

Application No. _____

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
0032					

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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(14)]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please ✓] one of the options:- First time Mutual Fund Investor Existing Investor
(Note: If this section is left blank, it is assumed that the Applicant(s) is not a First Time Investor and Transaction Charges shall be accordingly deducted)

In case the subscription amount is ₹ 10,000/- or more and the Distributor has opted to receive Transaction Charges, ₹ 150 (for first time mutual fund investor) or ₹ 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the Distributor. Units will be issued against the balance amount invested.

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. B(1)]

Please fill your Folio No. and Name and then proceed to Section (6) Common Account / Folio No. _____

Name of Sole / First Unit Holder _____

2 NEW APPLICANT'S DETAILS (Please fill in Block Letters with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT Mr. Ms [Note: No Joint holding permitted in case of minor applicant - *Refer Instruction no. B(11)]

Date of Birth (Mandatory for Minor Applicant - *Enclose Supporting Document) _____ PAN _____

STATUS - Resident Individual HUF NRI / PIO / FI Partnership Firm BOI Minor Bank / FI Society/Club Trust Company Others (Please specify) _____

Guardian (Mandatory for Minor Applicant) / POA Holder / Contact Person (In case of non-individual Investors - PAN & KYC not required for contact person) Mr. Ms

Date of Birth _____ PAN _____ Relationship with Minor Applicant Father Mother Legal Guardian [Note: *Enclose Supporting Document]

NAME OF THE SECOND APPLICANT Mr. Ms Date of Birth _____ PAN _____

NAME OF THE THIRD APPLICANT Mr. Ms Date of Birth _____ PAN _____

Kindly ensure that Copy of PAN & KYC Acknowledgement Letter are enclosed to your Application Form as per Instruction No. D of this Form.

ADDRESS OF FIRST / SOLE APPLICANT [P.O. Box Address is not sufficient] _____

City _____ State _____ Country _____ Pin Code _____

OVERSEAS ADDRESS (in case the First Applicant is NRI/PIO) [P.O. Box Address is not sufficient] {Refer Instruction No. B(6)} _____

City _____ State _____ Country _____ Zip Code _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT (Please ensure that you fill in the contact details for us to serve you better)

Phone _____ OR _____ Fax _____

Mobile _____ I / We wish to receive updates via SMS on my mobile (Please ✓)

e-mail _____

I/We wish to receive the following documents via e-mail in lieu of physical document(s) [Please ✓] Account Statement Newsletter Annual Report All Statutory Returns / Information

IF APPLICANT IS A NON-RESIDENT NRI (Repatriable) FI (Repatriable) NRI Minor (Repatriable) PIO NRI (Non Repatriable) NRI Minor (Non Repatriable)

OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please ✓) Business Service Profession Retired Agriculture House Wife Student Others (Please specify) _____

MODE OF HOLDING (Please ✓) Single Jointly Either / Anyone or Survivor (Default Option : Jointly)

3 PERSONAL IDENTIFICATION NUMBER (To serve you better)

Do you want a PIN assigned? Yes No (In case you would want a PIN assigned; please submit a duly filled and signed PIN Form along with this Application. PIN form is available at request / can also be downloaded from our website.)

4 NOMINATION (Please ✓ and confirm the option selected) - Please Refer Instruction No. 'E'

I/We do hereby nominate the undermentioned Nominee to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be valid discharge by the AMC/Mutual Fund/ Trustees.

NOMINEE'S NAME Mr. Ms _____ Date of Birth (in case of minor) _____

NAME OF PARENT / LEGAL GUARDIAN (in case of minor) Mr. Ms _____

ADDRESS OF NOMINEE / GUARDIAN _____

City _____ Pin Code _____ Specimen Signature of Nominee / Guardian _____

OR I/We do not wish to nominate a nominee in my / our folio. _____ Signature of 1st Unit Holder _____ Signature of 2nd Unit Holder _____ Signature of 3rd Unit Holder _____

[Applicants can make multiple nomination (to the maximum of three) by filing nomination form available at our Investor Service Centres / www.principalindia.com] ... continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

ARN No: _____ Application No. _____

Received from _____

Cheque / DD / RTGS / NEFT No. _____ Dated: DD / MM / YYYY _____

Drawn on Bank & Branch _____

Scheme / Plan / Option / Sub-Option _____

Amount ₹ _____

Please Note : All purchases are subject to realisation of payment instrument

Signature, Stamp & Date

5 BANK ACCOUNT DETAILS (Mandatory) [Refer Instruction No. C]

Bank Name (Do not abbreviate) _____
 Account No. _____ Branch / City _____
 Branch Address _____ (Please provide the full account number) _____
 Pin Code _____

Account Type (Please For Residents Savings Current For Non-Resident NRO NRE Repatriable Non-Repatriable Others _____
 MICR Code* _____ This is a 9 digit number next to your Cheque No. _____ Essential Enclosures : (For Direct Credit)
 Only for IFSC* _____ NEFT* _____
 RTGS* Code _____ Code _____ Blank cancelled cheque Copy of cheque

Direct Credit Facility is currently available with : BNP Paribas Bank, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank, Indusind Bank and Development Credit Bank (only for dividend). For an update in this list please contact any of our ISC at the contact details provided overleaf.
 • Please verify and ensure the accuracy of the bank details provided above as it shall appear in your account statement which shall be issued to you should your application be accepted. Principal Mutual Fund shall not be held responsible for delays or errors in processing your request if the information provided is incomplete or inaccurate. [* indicates - Mandatory]

