

COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT
	BROKER/DISTRIBUTOR
	Sub Broker Name & Code
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.

This Form is to be used by Existing Investors for the purpose of
☐ Additional Purchase ☐ SIP ☐ Micro SIP (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.

PAN & KYC Details

Sole / First Applicant / Guardian PAN No.* <input type="text"/>	Second Applicant PAN No.* <input type="text"/>	Third Applicant PAN No.* <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 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)

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

Cheque / DD Date 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 To 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 declare that I am / 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 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 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.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

SIGNATURE(S)

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	Name <input type="text"/> POA Holder for Applicant 2	Name <input type="text"/> POA Holder for Applicant 3
Address <input type="text"/>	Address <input type="text"/>	Address <input type="text"/>
PAN No.* <input type="text"/>	PAN No.* <input type="text"/>	PAN No.* <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)
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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 (₹)

Cheque No.

Time Stamp No.
(Office Use Only)

COMMON TRANSACTION FORM

(Please ✓) Mandatory	DIRECT	
	BROKER/DISTRIBUTOR	Sub Broker Name & Code
	ARN - KARN-0030 ARN stamp Kindly affix your Sub Broker ARN stamp	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 ₹ OR ☐ Capital Appreciation
 (Please ✓) STP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st
 Enrolment Period From To
 Frequency : ☐ All Four Dates ☐ Fortnightly ☐ Monthly

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 ₹ OR ☐ Capital Appreciation
 SWP Date : ☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ All Four Dates
 Enrolment Period From To
 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)
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 Second Applicant
 Third Applicant

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PAN No.* <input type="text"/>			
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Photo Identification** <input type="text"/>		Photo Identification** <input type="text"/>	Photo Identification** <input type="text"/>

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Received from
☐ Redemption: Amount (₹) OR Units
☐ Switch : Amount (₹) OR Units
☐ SWP : ☐ Fixed Amount (₹) OR ☐ Capital Appreciation
☐ STP : ☐ Fixed Amount (₹) OR ☐ Capital Appreciation
☐ SIP/STP/SWP Cancellation ☐ Change of Contact Details

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