

Application No.

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code	Sub-Broker ARN Code	EUIN	Sub-Broker Code	Principal Group Employee Code

☐ I/We hereby confirm that the EUIN 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. (Refer Instruction No. G)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Signature of Sole/ First Applicant/ Holder

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(14) for Details]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓ one of the options:- ☐ First time Mutual Fund Investor ☐ Existing Investor]

1 EXISTING UNITHOLDERS DETAILS (Please note that the applicant details and mode of holding will be as per the existing Folio Number) [Refer Instruction No. B(1)]

Please fill your Folio No. and Name and then proceed to Section (6)

Common Account / Folio No.

Name of Sole / First Unit Holder

2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms [Note: No Joint holding permitted in case of minor applicant - Refer Instruction no. B(11)]

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth (Mandatory for Minor Applicant - Enclose Supporting Document)

D D M M Y Y Y Y

PAN

STATUS - ☐ Resident Individual ☐ HUF ☐ NRI / PIO / FII ☐ Partnership Firm ☐ BOI ☐ Minor ☐ Bank / FI ☐ Society/Club ☐ Trust ☐ Company ☐ Others (Please specify)

Nationality Country of Residence

Country of Tax Residence (Refer instruction I)

Foreign Tax ID Number, if applicable (Refer instruction I)

If you are not resident in any country (except India) for tax purpose, please tick this box ☐Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person (In case of non-individual Investors, please provide only the name) ☐ Mr. ☐ Ms

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth

PAN

Relationship with

☐ Father ☐ Mother ☐ Legal Guardian

Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form as per Instruction No. D of this Form.

[Note: Enclose Supporting Document]

Nationality Country of Residence

Country of Tax Residence (Refer instruction I)

Foreign Tax ID Number, if applicable (Refer instruction I)

If you are not resident in any country (except India) for tax purpose, please tick this box ☐

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient]

Pin Code

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/PIO) [P.O. Box Address is not sufficient] [Refer Instruction No. B(5)]

Zip Code

CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone O R Fax

Mobile ☐ I / We wish to receive updates via SMS on my mobile (Please ✓)

e-mail I N B L O C K L E T T E R S

Where e-mail ID is provided all communications like Account Statement, Newsletter, Annual Report etc. will be done electronically. Physical, if required, will be mailed to your registered address on request.

IF APPLICANT IS A NON-RESIDENT [Refer Instruction No. B(5)]

☐ NRI (Repatriable) ☐ FII (Repatriable) ☐ NRI Minor (Repatriable)
☐ PIO ☐ NRI (Non Repatriable) ☐ NRI Minor (Non Repatriable)

OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓)

☐ Business ☐ Service ☐ Profession ☐ Retired ☐ Agriculture ☐ House Wife
☐ Student ☐ Others (Please specify)GROSS ANNUAL INCOME (Please ✓): ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ 1 Crore

Net-worth in (Mandatory for Non - Individuals) ₹ as on / / (Not older than 1 year)

FOR INDIVIDUALS:

☐ I am Politically Exposed Person
☐ I am Related to Politically Exposed Person
☐ Not Applicable

FOR NON-INDIVIDUALS INVESTORS (COMPANIES, TRUST, PARTNERSHIP ETC.)

i. Is the company a Listed Company or Subsidiary of Listed Company or controlled by a Listed Company: [If No, please attach mandatory UBO declaration] ☐ YES ☐ NO

ii. Foreign Exchange / Money Changer Services ☐ YES ☐ NO

iii. Gaming / Gambling / Lottery / Casino Services ☐ YES ☐ NO

iv. Money Lending / Pawning ☐ YES ☐ NO

... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No:

Sub-Broker ARN:

EUIN:

Received from

Cheque / DD / RTGS / NEFT No.

Dated: D D / M M / Y Y Y Y

Drawn on Bank & Branch

Scheme / Plan / Option / Sub-Option

Amount ₹

Please Note : All purchases are subject to realisation of payment instrument

Application No.

