

SIP Pause Form

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



Folio No.	<input type="text"/>	Date	<input type="text"/>
Sole/First Applicant's Name	<input type="text"/>		
Second Applicant's Name	<input type="text"/>		
Third Applicant's Name	<input type="text"/>		
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:	<input type="text"/>		
A/c No.:	<input type="text"/>		Bank Name: _____
			(* For SIP Frequency, refer instruction no. 2)
MULTIPLE SIP DETAILS			
Scheme / Plan / Option	Frequency*	Pause Period	SIP Amount / Bank Details
_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months	<input type="text"/> Bank Name _____ A/c No. _____
_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months	<input type="text"/> Bank Name _____ A/c No. _____
_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months	<input type="text"/> 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.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature of Sole / First Unitholder	Signature of Second Unitholder	Signature of Third Unitholder	
(To be signed by Unitholders as per holding pattern)			

V1 April 2020



Acknowledgment Slip (To be filled in by the Investor)

SIP Pause Form

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

GENERAL INSTRUCTIONS

1. This facility is available for Monthly and Quarterly frequency only.
2. The maximum number of instalments that can be paused using this Facility are 3 (three) consecutive instalments for SIPs registered with Monthly frequency and 1 (one) for SIPs registered with Quarterly frequency. Thereafter, automatically the balance SIP instalments (as originally registered) will resume.
3. This Facility is also available for Top-up SIPs and SIPs registered under Dynamic Advantage Asset Allocation Facility and Agelinked Investment Asset Allocation Facility.
4. This Facility is available only once during the tenure of the SIP.
5. This Facility is applicable only for AMC initiated debit instructions i.e. ECS/NACH/ Direct Debit.
6. SIPs registered through stock exchange platforms, Mutual Fund Utility (MFU), other online platforms will not be eligible to avail this facility.
7. The facility once registered can not be cancelled.
8. The SIP pause request should be submitted at least 15 days prior to the next SIP date.
9. SIP shall restart immediately after the completion of Pause period.
10. Incomplete forms would be rejected.

