

COMMON TRANSACTION FORM

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

(Please <input checked="" type="checkbox"/>) Mandatory	DIRECT		Sub Broker Name & Code
	BROKER/DISTRIBUTOR	ARN - ARN-109217	
	Stamp		Kindly affix your Sub Broker ARN stamp
	DISTRIBUTOR EMPLOYEE CODE		AMFI Identity Number

"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.

Time Stamp No.
(Office Use Only)

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

PAN No.*

KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)

Second Applicant

PAN No.*

KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)

Third Applicant

PAN No.*

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

Option

Investment Amount

DD Charges (if applicable)

Net Amount (A/c Payee-Cheque / DD Amount)

₹ A

₹ B

₹ A minus B

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)

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 MM / YY To MM / YY 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 Acknowledgment 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 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 gift 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 the information given in this application form is correct, complete and truly stated.

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.

SIGNATURES

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 2

POA Holder for Applicant 3

Address

PAN No.*

KYC Compliant (Mandatory - Copy of KYC Acknowledgement Letter)

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Photo Identification**

Photo Identification**

Photo Identification**

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**Photo Identification Copy for Micro SIP only.

(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 (₹) _____

Time Stamp No.
(Office Use Only)

Investor Care

1800-200-3444

Email: india.investorcare@pinebridge.com

Website

www.aiginvestments.co.in

Distributor Care

(City Code) 60000344* Email: india.distributorcare@pinebridge.com

SMS

TRUST to 56767

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

COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT	BROKER/DISTRIBUTOR	Sub Broker Name & Code
	ARN - K ARN-0030 ARN stamp	Kindly affix your Sub Broker ARN stamp	
DISTRIBUTOR EMPLOYEE CODE	AMFI Identity Number		

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This Form is to be used by Existing Investors for the purpose of Redemption Switch STP SWP
 SIP / STP / SWP Cancellation Change of Contact Details (Please ✓ whichever is applicable)

Time Stamp No.
(Office Use Only)

Existing Unitholders Information

First Unitholder Existing Folio No.

KYC is mandatory for ALL investments irrespective of the amount.

Redemption

Scheme Plan Option
 Amount ₹ Amount ₹ (In Words)
 No. of Units OR All Units (Please ✓) (Please mention either Amount or Units)

Default Bank Account in this folio Any of the Registered Bank Account in this folio Please pay Proceeds via RTGS/NEFT

Bank Details: Bank Name Bank Account No. IFSC Code

Switch

From Scheme (Transferor) Plan Option
 To Scheme (Transferee) Plan Option
 Please transfer (Please ✓) ₹ OR Units OR All Units

Systematic Transfer Plan (STP)

From Scheme (Transferor) Plan Option
 To Scheme (Transferee) Plan Option
 Please transfer Fixed Amount ₹ Capital Appreciation
 (Please ✓) OR Capital Appreciation
 Enrolment Period From M M / Y Y To M M / Y Y

Frequency : All Four Dates Fortnightly Monthly
 STP Date : 1st 7th 14th 21st

STP shall not be executed if amount is less than ₹1000/- (To be submitted 5 business days before the 1st due date of Transfer)

Systematic Withdrawal Plan (SWP)

From Scheme Plan Option
 (Please ✓) Fixed Amount ₹ Capital Appreciation
 Enrolment Period From M M / Y Y To M M / Y Y

SWP Date : 1st 7th 14th 21st All Four Dates

SWP shall not be executed if amount is less than ₹ 1000/-, Frequency - Monthly (To be submitted 5 business days before the 1st due date of Withdrawal)

SIP / STP / SWP Cancellation

I/We would like to discontinue SIP STP SWP Effective Date : 1st 7th 14th 21st All Four Dates
 Month Year

SIP Cancellation - To be submitted within 30 days from the next SIP effective date. **STP Cancellation** - To be submitted within 30 days from the next STP effective date.
SWP Cancellation - To be submitted within 30 days from the next SWP effective date

Change of Contact Details

Update my Mobile No. Update my Email ID*

* I would like to receive information by email in lieu of physical mail

Declaration & Signatures

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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 <input type="text"/> POA Holder for Applicant 1	POA Holder for Applicant 2 <input type="text"/>	POA Holder for Applicant 3 <input type="text"/>
Address <input type="text"/>	<input type="text"/>	<input type="text"/>
PAN No.* <input type="text"/>	<input type="text"/>	<input type="text"/>
<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** <input type="text"/>	Photo Identification** <input type="text"/>	Photo Identification** <input type="text"/>

*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. <input type="text"/>	Date <input type="text"/>	
Received from <input type="text"/>		
<input type="checkbox"/> Redemption: Amount (₹) <input type="text"/> OR Units <input type="text"/>		
<input type="checkbox"/> Switch : Amount (₹) <input type="text"/> OR Units <input type="text"/>		
<input type="checkbox"/> SWP : <input type="checkbox"/> Fixed Amount (₹) <input type="text"/> OR <input type="checkbox"/> Capital Appreciation <input type="text"/>		
<input type="checkbox"/> STP : <input type="checkbox"/> Fixed Amount (₹) <input type="text"/> OR <input type="checkbox"/> Capital Appreciation <input type="text"/>		
<input type="checkbox"/> SIP/STP/SWP Cancellation <input type="checkbox"/> Change of Contact Details		
		Time Stamp No. (Office Use Only)