SIP TRANSACTION FORM





	JTOR INFORMATION		0	roker sad	A (as alletted by ADM building	Employee Unique Identification Number (EUII
	ARN code	Sub broker ARN code	e Sub r	roker code	(as allotted by ARN holder)	
ARN - 108	3058	ARN -				E- ₁₄₇₂₉₉
		er (EUIN) box has been left blank plea estor to the AMFI registered Distributors			t of various factors including se	rvices rendered by the distributor
		DATORY) (Mandatory to submit FAT			•	20.0 TO 10.00 CO 10.0
ole/First Unit H	7000	4000000 00000	dle Name		Last Name	Folio No.
. INVESTM	MENT DETAILS (MAN	IDATORY)				
Nev	w SIP Registration	SII	P renewal		Change in Bank	Details (for a SIP registered earlier)
heme						Plan
otion (🗸)	Growth OR Divider	nd Payout OR Dividend Rei	nvestment		Dividend F	requency
ayment Type [Ple	ease (✓)]	Γhird Party Payment	Third Party Payme	ent (Please a	ttach 'Third Party Payment	Declaration Form')
st Instalment De	tails Amt. (₹)	Chq/DD No	Dated: DDM	AYYYY_	Drawn on:	
	ent (Please ✓ any one) ☐				ame as the first instalment.)	nt Details: (All subsequent instalment amoun
		cond and subsequent Instalment cl		SIP Date (I	Please ✓): ☐ 1st ☐ 7th ☐ (Please ✓):	10th 15th 21st 25th 28th All 7 da
Cheque Nos.		To		Please me	e instruct to discontinue the	SIP No. of instalments
Dated		Y Y Y To D D M		Enrolment	Period: FromM	To MMYYYY are dabove to debit my/our account directly or thrustitution responsible. I/We will also inform AMC, about us all the commissions (in the form of trail commissions)
cuted. I/We autho	ank: This is to inform that I/We und shall be made from my/our b prize the bank to debit my accou	e have registered for ECS / NACH (De lelow mentioned bank account with you nt for any charges towards mandate ver	ebit Clearing) / Direct r Bank. I/We authoriz: rification, registration,	Debit / Stande the represer transactions,	ding instructions facility and th tatives of DHFL Pramerica Mu returns, etc. as applicable.	nat my/ourpayment towards my/our investment in E tual Fund carrying this mandate form to get it verified
SIGNATURE (S) Applicants must sig as per Common Application Form)	n	ian/Authorised Signatory/POA	★ 2 nd Applicant/Guar		ad Signaton //DOA	3 st Applicant/Guardian/Authorised Signatory/POA
	& Sole i Applicatio Guard	an/Authorised Signatory/FOA	A 2 Applicatil Gual	ulan/Authorise	sa Signatory/FOA	5 Application dual diameter and a signatury in OA
. BANKER'	S ATTESTATION (Ma	ndatory, if your First SIP instal	ment is through a	Demand D	raft/Pay Order)	
the De	etails of Bank accoun	ture of account holder and t are correct as per our rec be retained by the Customer's B	100.115**245.00		Signature of Authorised Office	ial from Bank (Bank stamp and date)
	— — — — — —	- — — — — — — —				
DHFL	Pramerica	MANDATE INSTRUCT	ION FORM	Please rea	d Instruction no. 4 overle	af) (*Mandatory field)
мит	UMRN	Ford	office use			Date* D D M M Y Y Y Y
CREATE 🗸	Sponsor Bank Code		lity Code			fice µse
MODIFY X	I/We hereby authorize	DHFL PRAMERICA	MUTUAL FUN	D	to debit (Please ✓)	SB / CA / CC / SB-NRE / SB-NRO / Othe
CANCELX	Bank a/c number*					
/ith Bank*	Name	of customers bank	IFS	C*		MICR*
n amount of F	Rupees*	SIP instalme	ent amount ir	words	1077 0000 000 100 100 100 100 100 100 10	₹ In Figures
REQUENCY*	Mthly Qtly	H-Yrly As &	When presented		DEBIT TYPE*	Fixed Amount Maximum Amoun
eference - 1	A	pplication no. / Folio nu	mber		Phone No	
Reference - 2					Email ID	
	t of mandate processing charge	es by the bank whom I am authorizing	to debit my account	as per latest		nk.
PERIOD* From D D	M M Y Y Y	Y xx Signature of first		•	ature of second account ho	
To □□□ OR □ Un	til Cancelled	Name of first acco	unt 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 were I have authorized the debit.

