



Exchange Plaza, 'B' Wing, 11th Floor, NSE Building, Bandra Kurla Complex,
Bandra (E), Mumbai - 400 051, India.
Tel.: 022-2202 1111. Fax: 022-22044466
Website: www.principalindia.com E-mail: customer@principalindia.com

Application Form for Principal Child Benefit Fund

Application No. _____

Please read the instructions before filling the Application Form

BROKER INFORMATION & APPLICATION RECEIPT DATE (Not to be filled in by the Applicant)

Broker Name & Code	Sub-Broker Code	I-Code	Registrar Serial No.	Bank Serial No.	Date & Time of Receipt
ARN - 2233					

1 EXISTING UNITHOLDERS DETAILS (Donor to fill in the Unit holder / Beneficiary) (Please note that the applicant details and mode of holding are as per the existing Folio Number)

Common Account No. _____

Name of Sole / First Unit Holder _____

2 DONOR INFORMATION (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF APPLICANT / DONOR Mr. Ms
 F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth DDMMYYYY PAN _____ Enclosed (please)
 PAN copy

Applicant cannot be more than 45 years of age where the target period is 7 years & 10 years and 40 years where the target period is 15 years (only for Future Guard Plan)

Please attach copy of KYC acknowledgement letter^

Proof of Age : _____

Parent / Guardian Name Mr. Ms (if first applicant is a Minor)/ Contact Person (DESIGNATION in case of non-individual Investors - PAN not required for contact person)
 F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth DDMMYYYY PAN _____ Enclosed (please)
 PAN copy

Please attach copy of KYC acknowledgement letter^

ADDRESS OF APPLICANT / DONOR [P.O. Box Address is not sufficient]

City _____ Pin Code _____
 State _____ Country _____

OVERSEAS ADDRESS (in case the Applicant / Donor is NRI/FII/PIO) [P.O. Box Address is not sufficient]

City _____ Zip Code _____
 State _____ Country _____

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

Phone O _____ R _____ Fax _____

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

e-mail _____ I N B L O C K L E T T E R S

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

STATUS OF DONOR / APPLICANT (Please)
 Resident Individual Partnership Firm AOP BOI
 Minor Bank / FI Society/Club Others (Please specify)
 HUF Trust Company

IF APPLICANT / DONOR IS A NON-RESIDENT
 NRI (Repatriable) FII (Repatriable) NRI Minor (Repatriable)
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable)

OCCUPATION OF DONOR / APPLICANT (Please)
 Business Service Profession Retired
 Agriculture House Wife Student
 Others (Please specify)

MODE OF HOLDING
 Single

3 UNITHOLDER / BENEFICIARY INFORMATION (Please fill in BLOCK LETTERS & with black/blue ink use one box for one alphabet leaving one box blank between two words)

NAME OF UNITHOLDER / BENEFICIARY Mr. Ms
 F I R S T N A M E M I D D L E N A M E L A S T N A M E

Date of Birth DDMMYYYY PAN _____ Enclosed (please)
 PAN copy

^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC)

Acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

ADDRESS OF UNITHOLDER / BENEFICIARY [P.O. Box Address is not sufficient]

City _____ Pin Code _____
 State _____ Country _____

OVERSEAS ADDRESS (in case the Unitholder / Beneficiary is NRI/FII/PIO) [P.O. Box Address is not sufficient]

City _____ Zip Code _____
 State _____ Country _____

CONTACT DETAILS OF UNITHOLDER / BENEFICIARY (Please ensure that you fill in the contact details for us to serve you better.)

Phone O _____ R _____ Fax _____

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

e-mail _____ I N B L O C K L E T T E R S

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

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____ Application No. _____

Cheque/DD No. _____ Dated: DD / MM / YYYY ARN No: _____

Drawn on Bank & Branch _____

Scheme / Plan / Option _____

Amount Rs. _____

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

Signature, Stamp & Date

STATUS OF UNITHOLDER / BENEFICIARY (Please ✓)

Resident Individual Partnership Firm AOP BOI
 Minor Bank / FI Society/Club Others (Please specify)
 HUF Trust Company

OCCUPATION OF UNITHOLDER / BENEFICIARY (Please ✓)

Business Service Profession Retired
 Agriculture House Wife Student
 Others (Please specify)

IF UNITHOLDER / BENEFICIARY IS A NON-RESIDENT

NRI (Repatriable) FII (Repatriable) NRI Minor (Repatriable)
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable)

MODE OF HOLDING

Single

NAME OF GUARDIAN (in case Unitholder / Beneficiary is a Minor)

Mr. Ms

F I R S T N A M E M I D D L E N A M E L A S T N A M E

Minor's Relationship

STATUS (Please ✓)

Individual Trust Others

STATUS (Please ✓)

Resident Non-Resident

4 PERSONAL IDENTIFICATION NUMBER (To serve you better) - refer instruction page

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 part of the application form / available at request / can also be downloaded from our website.)

