Debit Mandate for Auto Debit / NACH

BARODA PIONEER MUTUAL FUND

बैंक ऑफ़ बड़ौदा Bank of Baroda | PIONEER Investments®

Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.
Please refer the SIP : Terms & Conditions while filling up the Form. Tick (✓) whichever is applicable, strike out whichever is not required.

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Schemes covered by this KIM)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
ARN-53321			E054731		For Office use only	For Office use only

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

☐ 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filling up the Application Form - VIII)

☐ I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

☐ I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

☐ New Registration with BPMF ☐ Change in Bank Account for existing Registration with BPMF ☐ SIP Cancellation

First SIP cheque and subsequent via Auto Debit / NACH if the Bank is not participating in ACH Platform. (Please attach copy of cheque / cancelled cheque)

PAN DETAILS (Mandatory)

*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. *(Refer Instruction IV)

First/Sole Applicant* | Second Applicant | Third Applicant

MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

Signature

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name

Folio / Application No. (Existing Investors : please mention Folio Number)

Scheme | Option and Sub Option

SIP AND PAYMENT DETAILS

Each SIP Amount (₹) | Frequency ☐ Monthly (Default) ☐ Calendar Quarter | Status: ☐ RI ☐ NRI

Amount in words

1st SIP Cheque Details | Cheque No. | Date D D M M Y Y Y Y

SIP Auto Debit Dates ☐ 1st ☐ 10th ☐ 15th ☐ 25th of the month | SIP Period | Start Form D D M M Y Y Y Y | End On D D M M Y Y Y Y

SIP date should be either 1st / 10th / 15th / 25th (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start). OR Perpetual (99 years) (Default) ☐

I hereby authorise Baroda Pioneer Mutual Fund (BPMF) and their authorised service providers to debit my following bank account by NACH clearing/auto debit for collection of SIP payments.

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of mutual funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through direct debit/participation in NACH. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund, Baroda Pioneer Asset Management Company Ltd., its investment manager, or any of their appointed service providers or representatives responsible. I/We will also inform Baroda Pioneer Asset Management Company Ltd. about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

1st A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian | 2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian | 3rd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian

DEBIT MANDATE FOR NACH

BARODA PIONEER MUTUAL FUND

बैंक ऑफ़ बड़ौदा Bank of Baroda | PIONEER Investments®

UMRN | Date D D M M Y Y Y Y

Sponsor Bank Code | Utility Code

Tick (✓): Create / Modify / Cancel

I/We hereby authorize **BARODA PIONEER MUTUAL FUND** To debit (tick ✓) SB / CA / CC / SB NRE / SB NRO / Other

Bank A/c. Number

With Bank | IFSC | or MICR

An Amount of Rupees | ₹

FREQUENCY ☐ Mthly ☐ Qtrly ☒ H-Yrly ☒ Yrly ☒ As & when presented **DEBIT TYPE** ☑ Fixed Amount ☒ Maximum Amount

Folio No. / Application No. | Phone No.

Scheme Name | Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or D Until cancelled

Signature Primary Account holder | Signature Account holder | Signature Account holder

1. Name as in Bank Records | 2. Name as in Bank Records | 3. Name as in Bank Records

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate of the bank where I have authorized the debit.