GENERAL GUIDELINES

- This form should only be used by existing investors for the following:
 - Registering systematic investments under existing folios through Auto Debit/Post Dated cheques.
 - b) Renewal of SIP investments.
 - c) Change in Bank details for Auto Debit for existing SIPs.
- 2. Please read the Scheme Information Document(s) carefully before investing.
- Please countersign in accordance with your mode of holding against any corrections that you make in this Form.
- PERMANENT ACCOUNT NUMBER (PAN): It is mandatory for all investors (including guardians, joint holders, NRIs and power of attorney holders) to provide their Income Tax Permanent Account
- Number (PAN) and also submit a photo copy of the PAN card at the time of purchase of Units except for investors who are exempted from PAN requirement. Please refer to KYC Form for exemption of PAN requirement.
- 5. KNOW YOUR CUSTOMER (KYC)
 - KYC Compliance is compulsory for all irrespective of the amount of investment. Non Individuals must submit UBO declaration form along with this transaction form only if they were not submitted previously.
- Please refer the 'INSTRUCTIONS' below. This should help you fill in the form correctly and completely. In the absence of any necessary information, your application would be rejected.
- Completed forms may be submitted to the nearest Investor Service Center of DHFL Pramerica Mutual Fund or Karvy.

INSTRUCTIONS TO FILL IN THE SIP TRANSACTION FORM

1. Distributor Information

- a) In case, the investor is directly applying, then they should clearly mention "DIRECT" in the ARN column.
- b) Any edition or cancellation of the Distributor Information should be countersigned by the investor else the same is liable to be rejected.
- c) Quoting of EUIN is mandatory in case of advisory transactions.
- d) Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column "Sub broker ARN code" separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder in the "Sub broker code (as allotted by ARN holder)" column and the EUIN of the Sales Person (if any) in the "EUIN" column.
- e) Investors are requested to note that EUIN is applicable for transactions such as Purchases, Switches, Registrations of SIP / STP / Trigger STP / Dividend Transfer Plan and EUIN is not applicable for transactions such as Installments under SIP/STP/SWP/STP Triggers, Dividend Reinvestments, Redemption, SWP Registration, Zero Balance Folio creation and installments under Dividend Transfer Plans.
- f) Investors are requested to note that EUIN is largely applicable to sales persons of non individual ARN holders only (whether acting in the capacity of the main distributor or sub broker). Further, EUIN will not be applicable for overseas distributors who comply with the requirements as per AMFI circular CIR/ ARN-14/12-13 dated July 13, 2012.

2. APPLICANT'S DETAILS:

- a) Please furnish the name of the Sole/First Unit Holder and the existing Folio Number in Section 2.
- b) To comply with the requirements of Foreign Account Tax Compliance Act (FATCA) & CRS (Common Reporting Standard), it is mandatory for all investors (including Guardian & POA) to provide the FATCA & CRS declaration W.e.f. November 1, 2015 (if not already submitted). The FATCA & CRS declaration forms can be downloaded from our website at-http://www.dhflpramericamf.com/downloads/KIMforms.

