

TRANSACTION FORM

Please read instructions carefully. Please strike off any sections that not relevant or not applicable.

1. DISTRIBUTOR INFORMATION					
ARN code	RIA code	ARN / RIA Name	Sub broker ARN code	Sub broker code **	EUIIN*
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 EUIIN box is left blank). I/We hereby confirm that the EUIIN 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 style="width: 100%;" type="text"/>					
NAME OF UNITHOLDER <input style="width: 100%;" type="text"/>					
3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)					
Scheme Name _____ *Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
*Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep ⁵ *Dividend Frequency _____					
Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Electronic Fund Transfer <input type="checkbox"/> OTM ⁶ Source of Funds (For NRI / FIIS Investor) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____					
Amount ₹ <input style="width: 100%;" type="text"/> (in words) _____					
DD Charges ₹ <input style="width: 100%;" type="text"/> Cheque / DD No. <input style="width: 100%;" type="text"/> Dated <input style="width: 100%;" type="text"/>					
Drawn on Bank/OTM Bank _____ Branch & City _____					
Please note that in case of a third party payment, it is mandatory to fill the Third Party Declaration Form. *For Default option, please refer SID. ⁵ Please refer SID / Addendum thereof for schemes available for DSF. ⁶ One Time Mandate					
4. SWITCH REQUEST (Refer Section 4 under instructions)					
From Scheme _____			To Scheme _____		
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			*Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep ⁵			*Dividend Facility (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Payment <input type="checkbox"/> Re-investment <input type="checkbox"/> Dividend Sweep		
Dividend Frequency _____			*Dividend Frequency _____		
Amount ₹ <input style="width: 100%;" type="text"/> (in words) _____					
OR No. of Units <input style="width: 100%;" type="text"/> OR <input type="checkbox"/> All units (Please <input checked="" type="checkbox"/>)					
*For Default option, please refer SID. ⁵ Please refer SID / Addendum thereof for schemes available for DSF					
5. REDEMPTION REQUEST (Refer Section 5 under instructions)					
Scheme _____ Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
Amount ₹ <input style="width: 100%;" type="text"/> (in words) _____					
OR No. of Units <input style="width: 100%;" type="text"/> OR <input type="checkbox"/> All Units (Please <input checked="" type="checkbox"/>)					
Bank Name _____ Other than default bank registered in folio _____					
A/c No. <input style="width: 100%;" type="text"/>					
Please note that redemption proceeds will be credited to the Default Bank Account. In case you wish to receive the redemption proceeds other than default Bank Account registered with us, then please mention bank name and account number.					
6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6, 6a under instructions)					
Scheme _____ Plan _____ Option (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend					
Dividend Frequency _____ Withdrawal Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					
Withdrawal Instalment ₹ _____ Withdrawal Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates					
No. of Instalments _____ Withdrawal From <input style="width: 100%;" type="text"/> to <input style="width: 100%;" type="text"/>					
7. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted at least 7 days before the 1st due date for transfer) (Refer Section 6, 6b under instructions)					
<input type="checkbox"/> Daily					
Transfer Installment Amount ₹ _____ Start Date <input style="width: 100%;" type="text"/>			(Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
<input type="checkbox"/> 30 days (for DHFL Pramerica Long Term Equity Fund only) <input type="checkbox"/> 60 days (for all Equity Schemes)			STP Dates (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th <input type="checkbox"/> All 7 dates		
OR End Date <input style="width: 100%;" type="text"/>					
Daily STP: Source Scheme: DHFL Pramerica Insta Cash Fund Target Scheme: All Open Ended Equity Funds					
Transfer Instalment Amount ₹ _____			No. of Instalments _____		
Start Date <input style="width: 100%;" type="text"/> End Date <input style="width: 100%;" type="text"/>					
In case of any discrepancy between no. of investments and start-end date, period as per start-end date would be considered.					
From Scheme _____			To Scheme _____		
Plan _____			Plan _____		
Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend			*Option (Please <input checked="" type="checkbox"/> any one) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout		
<input type="checkbox"/> Dividend Sweep (DSF) ⁵ To DHFL PRAMERICA _____					
Dividend Frequency _____					
*For Default option, please refer SID. (⁵ Please refer to SID / Addendum thereof for schemes available for Dividend Sweep Facility)					
8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 7 under instructions)					
I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of DHFL Pramerica Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. 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.					
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.					
<input type="checkbox"/> Please <input checked="" type="checkbox"/> if the EUIIN space is left blank : 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.					
SIGNATURE(S)					
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
1st Unitholder/Guardian/Authorised Signatory/POA		2nd Unitholder/Guardian/Authorised Signatory/POA		3rd Unitholder/Guardian/Authorised Signatory/POA	
<input style="width: 100%;" type="text"/>					

INSTRUCTIONS FOR COMPLETING THE 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.dhflpramericamf.com/downloads/KIMforms>.

Section – 3 ADDITIONAL PURCHASE REQUEST

- 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 Ultra Short Term 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.

