

Application No. _____

In case of folios held on behalf of Minor - Standing Instructions in the nature of STP & SWP will be registered only till the date of Minor attaining Majority.

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. 1)

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

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. 2]

Common Account / Folio No. _____

Name of Sole / First Unit Holder _____

2 SYSTEMATIC WITHDRAWAL PLAN (SWP) – Atleast 6 Withdrawals of ₹ 500/- each (Available only after the expiry of the scheme specific lock-in period, if any)

I/We would like to enrol for SWP

Scheme _____

Plan/Option _____

Start Month _____ End Month (optional) ^^ _____ SWP Amount _____ SWP Units _____

SWP date 1st 11th 21st (the date of the month on which you want to withdraw) No. of Installments (Atleast 6) _____ Frequency Monthly Quarterly Semi-annual Annual

3 SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC SWITCH PLAN (SSP)

Atleast 6 Withdrawals of (i) ₹ 1,000/- each for all Schemes (Except Principal Personal Tax Saver Fund & Principal Tax Savings Fund)
(ii) ₹ 500/- each for Principal Personal Tax Saver Fund & Principal Tax Savings Fund (Available only after the expiry of the scheme specific lock-in period)

I/We would like to transfer _____ units OR ₹ (in figures) _____ Rupees (in words) _____

From : Scheme _____ Plan _____ Option _____

To : Scheme _____ Plan _____ Option _____

Start Month _____ End Month (optional) ^^ _____ No. of Installments (Atleast 6) _____

Frequency Daily Weekly* Monthly Quarterly Semi-annual Annual STP date 1st 11th 21st

* Every Monday (Next Business Day if Monday is a non-business day).

^^ In case if the investor does not specify the end month the SWP/STP shall be active only upto such date that the sufficient funds are available.

4 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(s)"] 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 Schemes 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.

Applicable for Micro SIP: I/We further confirm & declare that I/We do not have any existing Micro SIPs in the scheme(s) of Principal Mutual Fund which together with the current Micro SIP application will result in aggregate investments exceeding ₹ 50,000/- . Further, I/We confirm that where the PAN has not been provided for any unitholder the same is on account of the fact that I/we do not hold PAN as on date.

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name _____ PAN _____	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ^(*)
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name _____ PAN _____	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ^(*)
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - Name _____ PAN _____	Enclosed (please ✓) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ^(*)

^ Refer Instruction No. 3

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: _____

Sub-Broker ARN: _____

EUIN: _____

Received from _____ Application / Folio No. _____

Application for Amount: _____

STP SWP - From: Scheme _____ Plan _____ Option _____

To: Scheme _____ Plan _____ Option _____

Signature, Stamp & Date