3. INVESTMENT DETAILS:

- a) Investors subscribing under Direct Plan of the Schemes should indicate the Scheme/Plan name in the transaction form as "Scheme Name Direct Plan" for e.g. "DHFL Pramerica Midcap Opportunities Fund Direct Plan". Investors should also indicate "Direct" in the ARN column of the transaction form. However, in case Distributor code is mentioned in the transaction form, but "Direct Plan" is indicated against the Scheme name, the Distributor code will be ignored and the transaction will be processed under Direct Plan.
- Please note, where application is received for Regular Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
- c) Please indicate whether your request is for Registration of a new SIP, Renewal of an existing SIP or for Change in Bank Details of an existing SIP.
- d) The below mentioned criteria should be met for an SIP investment as specified in the Scheme Information Document or any addenda issued there to:
 - · Minimum amount per instalment
 - Minimum number of instalments
 - Aggregate investment via SIP
- e) Please furnish/indicate the below mentioned details with respect to your systematic investment
 - i) Scheme/Plan/Option and Dividend Frequency, where applicable
 - ii) SIP Instalment Amount
 - iii) SIP Frequency Monthly or Quarterly. Please tick the appropriate option.

- iv) SIP Dates (Monthly/Quarterly) 1st, 7th, 10th, 15th, 21st, 25th and 28th of every month or quarter. You also have a choice to have SIP instalments on all 7 dates by ticking the appropriate box provided for all 7 dates.
- v) SIP Instalment Requirement
 - Monthly: 10 instalments of ₹ 500/- each and in multiples of ₹ 100/- thereafter. Quarterly: 5 instalments of ₹ 1,000/- each and in multiples of ₹ 100/- thereafter.
- vi) SIP Auto Debit Enrollment Period Please mention the Auto Debit Enrollment commencement date and end date in the Auto Debit Form and the Mandate Instruction Form. In order to save you from the hassle of sending us renewal instructions each time your SIP expires, DHFL Pramerica offers you two ways to invest. If you know how long you wish to invest for, specify the From Date and To Date. Alternatively, you can choose the open option-where you specify only the From Date and select the option 'Until Cancelled' in the Mandate Instruction Form- and can discontinue your SIP by writing to us.
- vii) Your first instalment Details. Please note that the instrument should be made favoring the scheme name in which you wish to invest. Foreg. DHFL Pramerica Midcap Opportunities Fund.
- viii) Your preferred SIP Payment Mode Auto Debit (NACH/ECS/Direct Debit) or Post Dated Cheques (PDC).
- ix) If your preferred SIP Payment mode is through PDCs, the second and subsequent SIP Cheque details.
- f) Your first Instalment can be for any day of the month. However, please note that there has to be a minimum gap of 21 days between your first SIP and your second SIP instalment (if you are paying for your subsequent SIP through Auto Debit).

Note:

Third Party payment will not be accepted. In case of exceptions (as per AMFI Circular) to third party
payment, please fill the 'Third Party Declaration Form'. In case of payment made by Bank draft, please
attached Banker certificate as well.

4. INSTRUCTIONS TO FILL THE MANDATE INSTRUCTION FORM:

- I. Date and the period of the mandate should be mentioned in DD/MM/YYYY format.
- UMRN, Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by DHFL Pramerica Mutual Fund.
- iii. Please furnish your Bank Account details from which the Auto Debit is to be effected. Please note that the sole/first applicant as mentioned in the "Applicant Information" section on this form need to be one of the a/c holders in the bank records registered for Auto Debit. If your bank is part of the Core Banking System (CBS), then the full CBS Account Number should be provided.
- iv. Please indicate the BankAccount Type
- It is mandatory to furnish the Name of Bank and Branch, IFSC and MICR Code. In the absence
 of this information, your SIP application would be rejected.
- vi. Please mention the SIP Instalment amount in Words and Figures. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- vii. Please mention your folio number or application number in the space provided for Reference 1 and the Scheme name in the space provided for Reference 2.
- viii. For the convenience of our investors, the following fields have been pre-populated on the Mandate:
 - Action 'Create'
 - · Name of the Company 'DHFL Pramerica Mutual Fund'
- xi. The name(s) and signature(s) on the Mandate Instruction Form should be in the order in which the BankAccount is held and in the manner in which they appear in the Bank records. If the mode of operation of your bank account is joint, all bank account holders would need to sign at the places marked "XX" in the same order and manner in which their signatures appear on bank records.

