

STP FORM (NEW STP / TOP-UP / CAPITAL APPRECIATION)



Distributor Code	Sub-Distributor	Sub-Distributor Code	EUIN*
ARN -	RIA -		

1. INVESTOR DETAILS (Please provide the following details in full)

Name: First Name Middle Name Last Name

Folio No.

PAN

First/Sole Unitholder/Guardian Second Unitholder Third Unitholder

2. ■ NEW STP / ■ NEW STP WITH TOP-UP / ■ EXISTING STP WITH TOP-UP / ■ NEW STP-CAPITAL APPRECIATION / ■ EXISTING STP - CAPITAL APPRECIATION

From Scheme **PGIM INDIA** Plan _____

Option Growth IDCW Payout* IDCW Reinvestment* Note: Top up facility available for monthly and quarterly frequency only.

To Scheme **PGIM INDIA** Plan _____

Option Growth IDCW Payout* IDCW Reinvestment* *IDCW option is not available for FOF Schemes.

Transfer Instalment Amount ₹ Starting Date Ending Date

Daily (Note: Daily STP would be processed on all business days)

Weekly (STP Day) Mon Tue Wed Thu Fri No. of Instalments _____

Monthly^ Quarterly (STP Date) (Any date of the month) ^For FOF scheme only Monthly frequency is available.

3. STP TOP-UP

Top Up Amount ₹ Top Up Frequency Half Yearly* Yearly

Top Up to continue till# Top Up to continue till STP amount reaches^ ₹

* Default option if not selected. # It is the date from which STP Top Up amount will cease. ^ STP Top Up will cease once the mentioned amount is reached.

4. STP CAPITAL APPRECIATION

From Scheme **PGIM INDIA** Plan _____

Option Growth IDCW Payout* IDCW Reinvestment*

To Scheme **PGIM INDIA** Plan _____

Option Growth IDCW Payout* IDCW Reinvestment* *IDCW option is not available for FOF Schemes.

Starting Date Ending Date

Weekly (STP Day) Mon Tue Wed Thu Fri No. of Instalments _____

Monthly Quarterly (STP Date) (Any date of the month)

5. DECLARATION & SIGNATURES (To be signed as per the Existing Mode of Holding)

DECLARATION & SIGNATURE(S) : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned. I/We confirm that the ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any Other mode), payable to him for different competing Schemes of various Mutual Funds from amongst which the Scheme is recommended to me/us. **For investors investing in Direct Plan:** I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product/scheme/plan. **Applicable to Micro Investors (Delete if not applicable):** I/We hereby declare that I/We do not have any existing Micro Investments which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year.

I/We, hereby apply to the Trustee of PGIM India Mutual Fund for allotment of units of the respective Scheme(s) of PGIM India Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We declare that I am/We are authorised to make this investment and the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I/We have read and understood the contents of the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of PGIM India Mutual Fund. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. The ARN holder 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 is being recommended to me/us. For investors investing in Direct Plan : I/We hereby agree that the AMC has not recommended or advised me/us regarding the suitability or appropriateness of the product / scheme / plan. Please 3 if the EUIN space is left blank : 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.

Investor Details	1st Holder	2nd Holder	3rd Holder
Name			
SIGNATURE (S)	x	x	x
Date	<input type="text"/>		
Place			



STP FORM (NEW STP / TOP-UP / CAPITAL APPRECIATION) - Acknowledgement Slip (To be filled in by the Investor)

New STP / New STP with Top-Up / Existing STP with Top-Up / New STP-Capital Appreciation / Existing STP-Capital Appreciation

Folio No.

Date

Received from Mr./Ms./Mrs.

Acknowledgment Stamp