

SIP TRANSACTION FORM

SMART SIP



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. APPLICANTS 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)

Sole/First Unit Holder First Name Middle Name Last Name
 Folio No. PAN* * Mandatory

3. INVESTMENT DETAILS (MANDATORY)

New SIP Registration SIP renewal Change in Bank Details (for a SIP registered earlier)

Scheme Plan
 Option (✓) Growth OR Dividend Payout OR Dividend Reinvestment OR Dividend Sweep Dividend Frequency
 Payment Type [Please (✓)] Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

1st Instalment Details Amt. (₹) Chq/DD No. Dated: Drawn on:

SIP Investment (Please ✓ any one) Monthly Quarterly
 SIP THROUGH AUTO DEBIT (ECS/Direct Debit/NACH)
 Please also fill and attach the SIP Auto Debit Facility Form OR
 SIP THROUGH POST-DATED CHEQUE Second and subsequent Instalment cheque Details
 Cheque Nos. From To
 Dated From To
Second and Subsequent Instalment Details: (All subsequent instalment amounts should be same as the first instalment.)
 Instalment Amount ₹
 SIP Date: (Any date of the month except 29/30/31)
 Till I/We instruct to discontinue the SIP
 Please mention Enrolment Period: From To

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that 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 different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. For investors investing in Direct Plan: I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors (Delete if not applicable):** I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

Please ✓ if the EUIN space is left blank: 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.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DHFL Pramerica Mutual Fund shall be made from my/our below mentioned bank account with your Bank. I/We authorize the representatives of DHFL Pramerica Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc. as applicable.

SIGNATURE (S) (Applicants must sign as per Common Application Form)	<input checked="" type="checkbox"/> Sole/1 st Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 2 nd Applicant/Guardian/Authorised Signatory/POA	<input checked="" type="checkbox"/> 3 rd Applicant/Guardian/Authorised Signatory/POA
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. BANKER'S ATTESTATION (Mandatory, if your First SIP instalment is through a Demand Draft/Pay Order)

Certified that the signature of account holder and the Details of Bank account are correct as per our records

Signature of Authorised Official from Bank (Bank stamp and date)

Signature verification request (To be retained by the Customer's Bank)

ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMPSUM / SIP



ONE TIME MANDATE FORM

(*Mandatory field)

UMRN For office use Date*

Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

CREATE I/We hereby authorize DHFL PRAMERICA MUTUAL FUND to debit (Please ✓) SB / CA / CC / SB-NRE / SB-NRO / Other

MODIFY
 CANCEL Bank a/c number*

With Bank* Name of customers bank IFSC* MICR*

an amount of Rupees* Amount in words ₹ In Figures

FREQUENCY* Mthly Qly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1 Application no. / Folio number Phone No

Reference - 2 Email ID

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*
 From
 To
 OR Until Cancelled

x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder

Name of first account holder* Name of second account holder* Name of third account holder*

- 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 were I have authorized the debit.

GENERAL GUIDELINES

- This form should only be used by existing investors for the following:
 - Registering systematic investments under existing folios through Auto Debit/Post Dated cheques.
 - Renewal of SIP investments.
 - Change in Bank details for Auto Debit for existing SIPs.
- Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
- 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.
- KNOW YOUR CUSTOMER (KYC)**
KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.
- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