TERMS AND CONDITIONS FOR AUTO DEBIT FACILITY

- SIP Auto Debit is available through NACH, ECS or Direct Debit Facility. By opting for this facility you
 agree to abide by the terms and conditions of NACH facility of National Payment Corporation of India
 (NPCI), ECS facility of Reserve Bank of India (RBI), Direct Debit Facility of the Banks as applicable at
 the time of investment and as may be modified or amended from time to time.
- 2. ECS-The SIP through ECS Facility is offered only to investors having Bank Accounts in select cities listed below:
 - •Agra •Ahmedabad•Allahabad•Amritsar•Anand•Asansol•Aurangabad•Bangalore•Bardhaman•Baroda •Belgaum • Bhavnagar • Bhlwara • Bhopal • Bhubaneshwar • Bijapur • Bikaner • Calicut • Chandigarh • Chennai •Cochin•Coimbatore•Cuttack • Dargeeling•Davangere•Dehradun•Delhi•Dhanbad•Durgapur-Erode • Gadag • Gangfok • Goa • Gorakhpur • Gulbarga • Guwahati • Gwalior • Haldia • Hubbi • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jammagar • Jamshedpur • Jodhpur • Kakinada • Kanpur • Kolkata • Kota • Lucknow • Ludhiana • Madurai • Mandya • Mangalore• Mumbai • Mysore • Nagpur• Nasik • Nellore • Patna • Pondicherny • Pune • Raichur • Rajkot • Ranchi • Salem • Shimla • Shimoga • Sholapur • Siliguri • Surat • Thirupur • Tirunelveli • Tirupati • Trichur • Trichy • Trivandrum • Tumkur• Udaipur • Udipi • Váranasi • Vijaywada • Vizag • Hasan • Imphal • Shillong
 - The cities listed above may be modified/ removed at any time purely at the discretion of DHFL Pramerica Mutual Fund without assigning any reason or prior notice. Applications for SIP ECS Facility would be accepted only if the Bank Branch in the locations listed above in point 2 participates in local MICR/ECS Clearing.
- Direct Debit Applications for SIP Direct Debit would be accepted for the following banks where the Core Banking Account number is provided.
 - Direct Debit banks with Core Banking Account Number Length
 - Bank of Baroda 14 digits, Bank of India 15 digits, Union Bank of India 15 digits, IDBI Bank 13 to 16 digits, IndusInd Bank 13 to 16 digits, IndusInd Bank 13 to 16 digits, Kotak Mahindra Bank 15 digits, Citibank 10 digits, State Bank of India 11 digits starting with 1, 2, 3, 5 and 6, Punjab National Bank 16 digits, Axis Bank 15 digits, United Bank of India 13, State Bank of Patiala 11, Corporation Bank Not fixed but should accompany with copy of the bank passbook
- In case your bank chooses to cross-verify the Auto Debit mandate with you as the Bank's customer, you
 would need to promptly act on the same. DHFL Pramerica Mutual Fund (DHFLPMF) and its Registrar

- and other service providers will not be liable for any transaction failures due to rejection of the transaction by your bank/branch or its refusal to register the SIP mandate or any charges that may be levied by your Bank/Branch on you.
- 5. The installment after the Common period should be dated after the date of declaration of first NAV. Any payments intended for the interim period will not be processed and will be treated void. While mentioning the SIP Auto Debit period (from) in this form, please consider the minimum gap requirement is at least of 15 days for NACH & Direct Debit setup & 21 days for ECS setup and indicate the correct SIP Auto Debit commencement date.
- For Cancellation/ Modification of the Auto Debit (NACH/ ECS/Direct Debit) Facility, you need to give a SIP Cancellation cum Modification request in the prescribed format at least 21 days in advance to the AMC or its Registrars. The cancellation request format is available on our website www.dhfpramericamf.com
- 7. You will not hold DHFL Pramerica Mutual Fund (DHFLPMF)/ DHFL Pramerica Asset Managers Private Limited (DHFLPAMPL) (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers responsible if the transaction is not/incorrectly effected due to incomplete or incorrect instructions from the applicant. Besides, you will not hold either of the entities listed herein before responsible if the transaction is delayed or not effected or the applicant bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH/RBI's ECS/local holidays.
- DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) reserves the right not to re-present any mandate for Auto Debit facility, if the registration could not be effected in time for reasons beyond its/their control.
- DHFLPMF/DHFLPAMPL (erstwhile Pramerica Asset Managers Private Limited) /Trustees to the Fund, its Registrars and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred / suffered by you as a result of use of this facility.
- 10. As per the RBI circular DPSS (CO) EPPD No. 191/04.01.01/2009-2010, SIP- ECS instructions from January 01, 2010, has to be forwarded only with the Core Banking System (CBS) Account Numbers. In order to enable smooth processing of the debits from your bank account towards purchase of SIP units, we request you to mention the CBS account number, wherever applicable.

