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 Bandra Kurla Complex, Bandra (East), Mumbai-400 051.
 Toll Free - 1800 425 5600 • Fax: 022-6772 0512.
 Website: www.principalindia.com • E-mail: customer@principalindia.com

Application Form for Equity / Balanced / ELSS & Fund of Funds Scheme(s)

Application No. _____

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code ARN-0906	Sub-Broker ARN Code	EUIN E031087	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. G)

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(15)]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please 3 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 for the purpose of deducting Transaction Charges)
 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(12)]
 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 (Mandatory for Minor Applicant - Enclose Supporting Document) D D M M Y Y Y Y PAN _____

STATUS - Resident Individual HUF NRI / PIO / FII 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

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 D D M M Y Y Y Y PAN _____ Relationship with Father Mother Legal Guardian
 Minor Applicant [Note: Enclose Supporting Document]

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

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

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

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

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 _____ L A N D M A R K

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/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 O _____ R _____ Fax _____

Mobile _____ I / We wish to receive updates via SMS on my mobile (Please 3)

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 3] Account Statement Newsletter Annual Report All Statutory Returns / Information

IF APPLICANT IS A NON-RESIDENT [Refer Instruction No. B(6)]

NRI (Repatriable) FII (Repatriable) NRI Minor (Repatriable) Business Service Profession Retired Agriculture
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable) House Wife Student Others (Please specify) _____

MODE OF HOLDING (Please 3) Single Jointly Either / Anyone or Survivor (Default Option : Jointly)

3 NOMINATION (Please 3 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) D D M M Y Y Y Y

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: _____ Sub-Broker ARN: _____ EUIN: _____

Received from _____ Application No. _____
 Cheque / DD / RTGS / NEFT No. _____ Dated: D D / M M / Y Y Y Y
 Drawn on Bank & Branch _____
 Scheme / Plan / Option / Sub-Option _____ Amount ₹ _____
 Please Note : All purchases are subject to realisation of payment instrument
 Signature, Stamp & Date

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

Bank Name (Do not abbreviate) _____
 Account No. _____ Branch / City _____
 (Please provide the full account number)
 Branch Address _____ Pin Code _____
 Account Type (Please 3) 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): Blank cancelled cheque Copy of cheque
 Only for RTGS* IFSC* _____ NEFT* _____ [* indicates - Mandatory]
 Code _____ Code _____

5 DOCUMENTS ENCLOSED (Please 3) [Refer Checklist on the Instruction Page]

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

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

(i) Investment Amount (₹) _____ (ii) DD Charges (₹) _____ Net Amount (₹) (i)+(ii) _____
 Mode of Payment (Please 3) Cheque DD RTGS NEFT ECS Funds Transfer *Cheque / DD / RTGS / NEFT No. _____
 Account Type (Please 3) 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 (Not to exceed ₹ 50,000): _____ Name _____ Mandatory Enclosure
 Employer: _____ Name _____ Custodian: _____ Name _____ KYC Acknowledgement Letter &
 Joint Declaration of the Bank A/c.

Please enclose any one of the 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.

7 INVESTMENT DETAILS (Please 3 Choice of Scheme / Plan / Option) - Please ensure there is only one cheque/DD per application form

<input type="checkbox"/> Principal Growth Fund	<input type="checkbox"/> Principal Large Cap Fund	<input type="checkbox"/> Direct Plan*	<input type="checkbox"/> Growth
<input type="checkbox"/> Principal Dividend Yield Fund	<input type="checkbox"/> Principal Emerging Bluechip Fund		
<input type="checkbox"/> Principal Global Opportunities Fund	<input type="checkbox"/> Principal Balanced Fund	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Index Fund - Nifty	<input type="checkbox"/> Principal SMART Equity Fund		
<input type="checkbox"/> Principal Index Fund - Midcap			
<input type="checkbox"/> Principal Tax Savings Fund	<input type="checkbox"/> Principal Personal Tax Saver Fund	<input type="checkbox"/> Direct Plan*	<input type="checkbox"/> Regular Plan

+ Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. B(11)]

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

8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']

Depository Participant (DP) ID _____ Beneficiary Account Number _____

9 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]

10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

Yes No. I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products

11 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. I/We 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 confirm that I/We have read and understood "Privacy Policy" of PMS/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information / sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMS/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information / sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. 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 Scheme(s) / 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 confirm that I / We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.
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.