5 PAYMENT DETAILS (Mandatory)

Investment Amount (Rs.) DD Charges (Rs.) Net Amount (Rs.)

Mode of Payment (Please ✓) Cheque DD *Cheque / DD No. Dated D D M M Y Y Y Y

Account No. Account Type (Please ✓) Savings Current NRE NRO FCNR NRSR

Drawn on Bank & Branch City

* Please mention the Application No. on the reverse of the Cheque/DD. All Cheques/DDs to be drawn in favour of "the Specific Scheme Name".

6 INVESTMENT DETAILS (Please ✓ Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

Principal Child Benefit Fund Career Builder Plan Future Guard Plan Target Period 7 Years 10 Years 15 Years

7 BANK ACCOUNT DETAILS (Mandatory)

Bank Name (Do not abbreviate)

Account No. (Please provide the full account number) Branch / City

Branch Address 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.

Only for IFSC RTGS Code NEFT Code

Essential Enclosures : (For Direct Credit)

Blank cancelled cheque Copy of cheque

Direct Credit Facility is currently available with : BNP Paribas, Citibank, Deutsche Bank, ICICI Bank, IDBI Bank, HDFC Bank, HSBC Bank, Kotak Mahindra Bank, Punjab National Bank, Standard Chartered Bank, Axis Bank & Indusind Bank. 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 and as 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.

8 ALTERNATE BENEFICIARY INFORMATION

Name of Alternate Beneficiary Mr/Ms/Mrs (ALL CAPITAL LETTERS) Date of Birth D D / M M / Y Y Y Y

Name of Guardian (in case Alternate Beneficiary is a Minor) Minor's Relationship

9 APPLICATION ENCLOSED (Please ✓) (Only for the Career Builder Plan / Option

Systematic Investment Plan Post dated Cheques SIP Auto Debit Form HDFC Standing Instruction (HDFC Bank Account Holders only) ICICI Standing Instruction (ICICI Bank Account Holders only) Systematic Withdrawal Plan Systematic Transfer Plan

10 DECLARATION AND SIGNATURES

It is understood that the Applicant has the express authority from the relevant constitution to invest in the units of the Principal Child Benefit Fund (the Fund) and the Principal Pnb Asset Management Company Pvt. Ltd. [AMC], its Trustee and Principal (Mutual Fund) would not be responsible if the investment is ultra vires the relevant constitution.

I/We further confirm having read and understood the contents of the offer document/s to the Scheme including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustees of the Principal Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme as applicable to my / our investment including any further transaction under the Scheme. 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 the Applicant 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 authorize AMC to reject the application, reverse the unit credited, restrain me/us from making any further investment in any of the Scheme/s 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 details given above, 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 Applicant's Non - Residents External / Ordinary Account / FCNR Account.

^ In case the investments are Rs. 50,000 and above, it is mandatory to attach a copy of Know Your Customer (KYC) Acknowledgement letter issued by CDSL Ventures Limited alongwith the application form.

SIGNATURES	Signature / Thumb Impression of Donor / Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter^)	
SIGNATURES	Signature / Thumb Impression of Unitholder / Guardian / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
		POA Details - Name	
		PAN Enclosed (please ✓) <input type="checkbox"/> PAN copy (Attach copy of KYC acknowledgement letter^)	



Principal Mutual Fund

Exchange Plaza, 'B' wing, 11th Floor, NSE Building, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051, India.

For investment related enquiries, please contact:

Principal Mutual Fund

Ph : 1800-22-5600 (Toll Free Number) or 022-22021111 (If calling from a Non MTNL / Non BSNL lines)
 Email : 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 KYC Acknowledgement Letter issued by CDSL Ventures Ltd. for any application of Rs. 50,000 and above • Appropriate options are filled • Cheques/DD should be drawn in favour of "the Specific Scheme Name" • If you are investing for the first time, please ensure that you fill in the contact details for us to serve you better.