

Sr. No. \_\_\_\_\_

This Form is to be used by Existing Investors for the purpose of  
 Additional Purchase  SIP  Micro SIP (Please ✓ whichever is applicable)

BROKER/DISTRIBUTOR	Sub Broker Name & Code	Employee Unique ID. No. (EUN)	Time Stamp No. (For office use only)
ARN -83671 <small>your ARN stamp</small>	Kindly affix your Sub Broker ARN stamp	A E100500 <small>per</small>	

I/We confirm that the EUN 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 through Distributor/ Agent. Please refer to the detailed terms and conditions w.r.t. transaction charges given in KIM.**

### Existing Unitholders Information

First Unitholder \_\_\_\_\_ Existing Folio No. \_\_\_\_\_

KYC is mandatory for ALL investments irrespective of the amount.

### PAN & KYC Details

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
PAN No.* _____	PAN No.* _____	PAN No.* _____
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
*Mandatory - Enclose self/broker attested PAN Card Copy.		
Photo Identification** _____	Photo Identification** _____	Photo Identification** _____

\*\* Photo Identification mandatory - please refer to Micro SIP related information.

### Additional Purchase

Scheme Name \_\_\_\_\_ Plan Standard  Direct  Option \_\_\_\_\_

Investment Amount ₹ \_\_\_\_\_ DD Charges (if applicable) ₹ \_\_\_\_\_ Net Amount (A/c Payee-Cheque / DD Amount) ₹ \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ Drawn on (Bank / Branch Name) \_\_\_\_\_

Cheque / DD Date DD / MM / YY Account Type  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_ Please specify \_\_\_\_\_

Systematic Investment Plan (SIP) (Through Post Dated Cheques)  \* Micro SIP

Frequency (Please ✓):  Monthly  Quarterly SIP/Micro SIP Date:  1st  7th  14th  21st  All four dates Installment Amount ₹ \_\_\_\_\_

Enrolment Period From MM / YY To MM / YY Cheque No(s). From \_\_\_\_\_ To \_\_\_\_\_ No. of Cheques \_\_\_\_\_

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

Relationship with the Holder:  Parents/Grand-Parents/related persons  Employer on behalf of employee  Custodian on behalf of an FII or a client

Mandatory documents required:  KYC Acknowledgement Letter  Third Party Declaration Form

Document attached (Any one)  Cancelled cheque leaf with Name pre-printed  Bank Statement  Pass Book  Bank Certificate

### 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/ 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 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 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 vary 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 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.

**EUN:** I/We hereby confirm that the EUN 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.

**APPLICABLE FOR NRIs:** I/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.

**SIGNATURE(S)**

Sole / First Applicant / Guardian \_\_\_\_\_

Second Applicant \_\_\_\_\_

Third Applicant \_\_\_\_\_

If the investment is being made by a Constituted Attorney, please furnish Name of Power of Attorney Holder (POA) in respect of each applicant below:

Name	POA Holder for Applicant 1	POA Holder for Applicant 2	POA Holder for Applicant 3
Address	_____	_____	_____
PAN No.*	_____	_____	_____
<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)	<input type="checkbox"/> KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)
Photo Identification**	Photo Identification**	Photo Identification**	Photo Identification**

\*Mandatory - Enclose self/broker attested PAN Card Copy. \*\*Photo Identification Copy for Micro SIP only.

### Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_

SIP/  Micro SIP : Installment Amount (₹) \_\_\_\_\_

Total Cheques \_\_\_\_\_ Cheque Nos. \_\_\_\_\_

Additional Purchase : Amount (₹) \_\_\_\_\_

Cheque No. \_\_\_\_\_

Time Stamp No. (Office Use Only) \_\_\_\_\_

<b>Investor Care</b>	1800-200-3444	Email: india.investorcare@pinebridge.com	<b>Website</b>	www.pinebridge.in
<b>Distributor Care</b>	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	<b>SMS</b>	TRUST to 56767

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

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