

13 FATCA & CRS DECLARATION AND CERTIFICATION (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

I. FOR NON-INDIVIDUAL / ENTITY:

¹ Refer 2a of Part D | ² Refer 2b of Part D | ³ Refer 2c of Part D | ⁴ Refer 3(ii) of Part D | ⁶ Refer 1 of Part D | Refer 3(vii) of Part D | ¹⁰ Refer 1A of Part D

II. ALL APPLICANTS:

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

III. INDIVIDUAL / NON-INDIVIDUAL DECLARATION:

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 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 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 agree for the AMC/Trustees to compulsorily redeem any Units held directly or beneficially by me/us if I/we fail to provide the information called for by the AMC / Principal Mutual Fund or if the units are found to be held in contravention of any regulatory requirements / prohibitions issued from time to time.

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.

IV. SIGNATURE:

Signature of 1st Applicant / POA Holder / Guardian	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/>	Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ¹⁾
Signature of 2nd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/>	Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ¹⁾
Signature of 3rd Applicant / POA Holder	APPLICANT SIGNATURE	POA HOLDER SIGNATURE	POA Details - <input type="checkbox"/> Enclosed Notarised Power of Attorney Name _____ PAN <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/> <input style="width: 100px; height: 15px; border: 1px solid black; border-radius: 5px; margin-left: 10px; margin-right: 10px;" type="text"/>	Enclosed (please <input checked="" type="checkbox"/>) <input type="checkbox"/> PAN <input type="checkbox"/> KYC Attach copy of PAN & KYC ¹⁾

[^] Refer Instruction No. D

14 CHECKLIST

Please ensure that:

- All relevant particulars are filled in / ticked in the form
- PAN details are furnished [Refer Instruction No. D]
- KYC acknowledgement letter is enclosed [Refer Instruction No. D].
- Your investment is not less than the minimum investment amount.
- Your application is completed and signed by all applicants.
- To prevent fraudulent practices, Investors are urged to make the payment instruments (cheque / Demand draft / Pay Order etc.) 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**".
- On the reverse of the payment instrument submitted please mention the Application Number, PAN and Name of the First Applicant.