- 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.
- In case the investor desires to invest in more than one scheme/ plan/ option, he should submit a separate payment instrument and a separate transaction form for each such investment.
- 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.

Section 4- SWITCH REQUEST

- Please specify the Source and Target - Scheme / Option for the switch transaction.

- Where Units under a Scheme are held under both Regular and Direct Plans and the switch request pertains to the Direct Plan, the same must clearly be mentioned on the request, failing which the request would be processed from the Regular Plan. However, where Units under the requested Option are held only under one Plan, the request would be processed under such Plan.
- Please specify the amount / number of units to be switched. If all units are to be switched, then please tick against the box provided.
- If the balance in the Scheme - Option after taking into account the switch is below the minimum switch size (either in amount or in units whichever is less), the entire balance would be switched to the target scheme.
- If the switch request specifies both amount and units for switch, the switch out transaction would be processed on the basis of number of units.

Section 5 – REDEMPTION REQUEST

- Please specify the scheme / option details and the amount / number of units you wish to redeem. If all units are to be redeemed, please tick against the box provided for the purpose.
- Where Units under a Scheme are held under both Regular and Direct Plans and the redemption request pertains to the Direct Plan, the same must clearly be mentioned on the request, failing which the request would be processed from the Regular Plan. However, where Units under the requested Option are held only under one Plan, the request would be processed under such Plan.
- If the redemption request specifies both amount and units for redemption, the redemption transaction would be processed on the basis of number of units.
- In case the number of units or amount is not specified in the redemption request, the request will be rejected.
- If the balance units in the folio at the time of redemption is not adequate to cover the amount of request, all units in the folio shall be redeemed.
- The Bank Mandate mentioned in the original application form will be considered as the default bank mandate and all additional bank mandates would be considered as optional bank mandates. To change the Default Bank Mandate under a folio, the investor needs to fill the Bank Accounts Registration Form and submit it to the nearest Investor Service Center.
- In case the investor wants the redemption proceeds to be credited to any one of the optional bank accounts from amongst the bank mandates registered under the folio, the investor needs to clearly indicate the same in the redemption application; in the absence of such indication, the redemption proceeds would be credited to the default bank account.
- In case request for redemption is received together with a change of bank account (using Transaction Form or Bank Accounts Registration Form) or before verification and validation of the new bank account, the redemption request would be processed to the registered default bank account. Unit holders may note that it is desirable to submit their requests for change in bank details at least ten working days prior to date of redemption/dividend payment, if any.
- Any redemption request placed along or during this period shall ordinarily be processed as per the earlier bank account registered in the records of the Registrars.
- DHFL Pramerica Mutual Fund will endeavour to remit the redemption proceeds through electronic mode, wherever sufficient bank account details of the unit holder are available.

Section 6 – COMMON INSTRUCTION (SWP / STP)

- Please note that STP/SWP request would be registered within 7 days from the date of submission of form (excluding submission date).
- If any STP / SWP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day.
- If the STP / SWP period or no. of installments is not specified by the applicant in the transaction form, the transactions will be processed until the balance of units in the unitholder's folio in the Source scheme becomes zero; STP/SWP mandate will terminate automatically if all Units from the respective source scheme are redeemed or upon the Mutual Fund receiving a written intimation of death of the sole / 1st Unit holder.
- The STP/SWP transaction is available on 1st/7th/10th/15th/21st/25th/28th/all 7 dates for monthly and quarterly option.
- The STP/SWP mandate may be discontinued by a Unit holder by giving a written notice of 7 days.
- Minimum no. of Instalment should be 2 for SWP and 10 for Monthly STP / 5 for Quarterly STP.

6(a) – SYSTEMATIC WITHDRAWAL PLAN (SWP)

Please specify the scheme details, withdrawal instalment amount, the number of instalments, the total withdrawal amount, the withdrawal frequency and the withdrawal period.

The minimum withdrawal amount under SWP facility is the same as the minimum redemption amount under the scheme.

6(b) – SYSTEMATIC TRANSFER PLAN (STP)

FOR DAILY STP ONLY

	Source Scheme	Target Schemes
Scheme	DHFL Pramerica Insta Cash Fund	All Open Ended Equity Schemes
	Equity Schemes	DHFL Pramerica Long Term Equity Fund
Minimum Amount	Rs. 100	Rs. 500
Multiple there after	Rs. 100	Rs. 500
Minimum No of Instalment	60	30

Section 7 – 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.
- 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 indicated that the signature is by the Constituted Attorney.

DHFL PRAMERICA ASSET MANAGERS PRIVATE LTD.

(erstwhile Pramerica Asset Managers Private Limited)

Registered Office : 2nd Floor, Nirlon House, Dr. A.B. Road, Worli, Mumbai 400025. Tel +91-22-6159 3000. Fax +91-22-6159 3100

E-mail us at - customercare@dhflpramericamf.in | For more information visit us at : www.dhflpramericamf.com | Call us (Toll free) at : 1800 266 2667