

## **COMMON TRANSACTION FORM**

This Form is to be used by Existing Investors for the purpose of Sr. No. Employee Unique ID. Sub Broker Name & Internal code for Sub-Broker/Distributor Time Stamp No. (For office use only) Code Broker/Employee No. (EUIN) ARN - Kindly affix your ARN stamp I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. "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." Transaction charges will be applicable to the investors for purchase transaction trough Distributor/ Agent. Please refer to the detailed terms and conditions w.r.t. transaction charges given in KIM. Sole / First Applicant / Guardian / POA Second Applicant / POA Third Applicant / POA Existing Unitholders Information (KYC is mandatory for ALL investments irrespective of the amount.) First Unitholder Existing Folio No. **Additional Purchase** Scheme Name Plan Standard Direct Option DD Charges (if applicable) Net Amount (A/c Payee-Cheque / DD Amount) Investment Amount ₹ ₹ Cheque/DD No. Drawn on (Bank / Branch Name) Account Type Savings Current NRE NRO FCNR Others Please specify Cheque / DD Date Systematic Investment Plan (SIP) (Through Post Dated Cheques) \* Micro SIP Frequency (Please ✓): ☐ Monthly ☐ Quarterly SIP/Micro SIP Date : ☐ Ist ☐ 7th ☐ I4th ☐ 21st ☐ All four dates Installment Amount ₹\_ Y Cheque No(s). From \_\_\_\_\_\_ To \_\_\_\_\_ No. of Cheques \_\_\_\_ Y Y To M Enrolment Period From Drawn on (Bank / Branch Name) \_ \* SIPs upto ₹ 50,000/- per year per investor i.e. aggregate of installments in a rolling 12 month period or in a financial year shall be referred to as 'Micro SIP'. Payment Bank Details (Mandatory for Additional Purchase / SIP) Source of Payment (from where the above investment is made) First / Sole Holder's Bank Account Mandatory (any one): Cheque leaf with Name pre-printed Bank Statement Pass Book Bank Certificate OR Third Party's Bank Account Parents/Grand-Parents/related persons Employer on behalf of employee Custodian on behalf of an FII or a client **Relationship with the Holder:** ☐ Parents/Grand-Parents/related **Mandatory documents required:** ☐ KYC Acknowledgment Letter Relationship with the Holder: Third Party Declaration Form ☐ Cancelled cheque leaf with Name pre-printed ☐ Bank Statement ☐ Pass Book ☐ Bank Certificate Document attached (Any one) From Scheme (Transferor) \_ Option To Scheme (Transferee) \_ OR Units\_ OR All Units Declaration & Signatures I/We have read and understood the contents of the SID/SAI/KIM of the above Scheme of PineBridge Mutual Fund including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering, Know-Your-Customer and Investor Protection". I /We hereby apply for allotment/ Sole / First purchase of Units in the Scheme and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am / are authorised Applicant / to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for Guardian the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I / We hereby authorise PineBridge Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / PineBridge Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We understand that all plans of respective schemes will have common portfolio. However, the returns under each plan are expected to very on account of specified expense ratio under the relevant plan. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. I/We have read and understood the Terms and Conditions w.r.t. transaction charges as Applicant applicable for purchase transaction. I/We declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year. I/We declare that I/We do not hold PineBridge Mutual Fund responsible for the redemption/ dividend credit going to the wrong bank account. I/We declare that the information given in this application form is correct, complete and truly stated. EUIN: 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, Third provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction Applicant APPLICABLE FOR NRIs: 1 / We confirm that I am/ we are Non-Resident(s) of Indian Nationality / Origin, not a resident of US / Canada and that I/We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account. (P. T. O. 🔊) Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. Date Received from SIP/ Micro SIP : Installment Amount (₹) \_ Total Cheques \_ Cheque Nos. \_\_ Time Stamp Additional Purchase : Amount (₹) Cheque No. Switch : Amount (₹) 1800-200-3444 Email: india.investorcare@pinebridge.com Website **Investor Care** www.pinebridge.in TRUST to 56767 Distributor Care (City Code) 60000344\* Email: india.distributorcare@pinebridge.com SMS

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



## **COMMON TRANSACTION FORM**

Broker/Distributor			mployee Unique ID.	Time Stamp N	lo. (For office use only)
ARN - Kindly affix your ARN stam			No. (EUIN)  AMFI Identity Number	Time Seamp	io. (i oi oillee ase oilly)
	BroKer ARN stamp ntionally left blank by me/us as this is an "exe			or advice by the distributor	nersonnal concerned
lpfront commission shall be paid direc	ctly by the investor to the AMFI registered Di o the investors for purchase transaction thro	stributors based on the ir	ivestors' assessment of vai	rious factors including the se	rvice rendered by the distribut
IGNATURE(S) Sole / First	t Applicant / Guardian / POA	Second App	licant / POA	Thire	1 Applicant / POA
Existing Unitholders Info	rmation (KYC is mandatory for	ALL investments i	rrespective of the a	ımount.)	
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Redemption					
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	OR				
	Any of the Registered Bank Account in t	this folio Please pay	Proceeds via RTGS/NEFT	Γ	
ink Account No.		IFSC (	Code		
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