

# Transaction Form - DHFL Pramerica Dynamic Advantage Asset Allocation Facility

Please read the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIN*
ARN -	RIA -		ARN -		

\*Employee Unique Identification Number \*\*As allotted by ARN holder

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.  
Declaration for "execution-only" transaction (only where EUIN box is left blank). I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

By mentioning RIA code, I/We authorize you to share my/our transactions data feed/portfolio holdings/ NAV details under Direct Plan of scheme(s) managed by you with the Investment Adviser.

2. UNIT HOLDER DETAILS (MANDATORY) (Mandatory to submit FATCA & CRS declaration form if not submitted earlier or in case of change in status.) (Refer Section 2 under instructions)	
Existing Folio No.	<input type="text"/>
NAME OF UNITHOLDER	<input type="text"/>

3. ADDITIONAL PURCHASE REQUEST The name of the first/sole applicant must be pre-printed on the cheque. (Investors applying under Direct Plan must mention "Direct" against the Scheme name.)	
<b>(A) Feeder Fund Investment</b> (Investment cheque should be drawn in favor of DHFL Pramerica Ultra Short Term Fund)	
Scheme Name: <b>DHFL PRAMERICA ULTRA SHORT TERM FUND</b> Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input checked="" type="checkbox"/> Growth Mode of Investment (please ✓) <input type="checkbox"/> Lumpsum only <input type="checkbox"/> SIP only	
Lumpsum only - Minimum Investment amount ₹1000/- and multiples of ₹1/- thereafter. Minimum SIP amount per instalment - ₹2,000/- and multiples of ₹1/- thereafter.	
Payment Type [Please ✓]	<input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach Third Party Payment Declaration Form)
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (₹)	DD Charges, if any
	Cheque / DD / Payment Instrument No. & Date
	Drawn on Bank / Branch

OR

<input type="checkbox"/> SIP Investment - <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<b>Second &amp; Subsequent Instalment Details:</b> (All subsequent instalment amounts should be same as the first instalment.) Instalment Amount ₹ <input type="text"/> SIP Date : <input type="text"/> (Any date of the month except 29/30/31) SIP Period : From <input type="text"/> M M Y Y Y Y To <input type="text"/> M M Y Y Y Y <input type="checkbox"/> Till I/We instruct to discontinue the SIP
<input type="checkbox"/> SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH) Please also fill below One Time Mandate Form OR	
<input type="checkbox"/> SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details	
Cheque Nos. From <input type="text"/> To <input type="text"/> Dated From <input type="text"/> To <input type="text"/>	

4. DECLARATION AND SIGNATURE(S)			
I/We hereby confirm and declare as under:- I/We have read and understood the contents of the Statement of Additional Information of DHFL Pramerica Mutual Fund and the Scheme Information Document(s)/Key Information memorandum of the respective Scheme(s) and Addenda thereto, issued from time to time and the Instructions. I/We, hereby apply to the Trustee of DHFL Pramerica Mutual Fund for allotment of units of the respective Scheme(s) of DHFL Pramerica Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. 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(s) is/are being recommended to me/us. In the event of my/our not fulfilling the KYC process to the satisfaction of the AMC/DHFL Pramerica Mutual Fund, I/We hereby authorise the AMC/DHFL Pramerica Mutual Fund to redeem the units against the funds invested by me/us at the applicable NAV as on the date of such redemption. I/We agree that DHFL Pramerica Mutual Fund can debit from my Folio Transaction Charges as applicable. I/We agree to notify DHFL Pramerica Asset Managers Private Limited (erstwhile Pramerica Asset Managers Private Limited) immediately in the event the information in the self-certification changes.			
Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 <sup>st</sup> Applicant Signature / Guardian Signature	2 <sup>nd</sup> Applicant Signature	3 <sup>rd</sup> Applicant Signature
Date	<input type="text"/>	Place	<input type="text"/>

## ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP

DHFL Pramerica MUTUAL FUND		ONE TIME MANDATE FORM		(*Mandatory field)
UMRN	<input type="text"/>	For office use	<input type="text"/>	Date* <input type="text"/>
Sponsor Bank Code	CITI000PIGW	Utility Code	CITI 00002000000037	
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize <input type="text"/> DHFL PRAMERICA MUTUAL FUND		to debit (Please ✓)	<input type="text"/> SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY <input checked="" type="checkbox"/>	Bank a/c number* <input type="text"/>			
CANCEL <input checked="" type="checkbox"/>				
With Bank*	<input type="text"/>	Name of customers bank	IFSC*	<input type="text"/>
			MICR*	<input type="text"/>
an amount of Rupees*	<input type="text"/>	Amount in words	<input type="text"/>	₹ In Figures <input type="text"/>
FREQUENCY*	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> As & When presented	DEBIT TYPE*	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference - 1	<input type="text"/>	Application no. / Folio number	Phone No	<input type="text"/>
Reference - 2	<input type="text"/>	Email ID	<input type="text"/>	

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD*		Signature of first account holder		Signature of second account holder		Signature of third account holder	
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR	<input checked="" type="checkbox"/> Until Cancelled	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/ corporate or the bank where I have authorized the debit.

# INSTRUCTIONS FOR COMPLETING THE DYNAMIC ADVANTAGE ASSET ALLOCATION FACILITY TRANSACTION FORM

## General Instructions

- This Transaction Form would help in making purchases, switches, redemptions, systematic transfer/withdrawal from existing investments. New applicants who wish to invest in DHFL Pramerica Mutual Fund should fill a separate prescribed Common Application Form.
- Please read the Scheme information Document and KIM of the respective schemes carefully before investing.
- Please strike off any sections that are not relevant / applicable. Please counter-sign in accordance with your mode of holding against any corrections that you make in the Transaction Form.
- Please note that section 2 has to be filled mandatorily.
- Permanent Account Number (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement. The attestation of the copy of PAN card may be done by a Notary Public or a Gazetted Officer or a Manager of a Bank or a financial adviser under his seal and should carry the name and designation of the person attesting it. In the absence of this, your application will be rejected.
- Please refer the 'Guidance Notes' below. This should help in filling the necessary details correctly and completely.
- Completed Transaction Forms should be submitted to your nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy Computershare Pvt. Ltd.
- If the investor has more than one transaction to provide, he should use separate form for each transaction.

## INSTRUCTIONS FOR FILLING THE TRANSACTION FORM

### Section 1 – DISTRIBUTOR INFORMATION

- In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
- Quoting of EUIN is mandatory in case of advisory transactions.
- Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided, in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/ STP / SWP / STP Triggers, Dividend Reinvestments, Bonus Units, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

### Section 2 – UNIT HOLDERS DETAILS

- This section is mandatory.
- Please furnish the name of the Sole / First Unit Holder and the existing Folio Number.
- Please fulfill requirement specified in General Instruction 5 for all Unit holders.
- To comply with the requirements of Foreign Account Tax Compliance Act (FATCA) & CRS (Common Reporting Standard), it is mandatory for all investors (including Guardian & POA) to provide the FATCA & CRS declaration W.e.f. November 1, 2015 (if not already submitted). The FATCA & CRS declaration forms can be downloaded from our website at - <http://www.dhflpramerica.com/downloads/KIMforms>.

### Section 3 – ADDITIONAL PURCHASE REQUEST

For Additional purchase, cheque or demand draft should be payable locally at the city where the purchase application is deposited, and should be drawn on any bank that is a member of the local Clearing House. All cheques/ drafts accompanying the additional purchase request should be crossed "Account Payee Only", and drawn in favour of the Scheme in which the investment is being made.

Investor may choose to pay using OTM (One Time Mandate) already registered on the folio.

#### Note:

- Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please attached Banker certificate as well.

- as per RBI guidelines, cheques with alterations in Payee name and the Amount will not be honored. Hence alterations in the cheques should be avoided.
- Non-Resident Indians (NRI) and Person of Indian Origin (PIOs) are requested to attach a Foreign Inward Remittance Certificate (FIRC) or an Account Debit Certificate from the bankers along with the additional purchase request form to enable the AMC to ascertain the repatriation status of the amount invested.
- Please mention the Folio Number and the Name of the First Unit holder behind the cheque / draft before they are handed over to any courier / messenger / distributor / ISC.