Additional KYC Information and FATCA & CRS Annexure for Individual Accounts

Gross Annual Income Below 1 Lac

Net-worth (Mandatory for Non-Individuals) ₹

Politically Exposed Person (PEP) Status*

1 - 5 Lacs

5 - 10 Lacs

☐ PEP ☐ Related to PEP



(Including Sole Proprietor) (Refer to instructions) MUTUAL FUND FIRST / SOLE APPLICANT / GUARDIAN Name Occupation Service PAN Business Gender Male Female Others Father's Name Folio No. Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Type of address given at KRA Residential or Business Residential Registered Office Business Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others Date of Birth Place of Birth Country of Birth **Nationality** Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.) Country# Tax Identification Number * Identification Type (TIN or Other, please specify) *To also include USA, where the individual is a citizen / green card holder of The USA *In case Tax Identification Number is not available, kindly provide its functional equivalent \$ **Occupation Details** ☐ Service Private Sector Public Sector ☐ Government Service Student Professional Housewife Retired Agriculture Proprietorship Others (please specify) Gross Annual Income
Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore (Not older than 1 year) Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Politically Exposed Person (PEP) Status* PEP Related to PEP ☐ Not Applicable *PEP are defined as individuals who are or have been extrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc. SECOND APPLICANT Name PAN Business Gender Male Female Occupation Service Others Father's Name Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes Type of address given at KRA \square Residential or Business \square Residential Registered Office Business Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others Date of Birth Place of Birth Nationality Country of Birth Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.) Country# Identification Type (TIN or Other, please specify) Tax Identification Number * 18 In case Tax Identification Number is not available, kindly provide its functional equivalent *To also include USA, where the individual is a citizen / green card holder of The USA **Occupation Details** Public Sector ☐ Service Private Sector ☐ Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (please specify)

*PEP are defined as individuals who are or have been extrusted with prominent publications in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state owned corporations, important political party officials, etc.

Not Applicable

25 Lacs - 1 Crore

as on D D M M

☐ >1 Crore

(Not older than 1 year)

