd Unitholder	3rd Unitholder	
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>	

FATCA & CRS INFORMATION (For Individual Investors including Sole Proprietor. Non Individual investors should mandatorily fill separate FATCA form)				
	1st Unitholder	2nd Unitholder	3rd Unitholder	Guardian /POA
Place of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth (✓)	<input type="checkbox"/> India <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> India <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> India <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> India <input type="checkbox"/> Others <small>Please specify</small>
Nationality (✓)	<input type="checkbox"/> Indian <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> Indian <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> Indian <input type="checkbox"/> Others <small>Please specify</small>	<input type="checkbox"/> Indian <input type="checkbox"/> Others <small>Please specify</small>
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Mandatory to enclose FATCA / CRS Annexure				

CONTACT DETAILS	
<input type="checkbox"/> 1st Unitholder	<input type="checkbox"/> 2nd Unitholder <input type="checkbox"/> 3rd Unitholder
Mobile <input type="text"/>	Email <input type="text"/>
Mobile No. provided pertains to: (Please ✓)	Email ID provided pertains to: (Please ✓)
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings
<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	<input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA

ADDITIONAL KYC INFORMATION (Please ✓ whichever is applicable)	
Occupation	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <small>Please specify</small>
The applicant is	<input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> >1 crore

BANK DETAILS	
<input type="checkbox"/> Change Primary Bank	<input type="checkbox"/> Add New Bank
Bank A/c No. <input type="text"/>	
Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others <small>(please specify)</small>
Bank Name _____	Bank City _____
IFSC (11 digits) <input type="text"/>	MICR (9 digits) <input type="text"/>
New bank details (Attach any one of the following) (✓)	
<input type="checkbox"/> A cancelled original cheque leaf/self attested copy of cancelled cheque. (Name of the first holder should be printed on the face of the cheque leaf)	
<input type="checkbox"/> Self attested photocopy of bank passbook or bank account statement (Having entries not older than 3 months)	

REISSUANCE OF STALE INSTRUMENTS	
<input type="checkbox"/> Please enclose the Stale Instrument	
Instrument No. <input type="text"/>	Instrument Date <input type="text"/> Amount <input type="text"/>
<input type="checkbox"/> I/We request you to reissue the above instrument after necessary revalidation without change in bank details.	
<input type="checkbox"/> I/We request you to cancel the above instrument and credit the sum to my bank details registered in the folio indicated above.	

NOMINATION DETAILS	
<input type="checkbox"/> Register ¹ a Nominee for our investments	<input type="checkbox"/> Modify ¹ nomination registered in the folio <input type="checkbox"/> Cancel nomination registered in the folio
Nominee Name _____	Date of Birth <input type="text"/>
Address _____	
Relationship with applicant _____	Name of Guardian (in case nominee is a minor) _____
Nominee (%) _____	Nominee Signature _____
<input type="checkbox"/> Declare that I / We do not wish to appoint a nominee for our investments in the above folio. I / We understand that in the event of death of all unitholder(s) in the folio, the legal heirs for the unit holders would need to submit all requisite documents for transmitting the units in favour of the legal heir based on applicable legal / regulatory requirements at the stage of initiation of the transmission request.	
If you wish to appoint multiple nominees, please use the multiple nomination form available or visit our website to update nomination.	
¹ Nomination details provided would over-ride any previous nomination registered in the folio.	

SIGNATURE(S)		
1st Unitholder/Guardian/POA	2nd Unitholder	3rd Unitholder

To be signed by (a) Guardian in case of unit holders below 18 years of age; (b) Power of Attorney holder for investments made under a power of attorney; (c) Authorised Signatories in case of non-individual unit holders; (d) Request for nominee registration/cancellation has to be signed by all the unit holders.

I / We hereby read and understood the terms and conditions of the SID and SAI of the PGIM India Mutual Fund.

NON-FINANCIAL REQUESTS FORM (2/2)

Please read instructions carefully. Please strike of sections that are not applicable.