Signature, Stamp & Date

7 PAYMENT DETAILS (Mandatory) [Refer Instruction No. C]

(i) Investment Amount (₹)

(ii) DD Charges (₹)

Net Amount (₹) (i)+(ii)

Mode of Payment (Please ✓)

☐Cheque

☐DD

☐RTGS

☐NEFT

☐ECS

☐Funds Transfer

*Cheque / DD / RTGS / NEFT No.

Account Type (Please ✓)

☐Savings

☐Current

☐NRE

☐NRO

☐FCNR

☐NRSR

Dated

Payment from Bank A/c. No.

Name of 1st Bank A/c holder

Drawn on Bank

Name of 2nd Bank A/c holder

Branch & City

Name of 3rd Bank A/c holder

Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)

Mandatory Enclosure

☐Parent/Grand Parent/related person (Not to exceed ₹ 50,000):

Name

☐KYC Acknowledgement Letter &

☐Employer:

Name

☐Custodian:

Name

☐Third Party Declaration Form

Please enclose any one of the relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - ☐ Instruction to the Bank from the Unitholder to Debit the Account. • DD / Pay order / Banker's Cheque and the like - ☐ Declaration / Acknowledgement from Bank ☐ Copy of Passbook / Bank Statement

* Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

8 INVESTMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Note: Please refer KIM of the schemes before selecting appropriate 'Option', 'Sub-Option' and 'Frequency' as availability/applicability of these options may differ for various schemes.

Scheme / Plan / Option / Sub-Option / Frequency

Principal -

Scheme Name

Plan:

☐Direct Plan

☐Regular Plan

Option:

☐Dividend

☐Growth

☐AEP

Sub-Option:

☐Payout

☐Reinvest

☐Sweep

Frequency:

☐Daily

☐Weekly

☐Monthly

☐Quarterly

☐Annual

Dividend Sweep into

Scheme

Plan

Option

(In case of Dividend Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

9 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (13)']

Depository Participant (DP) ID

Beneficiary Account Number

10 MANDATORY FOR NON-INDIVIDUAL APPLICANTS (Ultimate Beneficiary Owner Details [Refer instruction No. 'F']

☐Applicant is the Ultimate Beneficial Owner(s) of this investment.

☐Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form)

^ Where no box is ticked, the first statement will be taken as the default meaning that the applicant/investor is the Ultimate Beneficial Owner.

11 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products. I/We confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information /sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information /sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards.

12 US / NON-US PERSON DECLARATION FOR INDIVIDUAL (FATCA)#

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Principal Pnb Asset Management Company Pvt. Ltd., believing this statement to be true, will rely on it and act on it. In the event this statement is false, Principal Pnb Asset Management Company Pvt. Ltd. reserves the right and shall be entitled to reject the application or terminate the folio.

I/We agree to notify Principal Pnb Asset Management Company Pvt. Ltd. within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify Principal Pnb Asset Management Company Pvt. Ltd. in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

☐I am a US Person

☐I am not a US Person

13 FORM FOR NON-INDIVIDUAL APPLICANTS / INVESTORS

Details under FATCA / Foreign tax laws

Please indicate the country in which the entity is a resident for tax purposes and the associated Tax ID Number below:

Country	Tax Reference Number

Please tick the relevant box below, even if Country of Tax Residency is India

☐Form W8 BEN - E / specified declaration (Enclosed) OR

☐Unable to confirm FATCA status

[We will contact you shortly to confirm your FATCA Status and obtain required supporting documents.]

^Where no box is ticked, the second statement will be taken as the default implying that the applicant / investor currently is unable to confirm FATCA status and will confirm the same in future.

