

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

Sr. No. _____

Broker/Distributor	Sub Broker Name & Code	Internal code for Sub-Broker/Employee	Employee Unique ID. No. (EUIIN)	Time Stamp No. (For office use only)
ARN - ARN-90531			E086029	

I/We confirm that the EUIIN 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.

SIGNATURE(S) _____ 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 _____
 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 / YYYY) _____ Account Type Savings Current NRE NRO FCNR Others _____

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 (DD / MM / YYYY) To (DD / MM / YYYY) 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 instalments 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 Acknowledgment Letter Third Party Declaration Form
 Document attached (Any one) Cancelled cheque leaf with Name pre-printed Bank Statement Pass Book Bank Certificate

Switch

From Scheme (Transferor) _____ Plan _____ Option _____
 To Scheme (Transferee) _____ Plan _____ Option _____
 Please transfer (Please ✓) ₹ _____ **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/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.
EUIIN: I/We hereby confirm that the EUIIN 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 _____

(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. _____

Additional Purchase : Amount (₹) _____

Cheque No. _____

Switch : Amount (₹) _____ OR Units _____

Time Stamp (Office Use Only)

Investor Care	1800-200-3444	Email: india.investorcare@pinebridge.com	Website	www.pinebridge.in
Distributor Care	(City Code) 60000344*	Email: india.distributorcare@pinebridge.com	SMS	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.