

SIP MODIFICATION FORM

Distributor Code	Sub-Distributor	Sub-Distributor Code	EUIN*
ARN - 95789	RIA -		104467

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

Name#: First Name Middle Name Last Name

Folio No#:

PAN

First/Sole Unitholder/Gaurdian Second Unitholder Third Unitholder

2. Please select the options (one or more) that you wish to change (Modification will take place only for the selected options)

Scheme Name Scheme Option SIP Amount SIP Frequency Date

3. EXISTING SIP DETAILS

Scheme Name /Plan/Option: **PGIM India**

SIP Amount ₹ (in words) _____

SIP Frequency Monthly Quarterly SIP Date (Any date of the month) Start Date End Date

4. NEW SIP DETAILS

Scheme Name /Plan/Option: **PGIM India**

Each SIP Amount ₹ (in words) _____

UMRN No. (If existing OTM)

SIP Frequency Monthly Quarterly SIP Date (Any date of the month) Start Date End Date Until cancelled

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

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	Date
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE (S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Place <input type="text"/>



ONE TIME MANDATE FORM FOR NACH / ECS / AUTO DEBIT / LUMP SUM / SIP

(*Mandatory field)

UMRN For office use Date*

CREATE Sponsor Bank Code CITI000PIGW Utility Code CITI 00002000000037

MODIFY I/We hereby authorize PGIM INDIA MUTUAL FUND to debit (Please SB / CA / CC / SB-NRE / SB-NRO / Other

CANCEL Bank a/c number*

With Bank* Name of customers bank IFSC* MICR*

an amount of Rupees* Amount in words ₹ In Figures

FREQUENCY* Mthly Qly H-Yrly As & When presented DEBIT TYPE* Fixed Amount Maximum Amount

Reference - 1 Application no. / Folio number 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 account as per latest schedule of charges of the bank.

Maximum period of validity of this mandate is 40 years only.

PERIOD*

From

To

x x Signature of first account holder x x Signature of second account holder x x Signature of third account holder

Name of first account holder* Name of second account holder* Name of third account holder*

- 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.
- 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.
- Maximum period of validity of this mandate is 40 years only.



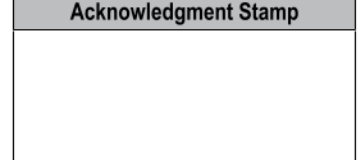
SIP MODIFICATION FORM - Acknowledgment Slip (To be filled in by the Investor)

Acknowledgment Stamp

Scheme Name Scheme Option SIP Amount SIP Frequency Date

Folio No. Date

Received from Mr./Ms./Mrs.



SIP instruction

- SIP modification is applicable for all schemes.
- SIP modification is required to submit 10 days prior to next SIP date.
- If the SIP amount is more than OTM amount registered in folio, then investor has to fill the fresh OTM Mandate.
- Load Structure of the Scheme & Target Schemes as on the date of enrolment of SIP shall be applicable.
- For modification of SIP amount - ELSS Tax Saver scheme minimum amount is 500 and for other schemes minimum amount is 1000.
- SIP modification facility will not be available for SIP registered via Exchange and Channel Partners.
- The broker code for initial SIP registration request will remain the same for SIP modification request.
- SIP modification will not be allowed, if SIP Top-up facility is already availed by the investor.
- If there is a modification in SIP amount then, the unit holder needs to verify limit/ frequency set in existing NACH/OTM mandate. If the SIP instalment post modification, exceeds the maximum amount for debit, then the request to modify SIP instalment amount will be rejected.
- If SIP is Paused investor cannot avail modification facility.
- If investor opts for modification in scheme name only, then new SIP will be registered in the particular folio with no change in existing details like Options, SIP amount, Frequency, SIP date and SIP End date.
- If investor has given multiple modifications under same folio no. but mentioned incorrect details then complete modification request will be rejected.
- Countersigned as per the mode of holding registered in the folio(s) is required for any alteration in the form.
- It is Mandatory to write SIP amount in both figures and in words.
- Change of Plan and Change of Broker is not allowed for SIP modification form.
- SIP Modification facility once availed, investor cannot modify the sip details for next 6 months.