Folio No.

Name of 1st Holder: _____ PAN

CHANGE IN MODE OF HOLDING (to be signed by all unit holders mandatorily)

We would like to change our mode of holding as: Joint to Anyone or Survivor Anyone or Survivor to Joint

CONSOLIDATION OF FOLIOS

I / We wish to consolidate all my / our investments in the below folios into the target folio.

Folios to be consolidated (Source Folios):

1. 2. 3.

Target folio [MANDATORY] : This folio has to be one of the source folios.

I/We, agree that name of unitholders, mode & order of holding, tax status, bank mandate, postal address, nominee details are identical in all folios and post consolidation, same will be applicable under requested Target Folio. Please note that your information in the target folio will over-ride any information provided in the source folio. Please note, active folios under special facilities such as Dynamic Asset Allocation Facility & Agelinked Asset Allocation cannot be consolidated.

CHANGE IN TAX STATUS

Resident Indian to Non Resident Indian Non Resident Indian to Resident Indian

Overseas Address: (Mandatory in case of change in status from Resident Indian to Non-Resident Indian. Should be same as in KRA records)

Bank Account Details (To be mandatorily provided if investor has given change in tax status from RI to NRI or vice versa)

Bank A/c No.

Account Type (Please ✓) Savings NRE NRO Others _____ (please specify)

Bank Name _____

IFSC (11 digits) MICR Code (9 digits)

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

SIP PAUSE DAAF SIP PAUSE

Scheme **PGIM INDIA** _____ Plan (✓) Regular Direct

Option (✓) Growth IDCW Payout IDCW Reinvestment

SIP Amount SIP Date SIP Frequency (✓) Monthly Quarterly

I / We would like to pause my/our SIP instalments as per details below (✓)

1 month 2 months 3 months 1 quarter (Quarterly SIPs can be paused only for 1 quarter).

Starting . The SIP Pause request should be submitted atleast 15 days prior to the next SIP date.

CANCELLATION OF REGISTRATION FOR SYSTEMATIC TRANSACTIONS

I / We would like to cancel my/our registration for SIP[@] STP[§] SWP[§] as per details below :

From Scheme **PGIM INDIA** _____ Plan (✓) Regular Direct

Option (✓) Growth IDCW Payout IDCW Reinvestment

#To Scheme **PGIM INDIA** _____ Plan (✓) Regular Direct

Option (✓) Growth IDCW Payout IDCW Reinvestment

#Applicable only for STP

Installment Date Installment Amount

Frequency (✓) Daily* Weekly* Monthly Quarterly Annual

*Daily & Weekly frequency is applicable only for STP.
Annual facility available only for SWP.

[@] The discontinuation of SIP request should receive at least 21 business days prior to the next due date of the SIP.

[§] The discontinuation of STP & SWP request should receive at least 7 calendar days.

SIP/STP/SWP registered through exchange platform, MF Utility, other online platform will not be eligible to avail this facility.

CHANGE OF IDCW[§] OPTION

Scheme **PGIM INDIA** _____ Plan (✓) Regular Direct

Option (✓) IDCW Payout IDCW Reinvestment

I / We would like to change my/our IDCW Preference as indicated below :

IDCW Payout to IDCW Reinvestment IDCW Reinvestment to IDCW Payout

[§] IDCW stands for Income Distribution cum Capital Withdrawal. Earlier called Dividend option

SIGNATURE(S)

1st Unitholder/Guardian/POA

2nd Unitholder

3rd Unitholder

To be signed by (a) Guardian in case of unit holders below 18 years of age; (b) Power of Attorney holder for investments made under a power of attorney; (c) Authorised Signatories in case of non-individual unit holders; (d) Request for nominee registration/cancellation has to be signed by all the unit holders.

I / We hereby read and understood the terms and conditions of the SID and SAI of the PGIM India Mutual Fund.