FORM 2 - SIP REGISTRATION & AUTO DEBIT/NACH

Attention: Only for existing Unit Holder of Principal Mutual Fund

Principal®

UMRN | Bank use | Date D D M M Y Y Y Y

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

with Bank: Name of customers bank | IFSC | or MICR

an amount of Rupees: in words | ₹ in figures

FREQUENCY: ~~☐ Mthly ☐ Qtly ☐ 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	D	D	M	M	Y	Y	Y	Y
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-105519			

☐ **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/relatioship 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)# (#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

☐ 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 mode), 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

Principal®

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) Date D D M M Y Y **Application No.**

From

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

Stamp & Signature