6 DOCUMENTS ENCLOSED (Please)

MOA & AOA Trust Deed Bye-Laws Partnership Deed Resolution / Authorisation to invest List of Authorised Signatories with Specimen Signature(s) POA

7 PAYMENT DETAILS (Mandatory) [Refer Instruction No. C]

(i) Investment Amount (₹) _____ (ii) DD Charges (₹) _____ Net Amount (₹) (i)+(ii) _____
 Mode of Payment (Please) Cheque DD RTGS NEFT ECS Funds Transfer *Cheque / DD / RTGS / NEFT No. _____
 Account Type (Please) Savings Current NRE NRO FCNR NRSR _____ Dated | D | D | M | M | Y | Y | Y | Y |
 Payment from Bank A/c No. _____ Name of 1st Bank A/c holder _____
 Drawn on Bank _____ Name of 2nd Bank A/c holder _____
 Branch & City _____ Name of 3rd Bank A/c holder _____

Details of the Payer (In case, the First Unitholder is not one of the Bank A/c. holder as mentioned above)
 Parent/Grand Parent/related person: Name _____ Enclosed (please)
 Employer: Name _____ Custodian: Name _____ KYC Acknowledgement Letter
 Declaration of the Bank A/c.

Please enclose relevant documents as indicated below as per the Mode of Payment: • RTGS / NEFT / ECS / Bank Transfer - Instruction to the Bank from the Unitholder to Debit the Account.
 • DD / Pay order / Banker's Cheque and the like - Declaration / Acknowledgement from Bank Copy of Passbook / Bank Statement
 * Please mention the Application No., PAN and Name of the First Unitholder on the reverse of the Payment Instrument.

8 INVESTMENT DETAILS (Please Choice of Scheme / Plan / Option available for subscription) - Please ensure there is only one cheque/DD per application form

<input type="checkbox"/> Principal Government Securities Fund	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Income Fund - Long Term Plan	Dividend Frequency - <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual
<input type="checkbox"/> Principal Debt Opportunities Fund - Conservative Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
<input type="checkbox"/> Principal Cash Management Fund	Dividend Frequency / Facility - <input type="checkbox"/> Daily <input type="checkbox"/> Weekly - <input type="radio"/> Reinvest
<input type="checkbox"/> Principal Retail Money Manager Fund#	<input type="checkbox"/> Monthly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Debt Opportunities Fund - Corporate Bond Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Monthly) <input type="radio"/> Reinvest
<input type="checkbox"/> Principal Bank CD Fund <input type="checkbox"/> Principal Income Fund - Short Term Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Debt Savings Fund	Dividend Frequency - <input type="checkbox"/> Monthly
<input type="radio"/> Monthly Income Plan <input type="checkbox"/> Growth <input type="radio"/> Accumulation <input type="radio"/> AEP	<input type="checkbox"/> Dividend <input type="radio"/> Monthly <input type="radio"/> Quarterly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="radio"/> Retail Plan# <input type="checkbox"/> Growth <input type="radio"/> Accumulation <input type="radio"/> AEP	#Subscriptions is restricted only for individual investors (including HUFs, Association of Persons & where an individual is an ultimate beneficiary).

Sweep to Scheme Plan _____ Option _____ (In case of Sweep Facility, please ensure to fulfill the minimum investment criteria in the new Scheme)

9 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (13)']

Depository Participant (DP) ID _____ Beneficiary Account Number _____

10 BENEFICIAL OWNER [Refer instruction No. 'F']

I/We am/are the Beneficial Owner(s) of the Units that will be allotted pursuant to this Application - Yes No (Note: If this section is left blank, it is assumed that the Applicant(s) is the Beneficial Owner)
 If no, kindly indicate the name of the Beneficial Owner _____
 [Kindly enclose Copy of PAN & KYC Acknowledgement Letter for the Beneficial Owner. AMC Reserves the right to seek further information/documents for verification purpose]

11 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Documents 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(s) as indicated above ["the Scheme"] 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 rebates 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 designated 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 hereby confirm that I/We have read and understood the contents on "Third Party Payments" and confirm that the payment for this subscription application has been made from my/our Account or from such accounts as permitted by SEBI / AMFI and provided in the said section on Third Party Payments. Further, relevant declaration and documents as mandated herein have been provided for the mode of my payment.
 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.

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.

^ Refer Instruction No. D

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

For investment related enquiries, Investor Grievance please contact:
Principal Mutual Fund
 Exchange Plaza, 'B' Wing, Ground Floor, NSE Building, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.
 TOLL FREE: 1800 425 5600. • Fax: 022-6772 0512 • E-mail: customer@principalindia.com • Website: www.principalindia.com

CHECK LIST: Please ensure the following : • Application form is complete in all respects and signed by all Applicants • Bank Account details are filled • Copy of PAN card • Copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSE Ventures Ltd / printout of KYC compliance status downloaded from CVL website, as applicable • Appropriate options are filled • To prevent fraudulent practices investor are urged to make the Payment Instruments favouring "Name of the Scheme A/c. First Investor Name" OR "Name of the Scheme A/c. Permanent Account Number" OR "Name of the Scheme A/c. Folio Number" and the same should be crossed "Account Payee Only". • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.