TRANSACTION FORM

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

DHFL Pramerica — MUTUAL FUND

1. DISTRIBUTION INFORMATION (Refer Section 1 under instructions)

ARN Code	RIA Code	Sub broker ARN code	Sub broker code (as allotted by ARN holder)	Employee Unique Identification Number (EUIN)
		ARN-		

In case the Employee Unique Identification Number (EUIN) box has been left blank please refer point 8 releated to EUIN.

Upfront commision shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including services rendered by the distributor.

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.

NAME OF FIRST/SOLE UNITHOLDER ☐ Mr. ☐ Ms. ☐ M/s.

NAME OF GUARDIAN (if applicable) ☐ Mr. ☐ Ms. ☐ M/s.

NAME OF SECOND UNITHOLDER ☐ Mr. ☐ Ms. ☐ M/s.

NAME OF THIRD UNITHOLDER ☐ Mr. ☐ Ms. ☐ M/s.

NAME OF PoA (if applicable) ☐ Mr. ☐ Ms. ☐ M/s.

3. ADDITIONAL PURCHASE REQUEST (Refer Section 3 under instructions)

Scheme Name _____ *Option (Please ✓ any one) ☐ Growth ☐ Dividend

*Dividend Facility (Please ✓ any one) ☐ Payout ☐ Re-investment ☐ Dividend Sweep$ *Dividend Frequency _____

Mode of Payment ☐ Cheque ☐ Demand Draft ☐ Electronic Fund Transfer Source of Funds (For NRI / FIIS Investor) ☐ NRE ☐ NRO ☐ FCNR ☐ OTHERS (please secify)

Amount ₹ _____ (in words) _____

DD Charges ₹ _____ Cheque / DD No. _____ Dated D D M M Y Y Y Y

Drawn on 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 to SID. $ Please refer to SID / addendum thereof for schemes available for DSF

4. SWITCH REQUEST (Refer Section 4 under instructions)

From Scheme _____ To Scheme _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend *Option (Please ✓ any one) ☐ Growth ☐ Dividend

Dividend Facility (Please ✓ any one) ☐ Payment ☐ Re-investment ☐ Dividend Sweep$ *Dividend Facility (Please ✓ any one) ☐ Payment ☐ Re-investment ☐ Dividend Sweep

Dividend Frequency _____ *Dividend Frequency _____

Amount ₹ _____ (in words) _____

OR No. of Units _____ OR ☐ All units (Please ✓)

*For Default option, please refer to SID. $ Please refer to SID / addendum thereof for schemes available for DSF

5. REDEMPTION REQUEST (Refer Section 5 under instructions)

Scheme _____ Option (Please ✓ any one) ☐ Growth ☐ Dividend

Amount ₹ _____ (in words) _____

OR No. of Units _____ OR ☐ All Units (Please ✓ any one)

Bank Account ☐ Option 1 (Default) ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

For Corporate Investors with more than 5 registered Banks Accounts ☐ Please specify option no.

Option (Please ✓ any one)

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 (✓) the appropriate Option.

6. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted at least 7 days before the 1st due date for withdrawal) (Refer Section 6 under instructions)

Scheme _____ Plan _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend Dividend Frequency _____

Withdrawal Instalment ₹ _____ Withdrawal Frequency ☐ Monthly ☐ Quarterly

No. of Instalments _____ Withdrawal Date ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates

Total Withdrawal _____ Withdrawal From M M Y Y Y Y to M M Y Y Y Y
(First Instalment) (Last Instalment)

7. SYSTEMATIC Transfer Plan (STP) (To be submitted at least 7days before the 1st due date for transfer) (Refer Section 7 under instructions)

From Scheme _____ Plan _____

Option (Please ✓ any one) ☐ Growth ☐ Dividend Dividend Frequency _____

To Scheme _____ Plan _____

*Option (Please ✓ any one) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout ☐ Dividend Sweep Dividend Frequency _____

*For Default option, please refer to SID.

Transfer Instalment ₹ _____ No. of Instalments _____ Transfer Frequency (Please ✓ any one) ☐ Monthly ☐ Quarterly

Total Transfer ₹ _____

Transfer Period From M M Y Y Y Y to M M Y Y Y Y STP dates (Monthly or Quarterly) (Please ✓ any one)
(First Instalment) (Last Instalment) ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 21st ☐ 25th ☐ 28th ☐ All 7 dates

8. DECLARATION AND SIGNATURE(S) (To be signed by ALL UNIT HOLDERS if mode of holding is 'Joint') (Refer Section 8 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 inmaking 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 appropriatness of the product / scheme / plan.

☐ 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.

SIGNATURE(S) D D M M Y Y Y Y

1st Unitholder/Guardian/Authorised Signatory/POA 2nd Unitholder/Guardian/Authorised Signatory/POA 3rd Unitholder/Guardian/Authorised Signatory/POA

V3 - 02.03.16