- 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.
 - 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.
 - Distributors are advised to ensure that they fill in the RIA code, in case they are a Registered Investment Advisor.
 - 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, 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.
 - APPLICANT'S DETAILS:**
 - Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
 - 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.dhflpramericamf.com/downloads/KIMforms>.
 - INVESTMENT DETAILS:**
 - Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name - Direct Plan" for e.g. "DHFL Pramerica Midcap Opportunities Fund - Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
 - Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
 - Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
 - The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
 - Minimum amount per instalment
 - Minimum number of instalments
 - Aggregate investment via SIP
 - Please furnish/indicate the below mentioned details with respect to your systematic investment
 - Scheme/Plan/Option and Dividend Frequency, where applicable.
 - SIP Instalment Amount
 - SIP Frequency** - Monthly or Quarterly. Please tick the appropriate option.
 - SIP Dates (Monthly/Quarterly)** - All dates available of the month except 29/30/31.
 - SIP Instalment Requirement
Monthly: 10 instalments of Rs. 500/- each and in multiples of Rs.100/- thereafter.
Quarterly: 5 instalments of Rs.1000/- each and in multiples of Rs.100/- thereafter.
 - SIP Auto Debit Enrollment Period - Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, DHFL Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form - and can discontinue your SIP by writing to us.
 - Your first Instalment Details. Please note that the instrument should be made favoring the scheme name in which you wish to invest. For eg. DHFL Pramerica Midcap Opportunities Fund.
 - Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
 - If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
 - Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).
- 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.
- INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:**
 - Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
 - UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
 - Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
 - Please indicate the Bank Account Type
 - It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence of this information, your SIP application would be rejected.
 - Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
 - Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
 - For the convenience of our investors, the following fields have been pre-populated on the Mandate :
 - Action - 'Create'
 - Name of the Company - 'DHFL Pramerica Mutual Fund'
 - The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the Bank Account is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "xx" in the same order and manner in which their signatures appear on bank records.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you agree to abide by the terms and conditions of NACH facility of National Payment Corporation of India (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at the time of investment and as may be modified or amended from time to time.
- ECS - The SIP through ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
 - Agra • Ahmedabad • Allahabad • Amritsar • Anand • Asansol • Aurangabad • Bangalore • Bardhaman • Baroda • Belgaum • Bhavnagar • Bhilwara • Bhopal • Bhubaneswar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Cuttack • Dargeeling • Davangere • Dehradun • Delhi • Dhanbad • Durgapur • Erode • Gadag • Gangtok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jamnagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolhapur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore • Mumbai • Mysore • Nagpur • Nasik • Nellore • Patna • Pondicherry • Pune • Raichur • Raipur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Siliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur • Udaipur • Udipi • Varanasi • Vijaywada • Vizag • Hasan • Imphal • ShillongThe cities listed above may be modified/ removed at any time purely at the discretion of DHFL Pramerica Mutual Fund without assigning any reason or prior notice. Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.
- Direct Debit - Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.

For more information visit us at
www.dhflpramericamf.com

E-mail us at
customercare@dhflpramericamf.in

Call us (Toll free) at
1800 266 2667

Direct Debit banks with Core Banking Account Number Length

Bank of Baroda - 14 digits, Bank of India - 15 digits, Union Bank of India - 15 digits, IDBI Bank - 13 to 16 digits, IndusInd Bank - 13 to 16 digits, Kotak Mahindra Bank - 15 digits, Citibank - 10 digits, State Bank of India - 11 digits starting with 1, 2, 3, 5 and 6, Punjab National Bank - 16 digits, Axis Bank - 15 digits, United Bank of India - 13, State Bank of Patiala - 11, Corporation Bank - Not fixed but should accompany with copy of the bank passbook

4. In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you would need to promptly act on the same. DHFL Pramerica Mutual Fund (DHFLPMF) and its Registrar and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
5. The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
6. For Cancellation/ Modification of the Auto Debit (NACH/ ECS/Direct Debit) Facility, you need to give a SIP Cancellation cum Modification request in the prescribed format at least 21 days in advance

to the AMC or its Registrars. The cancellation request format is available on our website www.dhflpramericamf.com

7. You will not hold DHFL Pramerica Mutual Fund (DHFLPMF)/ DHFL Pramerica Asset Managers Private Limited (DHFLPAMPL) (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH/ RBI's ECS/local holidays.
8. DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
9. DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage, etc. incurred / suffered by you as a result of use of this facility.
10. As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.

TERMS AND CONDITIONS FOR SMART SIP (SIP Insurance)

The AMC may provide the Insurance Cover to Resident Individual applicants only and pay the premium towards such cover. Non-individuals NRI Persons/ Persons not of Indian Origin/Sole Proprietorship/Minor will not be covered under the insurance cover.

