

FORM 2 - SIP REGISTRATION & AUTO DEBIT/NACH

Attention: Only for existing Unit Holder of Principal Mutual Fund

Tick (✓)

CREATE ☒

MODIFY ☒

CANCEL ☒

Sponsor Bank Code

CITI000PIGW

Utility Code

CITI00002000000037

I/We hereby authorize

Principal Mutual Fund

to debit (tick✓)

☐ SB
 ☐ CA
 ☐ CC
 ☐ SB-NRE
 ☐ SB-NRO
 ☐ Other

Bank A/c number

UMRN

Bank use

Date

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

in words

₹

in figures

FREQUENCY

☐ Mthly
 ☐ Qtrly
 ☐ H Yrly
 ☐ Yrly
 ☒ As & when presented

DEBIT TYPE

☒ Fixed Amount
 ☒ Maximum Amount

Reference 1

Phone No.

Reference 2

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

To

3 1 1 2 2 0 9 9

Or

☒ Until Cancelled

Signature of 1st Account holder

Signature of 2nd Account holder

Signature of 3rd Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

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 instructions 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 or the bank where I have authorized the debit.

Broker ARN/RIA Code^	Sub-Broker ARN Code	EUIN	Sub-Broker Code
ARN-53321		E054731	

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us 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. (Ref Instructions No. G). Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ^ By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions.

Sole / First Applicant's Signature (Mandatory)

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

(For existing unit holder)

Folio No.

Name of First Applicant

Cheque no.

Drawn on

Date

Amount (₹)

SIP DETAILS (First time investors with Principal MF should fill & attach this with Form 1. Refer SIP instructions point A)									
Scheme (SIP in upto 3 schemes with a single cheque) (Minimum amount ₹ 500/ 2,000. Refer KIM)	Plan/Option	Dividend Frequency	SIP Amount*	SIP Date(s) ¹ (*Default date 10th)	Frequency*	Start Date	End Date	Perpetual	
1. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐	
2. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐	
3. Principal					☐ M ☐ Q	MM / YY	MM / YY	☐	
Total (Amount in words)								*M-Monthly & Q-Quarterly	

Dividend Sweep into	Scheme	Plan	Option
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TOP-UP DETAILS (Applicable to scheme number mentioned in above table. Refer SIP instructions point B)						PAUSE DETAILS (Applicable to scheme number mentioned in above table. Refer SIP instructions point C)		
Scheme No.	Top up Amount (Min. ₹ 500 & Multiple of ₹1/-)	Frequency (HY Half Yearly Y-Yearly (Default))	Top Up Start Month/Year	Cap Month / Year	Cap Amount	SIP Cycle Date	SIP Pause Period Start from	SIP Pause Period End on
1.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY
2.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY
3.		☐ HY ☐ Y	M M / Y Y	M M / Y Y		D D	MM / YY	MM / YY

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Principal Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/ECS/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Power of Attorney Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Date

Application No.

From

1	Scheme	Plan/Option	Amount
2	Scheme	Plan/Option	Amount
3	Scheme	Plan/Option	Amount

Stamp & Signature