## INVESTMENT

### Lumpsum

- In case of lumpsum investment - ₹ 1,000/- and multiples of 1/- thereafter.

### SIP

- SIP frequency - Monthly / Quarterly.
- The following criteria should be met for an SIP investment in the Feeder Fund:
  - Minimum amount per instalment - 2,000/-and multiples of 1/- thereafter
  - If the SIP period is not specified by the investor then the SIP enrolment will be deemed to be for perpetuity and processed accordingly. The SIP facility will be available on any day of every Month (except 29,30,31). If any of the said dates happen to be a holiday / non-transaction day, then the SIP transaction will be processed on the next business day.
- SIP Mode - Auto Debit (NACH/ECS/Direct Debit) OR Post-Dated Cheques
- The first SIP instalment can be paid either through a Cheque, a Demand Draft (DD) / Pay Order (PO).

In case of payment of first instalment through DD or PO, the Auto debit Bank details mentioned by you must be attested by the banker in Section 4 of Auto Debit Facility form.
- For your second and subsequent SIP Instalments you may pay either through Auto Debit (NACH/ECS/Direct Debit) or by Post Dated Cheques. If you wish to opt for payments through Auto Debit, please indicate your preference for SIP through Auto Debit (NACH/ECS/Direct Debit) in the box provided for the purpose and fill in the attached AUTO DEBIT FACILITY FORM. If you wish to pay for your future SIPs through Post Dated Cheques (PDC), you should not fill in the AUTO DEBIT FACILITY FORM. Please mention the second and subsequent Instalment cheque details in the space provided for the purpose.
- The first instalment cheque should be dated with the date of submission of the Application Form.

Please note the following:

- For SIPs through PDCs, the first SIP cheque needs to be from the same bank account as the PDC's for your future SIP Instalments.
  - The Second SIP Instalment has to be at least 15 days in case of NACH or direct debit and 30 days in case of ECS after the date of the first SIP Instalment.
  - The first Instalment cheque and the subsequent Instalments (either through PDCs or Auto Debit) should be for the same amount.
- Please note that the Cheque should be made favoring the scheme name. (For e.g. "DHFL Pramerica Ultra Short Term Fund").
  - In case of SIP through Auto Debit, the Auto Debit Authorisation needs to be filled in and signed by the Bank Account holders in the same order and manner in which the Bank account is held by them.
  - In case of any mismatch between the 'No. of instalment' and the 'SIP period', the SIP period will be considered as per the Auto Debit Facility Form.
  - In case of any discrepancy between the Application Form and the Auto Debit Facility Form, the SIP details provided in the latter will be considered for investment.

### Section 4 – DECLARATION AND SIGNATURES

- All signatures should be in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in all cases be attested by a Magistrate, Notary Public or Special Executive Magistrate.
- Applications by minors should be signed by their guardians. In the case of a Hindu Undivided Family (HUF), the Karta should sign on behalf of the HUF.
- Applications by non individual investors must be signed by the authorised officials. A list of authorized officials, duly certified and attested, should also be attached to the transaction form.
- In case of application through constituted attorney, please ensure that the POA document is signed by the beneficial investor (POA donor) and the Constituted Attorney. The signature in the transaction Form, in such cases should clearly indicate that the signature is by the Constituted Attorney.
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## INSTRUCTIONS FOR ONE TIME MANDATE FORM

One Time Mandate (OTM) is an authorization to the bank issued by an investor to debit their bank account up to a maximum limit as provided in the form.

This would facilitate debits for all purchases initiated by the investor up to maximum limit from the bank account provided in the section.

- To avail this facility the investors of the fund shall be required to submit one time mandate, completely filled in with all the details in the designated mandate form. Please attach a cancelled cheque copy.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional

Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DHFL Pramerica Mutual Fund.

- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC / MICR Code also provide An Original Cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.
- DHFL PMF may amend the above terms and conditions, at any time without prior notice to investors and such amended terms and conditions will there upon apply to and will binding on the investors.