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

^ Refer Instruction No. D



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 KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, 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.



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.
Website: www.principalindia.com
E-mail: customer@principalindia.com

Application Form for Debt / Liquid Schemes

Application No. _____

Please read the instructions before filling the Application Form

DISTRIBUTOR INFORMATION & APPLICATION RECEIPT DATE

Broker ARN Code ARN-0906	Sub-Broker ARN Code	EUIIN E031087	Sub-Broker Code	Principal Group Employee Code
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I/We hereby confirm that the EUIIN 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. G)

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY [Refer Instruction No. B(15)]

Investors are advised to confirm if he/she is a First Time Mutual Fund Investor by selecting [please 3 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 for the purpose of deducting Transaction Charges)
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(12)]
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 (Mandatory for Minor Applicant - Enclose Supporting Document) D D M M Y Y Y Y PAN _____

STATUS - Resident Individual HUF NRI / PIO / FII 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
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 D D M M Y Y Y Y PAN _____ Relationship with Minor Applicant Father Mother Legal Guardian [Note: Enclose Supporting Document]

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

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

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]
L A N D M A R K
City _____ State _____ Country _____ Pin Code _____

OVERSEAS ADDRESS (in case the First Applicant is NRI/FII/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 O _____ R _____ Fax _____
Mobile _____ I / We wish to receive updates via SMS on my mobile (Please 3)
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 3] Account Statement Newsletter Annual Report All Statutory Returns / Information

IF APPLICANT IS A NON-RESIDENT [Refer Instruction No. B(6)] OCCUPATION OF 1ST APPLICANT / GUARDIAN (Please 3)
 NRI (Repatriable) FII (Repatriable) NRI Minor (Repatriable) Business Service Profession Retired Agriculture
 PIO NRI (Non Repatriable) NRI Minor (Non Repatriable) House Wife Student Others (Please specify) _____

MODE OF HOLDING (Please 3) Single Jointly Either / Anyone or Survivor (Default Option : Jointly)

3 NOMINATION (Please 3 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) D D M M Y Y Y Y

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:

Sub-Broker ARN:

EUIIN:

Application No.

Received from _____
Cheque / DD / RTGS / NEFT No. _____ Dated: D D / M M / Y Y Y Y
Drawn on Bank & Branch _____
Scheme / Plan / Option / Sub-Option _____ Amount ₹ _____

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

Signature, Stamp & Date

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

Bank Name (Do not abbreviate) _____ Account No. _____ Branch / City _____ (Please provide the full account number) _____ Branch Address _____ Pin Code _____ Account Type (Please 3) 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): Blank cancelled cheque Copy of cheque Only for IFSC* _____ NEFT* _____ RTGS* _____ Code _____ Code _____ [* indicates - Mandatory]

5 DOCUMENTS ENCLOSED (Please 3) [Refer Checklist on the Instruction Page]

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

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

(i) Investment Amount (₹) _____ (ii) DD Charges (₹) _____ Net Amount (₹) (i)+(ii) _____ Mode of Payment (Please 3) Cheque DD RTGS NEFT ECS Funds Transfer *Cheque / DD / RTGS / NEFT No. _____ Account Type (Please 3) Savings Current NRE NRO FCNR NRSR Dated DD MM YY 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 (Not to exceed ₹ 50,000): _____ Name _____ KYC Acknowledgement Letter & Joint Declaration of the Bank A/c. Employer: _____ Name _____ Custodian: _____ Name _____

Please enclose any one of the 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.

