

SIP / SWP / SSTP Form

Date			
dd	mn	m yyyy	/

Principal Pnb Asset Management Company Private Limited

Investment Manager for Principal Mutual Fund

Cala/First Halden			
Sole/First Holder :			
	Date :		
Systematic Investment Plan (SIP)			
I/We would like to enrol for SIP			
Scheme	Plan	Option	
Bank Code	Bank A/c No		
Bank Name & Branch			
No. of Cheques (at least 6)* Amount Per Cheque	e Rs	Total Amount Rs	
Frequency Monthly Quarterly Cheque Nos			
Start Month SIP Date			
Pls. Note: If you would like to opt for SIP Auto Debit Facility,	,	•	
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Systematic Withdrawal Plan (SWP)			
I/We would like to enrol for SWP			
Scheme	Plan	Option	
Start Month		•	
Frequency Monthly Quarterly Semi-annual	, .	•	
SWP date			
	on which you want to wandraw,		
Switch / Systematic Transfer Plan (SSTP)			
I/We would like to switch units or Rs (in	figures) Rs (in words	2)	
To : Scheme			
		•	
Start Month	Ena Montin (optio	ilial) ^v	
For Systematic Transfer Plan Only (Atleast 6 Transfers):			
Frequency Monthly Quarterly Semi-annual	Annual SSTP Amount		
SSTP date	on which you want to do SSTP)		
* Cheques to be dated as per the SIP date selected \$ If not specified, it will continue till availability of funds in the said ac	ccount.		
Signature of 1st Holder	Signature of 2nd Holder	 Signa	ture of 3rd Holder