- 1 The insurance cover will be available for individuals aged above 18 years but not more than 51 years, at the time of the first investment. Insurance cover will Continue till the age of 55 years provided there is no partial / Full Redemption / Switch out.
- 2 Only the First / Sole unit holder will be covered under the insurance. No insurance cover will be provided for the second / third unitholder.
- 3 If investor provide SIP tenure less than 3 years, investor would not be eligible for insurance cover and SIP would be registered as regular SIP.
- 4 Investor with monthly frequency are only eligible for Smart SIP
- 5 Minimum SIP Amount Rs. 500/- and in multiples of Re. 1/- for all Eligible Schemes, except DHFL Pramerica Long Term Equity Fund, for which the minimum instalment amount is Rs. 500/- and in multiples of Rs. 500/-
- 6 The first time investment cheque received with a SIP application should be of a amount equal to the SIP amount to qualify for Smart SIP.
- 7 The insurance cover will be provided from the date of allotment of first SIP instalment (Date of investment) when investor will be meeting the minimum age of 18 years as on date of allotment.
- 8 Amount of Smart SIP Insurance Cover:
 - a If Smart SIP continues, the insurance cover would be as follows
 - Year 1: 20 times the monthly Smart SIP instalment
 - Year 2: 75 times the monthly Smart SIP instalment
 - Year 3: 120 times the monthly Smart SIP instalment
 - b All the above-mentioned limits are subject to maximum cover of Rs.50 lacs per investor across all schemes/plans/folios.
 - c If Smart SIP discontinues, the insurance cover would be as follows:
 - Smart SIP discontinues before 3 years: Insurance cover stops immediately.
 - Smart SIP discontinues after 3 years: Insurance cover continues, subject to a maximum of 120 times the monthly instalment, capped at the maximum of 50 lacs at investor level.
 - d Insurance cover will be ceased on completion of 55 years of age, but SIP shall continue till the end of tenure if SIP is registered beyond 55 years of age.
 - e The Smart SIP Insurance cover shall cease upon occurrence of any of the following events:
 - On completion of 55 years of age; or
 - Insurance cover will stop immediately if Smart SIP will discontinue before 3 years or
 - Redemption or switch-out, fully or partly,
 - In case of default in payment of three consecutive SIP instalments during the first 3 years of SIP tenure;
- 9 The Load Structure prevalent at the time of enrolment of SIP shall govern the investors during the tenure of Smart SIP.
- 10 A Group Life Insurance Cover taken under this Facility shall be provided by a life insurance company. The insurance premium for providing such cover shall be borne by the AMC. The Smart SIP Insurance Cover will be governed by the terms and conditions of the insurance policy with the DHFL Pramerica Life Insurance Company as determined by AMC.
- 11 The investor will necessarily be required to furnish his / her date of birth, Gender and details of the nominee in the application form, in absence of which, no insurance cover can be provided to the investor. In case the application form is received without date of birth or Gender, the AMC reserves the right to process the Smart SIP application on basis of the KYC data, however where these details are not available from KYC as well, then the application will be registered as regular SIP and no insurance cover will be provided to the investor.

12 Current eligible schemes as follows:

- DHFL Pramerica Large Cap Fund
 - DHFL Pramerica Midcap Opportunities Fund
 - DHFL Pramerica Diversified Equity Fund
 - DHFL Pramerica Long Term Equity Fund
 - DHFL Pramerica Equity Saving Fund
 - DHFL Pramerica Hybrid Equity Fund
 - DHFL Pramerica Hybrid Debt Fund
 - DHFL Pramerica Global Equity Opportunities Fund
 - DHFL Pramerica Euro Equity Fund
- 13 Insurance cover will discontinue after defaults 3 consecutive SIP in first 3 years. Then investor will have to register a new SIP to avail the benefit of Smart SIP.
 - 14 Smart SIP's investments will be maintained under a separate folio.
 - 15 In case of existing investors, SIP should be active and residual tenure of SIP should be 3 years or more as on December 17,2018.
 - 16 Eligible investors may opt out of the facility by writing to the AMC.
 - 17 In case of death of the applicant, the nominee may file a claim directly with the designated branch of the Insurance Company (DPL) or AMC supported by all relevant documents as required by the insurer and the payment of the claim may be made to the nominee by the insurance company.
 - 18 All insurance claims will be settled in India and shall be payable in Indian Rupees only. Settlement procedure will be as stipulated by the Insurance Company (DPL). Insurance claims will be directly settled by the Insurance Company.
 - 19 The AMC will not be responsible or liable for maintaining service levels and/or any delay in processing claims arising out of this facility.
 - 20 The Mutual Fund, Trustees, AMC, or their Directors, officers or employees shall not be liable for any claims (including but not limited to rejection of any claim, non-settlement, delays etc.) arising out of the insurance cover provided to the unit holder.
 - 21 The AMC is bringing this offer to the investors of the Scheme only as an additional facility and is not acting as an agent for marketing/sales of insurance policies nor soliciting any business.
 - 22 Subject to what has been stated above, the AMC reserves a right to modify / annul the said Insurance Cover on a prospective basis. The AMC also reserves the right to change the insurance company from time to time.
 - 23 The Insurance cover will be subject to the following exclusions and such other terms and conditions as may be prescribed by the insurance certificate governing the cover:
 - The Insurance cover shall not extend to cover instances of death due to suicide in the first year of cover.
 - 24 Off market transfer of units in demat form, will be considered as redemption in normal course, and Insurance cover will cease on such transfer.
 - 25 The provision for the Insurance Policy does not have any bearing on the performance of the scheme.
 - 26 SIPs registered under other facilities like Dynamic Advantage Asset Allocation, Agelinked Investment Asset Allocation facility, Top up or any proposed new facility will not be eligible for Insurance cover.
 - 27 Investors are requested to contact the nearest Investor Service Centre or visit AMC website viz. www.dhflpramericamf.com for more details on Smart SIP facility and/or form.

For more information visit us at
www.dhflpramericamf.com

E-mail us at
customercare@dhflpramericamf.in

Call us (Toll free) at
1800 266 2667