14 DECLARATION FORM FOR IDENTIFICATION OF BENEFICIAL OWNERS (Mandatory for Non-Individual Applicants/Investors)

<div>Date of Birth <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></div> <div>Name of the Investor: _____</div> <div>PAN of the Investor: <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table></div>	D	D	M	M	Y	Y	Y	Y									<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="2" style="text-align: center; padding: 5px;">Nature of Non-Individual Investment</th></tr><tr><td style="width: 50%; padding: 5px;"><input type="checkbox"/> Listed Company</td><td style="width: 50%; padding: 5px;"><input type="checkbox"/> Unincorporated association</td></tr><tr><td style="padding: 5px;"><input type="checkbox"/> Trust</td><td style="padding: 5px;"><input type="checkbox"/> Body of Individuals</td></tr><tr><td style="padding: 5px;"><input type="checkbox"/> Other Company</td><td style="padding: 5px;"><input type="checkbox"/> Others _____</td></tr><tr><td style="padding: 5px;"><input type="checkbox"/> Partnership Company</td><td style="padding: 5px;">(Please specify)</td></tr></table>	Nature of Non-Individual Investment		<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unincorporated association	<input type="checkbox"/> Trust	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Other Company	<input type="checkbox"/> Others _____	<input type="checkbox"/> Partnership Company	(Please specify)																														
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<input type="checkbox"/> Partnership Company	(Please specify)																																																								
<p>This form must be signed and stamped by the Authorized signatory(ies). Listed companies or companies that are majority owned subsidiary of a listed company need not fill the form further.</p> <p>I /We hereby declare following are the beneficial owners against this/all future investments by us with Principal Mutual Fund ("the Fund"). I/We also declare that information mentioned under regard to the beneficial owners is correct in all aspects and any future changes with regard to the details furnished, will be intimated to the Fund from time to time.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 5%;">Sr. No.</th><th style="width: 20%;">Name of the Beneficial Owner</th><th style="width: 20%;">Relationship of the beneficial owner with the investor / Designation</th><th style="width: 10%;">Nationality</th><th style="width: 15%;">Complete Address with pin code</th><th style="width: 15%;">PAN of the beneficial owner / Other ID if PAN not available (Pl. specify)</th><th style="width: 20%;">For U.S. Citizen / U.S. resident</th><th style="width: 10%;">KRA Acknowledgement</th></tr></thead><tbody><tr><td style="text-align: center;">1.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td style="text-align: center;">2.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td style="text-align: center;">3.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td style="text-align: center;">4.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td style="text-align: center;">5.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td style="text-align: center;">6.</td><td></td><td></td><td></td><td></td><td></td><td>Country of Tax Residence: _____ U.S. Tax Identification Number: _____</td><td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></tbody></table> <div style="margin-top: 20px;"><div>Place: _____</div><div>Date: _____</div><div style="text-align: right; margin-top: 10px;">Authorised Signatories (with company/Trust/Firms/Body Corporate Seal)</div></div>		Sr. No.	Name of the Beneficial Owner	Relationship of the beneficial owner with the investor / Designation	Nationality	Complete Address with pin code	PAN of the beneficial owner / Other ID if PAN not available (Pl. specify)	For U.S. Citizen / U.S. resident	KRA Acknowledgement	1.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.						Country of Tax Residence: _____ U.S. Tax Identification Number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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15 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document/s to the Scheme(s) including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Principal Mutual Fund (the Mutual Fund) for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme and such other scheme(s) of the Mutual Fund [Scheme(s)] into which my/our investment may be moved pursuant to any instruction received from me/us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme(s). I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We further confirm that I/we have the express authority from the relevant constitution to invest in the units of the Scheme and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution. I/We further confirm that the ARN holder (Broker/Sub-Broker) 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(s) has been recommended to me/us. I / We authorize AMC to reject the application, reverse the units credited, restrain me/us from making any further investment in any of the Scheme/s of Principal Mutual Fund, recover / debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s) / payment instrument is /are returned unpaid by my/our bank for any reason whatsoever. I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank account, where AMC has such arrangement with my / our Bank. I/We hereby agree for the AMC/Trustees to compulsorily redeem any Units held directly or beneficially by me/us if I/we fail to provide the information called for by the AMC / Principal Mutual Fund or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time.

Applicable to NRIs only: I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Residents External / Ordinary Account /FCNR Account.

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name _____ PAN <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>									Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ^A)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name _____ PAN <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>									Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ^A)
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^A Refer Instruction No. D