7 INVESTMENT DETAILS (Please 3 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"/> Direct Plan* <input type="checkbox"/> Regular 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 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"/> Direct Plan* <input type="checkbox"/> Regular 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"/> Monthly - <input type="radio"/> Payout <input type="radio"/> Reinvest <input type="radio"/> Sweep
<input type="checkbox"/> Principal Retail Money Manager Fund#	<input type="checkbox"/> Direct Plan* <input type="checkbox"/> Regular Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Monthly) <input type="radio"/> Reinvest
<input type="checkbox"/> Principal Debt Opportunities Fund - Corporate Bond Plan	<input type="checkbox"/> Direct Plan* <input type="checkbox"/> Regular 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 Bank CD Fund <input type="checkbox"/> Principal Income Fund - Short Term Plan		Dividend Frequency - <input type="checkbox"/> Monthly
<input type="checkbox"/> Principal Debt Savings Fund	<input type="radio"/> Monthly Income Plan <input type="checkbox"/> Direct Plan* <input type="checkbox"/> Regular 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"/> Direct Plan* <input type="checkbox"/> Regular Plan	

#Subscriptions is restricted only for individual investors (including HUFs, Association of Persons & where an individual is an ultimate beneficiary).

+ Only for investors without broker code. If Direct plan is opted and Broker code also mentioned, the broker code will be ignored. [Refer Instruction No. B(11)]

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

8 DEMAT ACCOUNT DETAILS [Refer instruction No. 'B (14)']

Depository Participant (DP) ID _____ Beneficiary Account Number _____

9 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]

10 PRIVACY POLICY CONFIRMATION [Refer instruction No. 'H']

Yes No. I/We consent to and authorize the AMC to share all information (including without limitation personal information or sensitive personal data or information) provided by me/us for transacting in Principal Mutual Fund with any of its Associates/Group Companies, for offering their services and products

11 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") 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 confirm that I/we have read and understood "Privacy Policy" of PMF/AMC hosted on www.principalindia.com and hereby consent to and authorize AMC to collect personal information or sensitive personal data or information as defined in the "Privacy Policy" and to use all such information including without limitation personal information (sensitive personal data or information provided by me/us for extending and offering services and support requested and to share with and disclose the same to PMF/AMC's Associates/Group Companies (Affiliates), for offering their services and products. I/We also consent to disclose all such information including without limitation personal information (sensitive personal data or information provided by me/us to non-affiliated third parties such as, but not limited to, attorneys, accountants, auditors and persons or entities that are assessing our compliance with industry standards. 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 Prib 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 confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. 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.

SIGNATURES	Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE
	Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE

^ Refer Instruction No. D



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 KYC Registration Agency (KRA) / printout of KYC compliance status downloaded from website of KRA, 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.

First Holder : _____
Second Holder : _____
Third Holder : _____
Common Account No. : _____ **Date** | D | D | M | M | Y | Y | Y | Y |

Please (✓)
 Appointment of Nominee
 Change in Nominee

NOMINEE(S)

I/We do hereby nominate the undermentioned Nominee(s) 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(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be valid discharge by Principal Pnb Asset Management Co. Pvt. Ltd. (AMC) / Principal Mutual Fund (Fund) / Principal Trustee Company Pvt. Ltd. (TC).

NAME OF FIRST NOMINEE Mr. Ms.

Date of Birth | D | D | M | M | Y | Y | Y | Y |
(In case of minor)

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

ADDRESS OF FIRST NOMINEE / LEGAL GUARDIAN

City _____ Pin Code _____

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

_____%

NAME OF SECOND NOMINEE Mr. Ms.

Date of Birth | D | D | M | M | Y | Y | Y | Y |
(In case of minor)

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

ADDRESS OF SECOND NOMINEE / LEGAL GUARDIAN

City _____ Pin Code _____

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

_____%

NAME OF THIRD NOMINEE Mr. Ms.

Date of Birth | D | D | M | M | Y | Y | Y | Y |
(In case of minor)

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

ADDRESS OF THIRD NOMINEE / LEGAL GUARDIAN

City _____ Pin Code _____

Specimen Signature of Nominee / Guardian

Percentage of Investment Allocation (integer)

_____%