

This Form is to be used by Existing Investors for the purpose of

Sr. No. _____

 Additional Purchase SIP Micro SIP Switch (Please ✓ whichever is applicable)

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 - Kindly affix your ARN stamp	Kindly affix your Sub Broker ARN stamp		AMFI Identity Number	

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 [] [] [] / [] [] [] / [] [] [] 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 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.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

SIGNATURE(S)

(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.

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)

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 - <small>Kindly affix your ARN stamp</small>	<small>Kindly affix your Sub Broker ARN stamp</small>		AMFI Identity Number	

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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. [] [] [] [] [] [] [] [] [] [] / [] []

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 Name: _____
 Bank Account No. [] IFSC Code []

Systematic Transfer Plan (STP)

From Scheme (Transferor) _____ Plan _____ Option _____
 To Scheme (Transferee) _____ Plan _____ Option _____
 Please transfer Fixed Amount ₹ _____ OR Capital Appreciation
 Frequency : All Four Dates Fortnightly Monthly
 STP Date : 1st 7th 14th 21st
 Enrolment Period From [M] [M] / [Y] [Y] To [M] [M] / [Y] [Y]
 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 [M] [M] / [Y] [Y] To [M] [M] / [Y] [Y]
 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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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 _____

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

Acknowledgement Slip (To be filled in by the Investor)

Existing Folio No. [] Date []

Received from _____

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

Time Stamp No. (Office Use Only)