

SIP Pause Form

(For investment through ECS/NACH / Direct Debit)
(Please fill the form in block letter, all fields are mandatory.)

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|--|---|--|---|----------------------------------|
| Folio No. | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | Date | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | |
| Sole/First Applicant's Name | <div><div>Mr./Ms./M/s</div><div></div></div> | | | |
| Second Applicant's Name | <div><div>Mr./Ms./M/s</div><div></div></div> | | | |
| Third Applicant's Name | <div><div>Mr./Ms./M/s</div><div></div></div> | | | |
| Scheme Name: PGIM India _____ | | | | |
| Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Sweep | | | | |
| SIP Frequency* Please tick (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP Pause Period: <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months | | | | |
| SIP Amount: | <div><div></div><div>Bank Name: _____</div></div> | | | |
| A/c No.: | <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>(* For SIP Frequency, refer instruction no. 2)</div></div> | | | |
| MULTIPLE SIP DETAILS | | | | |
| Scheme / Plan / Option | Frequency* | Pause Period | SIP Amount | Bank Details |
| <div><div></div><div></div></div> | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months | <div><div></div></div> | Bank Name _____ A/c No. _____ |
| <div><div></div><div></div></div> | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months | <div><div></div></div> | Bank Name _____ A/c No. _____ |
| <div><div></div><div></div></div> | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months | <div><div></div></div> | Bank Name _____ A/c No. _____ |
| DECLARATION: | | | | |
| I/We hereby apply to PGIM India Mutual Fund for SIP Pause as per the details mentioned above and agreed to abide by terms and conditions and provisions of the Scheme Information Document as mentioned from time to time. | | | | |
| <div><div></div><div>Signature of Sole / First Unitholder</div></div> | <div><div></div><div>Signature of Second Unitholder</div></div> | <div><div></div><div>Signature of Third Unitholder</div></div> | | |
| (To be signed by Unitholders as per holding pattern) | | | | |

Folio No:**Scheme Name:** _____**Plan:** _____ **Option:** _____**SIP Amount:** ₹ _____ **SIP Frequency:** ☐ Monthly ☐ Quarterly**SIP Pause Period:** ☐ 1 Month ☐ 2 Months ☐ 3 Months Please tick (✓) any one ☐ Single SIP ☐ Multiple SIP**Acknowledgment Stamp**