

TRANSACTION FORM



Please read instructions carefully. Please strike off any sections that not relevant or not applicable.

MUTUAL FUND

1. DISTRIBUTION INFORMATION (Refer Section 1 under instructions)

ARN Code	RIA Code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
ARN-		ARN-		

In case the Employee Unique Identification Number (EUIN) box has been left blank please refer point 8 related to EUIN.
 Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)

Existing Folio No.

NAME OF FIRST/SOLE UNITHOLDER Mr. Ms. M/s.

NAME OF GUARDIAN (if applicable) Mr. Ms. M/s.

NAME OF SECOND UNITHOLDER Mr. Ms. M/s.

NAME OF THIRD UNITHOLDER Mr. Ms. M/s.

NAME OF PoA (if applicable) Mr. Ms. M/s.

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

Scheme Name *Option (Please any one) Growth Dividend

*Dividend Facility (Please any one) Payout Re-investment Dividend Sweep⁵ *Dividend Frequency

Mode of Payment Cheque Demand Draft Electronic Fund Transfer Source of Funds (For NRI / FIIS Investor) NRE NRO FCNR OTHERS (please specify)

Amount ₹ (in words)

DD Charges ₹ Cheque / DD No. Dated

Drawn on Bank Branch & City

Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form.
 *For Default option, please refer to SID. ⁵ Please refer to SID / addendum thereof for schemes available for DSF

4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme To Scheme

Option (Please any one) Growth Dividend *Option (Please any one) Growth Dividend

Dividend Facility (Please any one) Payment Re-investment Dividend Sweep⁵ *Dividend Facility (Please any one) Payment Re-investment Dividend Sweep

Dividend Frequency *Dividend Frequency

Amount ₹ (in words)

OR No. of Units OR All units (Please)

*For Default option, please refer to SID. ⁵ Please refer to SID / addendum thereof for schemes available for DSF

5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme Option (Please any one) Growth Dividend

Amount ₹ (in words)

OR No. of Units OR All Units (Please)

Bank Account Option 1 (Default) Option 2 Option 3 Option 4 Option 5

For Corporate Investors with more than 5 registered Banks Accounts Please specify option no.

Option (Please any one)

Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please () the appropriate Option.

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6 under instructions)

Scheme Plan

Option (Please any one) Growth Dividend Dividend Frequency

Withdrawal Instalment ₹ Withdrawal Frequency Monthly Quarterly

No. of Instalments Withdrawal Date 1st 7th 10th 15th 21st 25th 28th All 7 dates

Total Withdrawal Withdrawal From to

(First Instalment) (Last Instalment)

7. SYSTEMATIC Transfer Plan (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 7 under instructions)

From Scheme Plan

Option (Please any one) Growth Dividend Dividend Frequency

To Scheme Plan

*Option (Please any one) Growth Dividend Reinvestment Dividend Payout Dividend Sweep Dividend Frequency

*For Default option, please refer to SID.

Transfer Instalment ₹ No. of Instalments Transfer Frequency (Please any one) Monthly Quarterly

Total Transfer ₹ STP dates (Monthly or Quarterly) (Please any one)

Transfer Period From to 1st 7th 10th 15th 21st 25th 28th All 7 dates

(First Instalment) (Last Instalment)

8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 8 under instructions)

I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of DHFL Pramerica Mutual Fund, I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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.

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.

Please if the EUIN space is left blank : 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, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)

1st Unitholder/Guardian/Authorised Signatory/POA

2nd Unitholder/Guardian/Authorised Signatory/POA

3rd Unitholder/Guardian/Authorised Signatory/POA