YYY

10 - 25 Lacs

THIRD APPLICANT		
Name		
Gender Male Female PAN	Occupation Service	Business
Father's Name		
Address of tax residence would be taken as available	e in KRA database. In case of any change please appr	oach KRA & notify the changes
Type of address given at KRA Residential or Business	Residential Business Registered Office	
Permissible documents are $\ \square$ Passport $\ \square$ Election ID Card	☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI C	Card NREGA Job Card Others specify
Date of Birth $\ \ \square$ $\ \ \square$ $\ \ M$ $\ \ M$ $\ \ Y$ $\ \ Y$ $\ \ Y$ Place	of Birth	
Country of Birth	Nationality	
Are you a tax resident of any country other than Ind	lia? Yes No (If yes, please indicate all countries in which you are	e resident for tax purposes and the associated Tax ID Numbers below.)
Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)
4		V20 W N N N N N N N N N N N N N N N N N N
"To also include USA, where the individual is a citizen / green card hold	BODE TO SEE THE SECOND	10000000000000000000000000000000000000
Occupation Details Service Private Sector Public Service Retired Agriculture Propr		Housewife Business
Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 Net-worth (Mandatory for Non-Individuals) ₹	- 10 Lacs	OR (Not older than 1 year)
Politically Exposed Person (PEP) Status*	Related to PEP Not Applicable	
*PEP are defined as individuals who are or have been extrusted with promexecutives of state owned corporations, important political party officials, et	ninent publications in a foreign country, e.g., Heads of States or of Governme ic.	ents, senior politicians, senior Government/judicial/ military officers, senior
POWER OF ATTORNEY (POA) HOLDER		
Name		
Gender Male Female PAN	Occupation Service	Business
Father's Name		
Address of tax residence would be taken as available	e in KRA database. In case of any change please appr	oach KRA & notify the changes
Type of address given at KRA \square Residential or Business \square	Residential Business Registered Office	
Permissible documents are $\ \ \square$ Passport $\ \ \square$ Election ID Card	\square PAN Card \square Govt. ID Card \square Driving License \square UIDAI C	Card NREGA Job Card Others specify
Date of Birth D D M M Y Y Y Place	of Birth	
Country of Birth	Nationality	
Are you a tax resident of any country other than Ind	lia? Yes No (If yes, please indicate all countries in which you ar	e resident for tax purposes and the associated Tax ID Numbers below.)
Country#	Tax Identification Number *	Identification Type (TIN or Other, please specify)
#	(T) 100 %	
*To also include USA, where the individual is a citizen / green card hold: Occupation Details Service Private Sector Public Sector		/ provide its functional equivalent \$ Housewife Business
Retired Agriculture Propr	rietorship Others (please specify)	
Gross Annual Income ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 Net-worth (Mandatory for Non-Individuals) ₹	- 10 Lacs	OR (Not older than 1 year)
Politically Exposed Person (PEP) Status*	Related to PEP Not Applicable	
*PEP are defined as individuals who are or have been extrusted with promexecutives of state owned corporations, important political party officials, et	ninent publications in a foreign country, e.g., Heads of States or of Governmentc.	ents, senior politicians, senior Government/judicial/military officers, senior
CERTIFICATION		
	m (read along with the FATCA & CRS Instructions) and hereby cor d understood the FATCA & CRS Terms and Conditions below and he	
First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Date D D M M Y Y Y Place		

FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with DHFL Pramerica Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailing address in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)
Telephone number in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- 1. Certificate of residence issued by an authorized government body*
- 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)
- * Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

AMC contact address & call center details.

DHFL Pramerica Asset Managers Private Limited

Nirlon House, 2nd floor, Dr. Annie Besant Road, Worli, Mumbai – 400030. Tel.: +91-22-61593000 Fax: +91-22-61593100

E-mail us at : customercare@dhflpramericamf.in For more information visit us at : www.dhflpramericamf.com Call us (Toll free) at : 1800 266 2667

CIN: U74900MH2008FTC187029

Additional KYC Information & Details of Ultimate Beneficial Owner including Additional FATCA & CRS Information



Name of the	ne															
Type of ad		idential or Business s of tax residence would be	Residential taken as available in	☐ Business ☐ Reg KRA database. In case of a	istered Office any change, please appr	roach KRA & r	notify the chan	ges"								
PAN		Date	of incorporation	D D M M Y	YYY											
City of inco	prporation			Country of in	corporation											
Entity Cons	stitution Type (Please tick as appr	opriate) Partnership	Firm HUF	Private Limited Compa	any Public Limited	d Company	☐ Society	☐ AOP/B	01 🗆 -	Trust	Liquidator					
		☐ Limited Lial	bility Partnership	Artificial Juridical Pers	on Others			specify								
44 000 00000	k the applicable tax resider tity" a tax resident of any co	N 3812 2021 N 2014	■ Vas ■ No. (If ves please provide country	ry/ies in which the entity	is a resident f	for tax purpose	s and the ass	ociated T	Tax ID num	iber below)					
1. 10 LI	Country	and y other than maid		Tax Identification Numb		_	entification									
	Country			Tax Identification Numb	CI			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O, p.	-	,					
	x Identification Number is not ava			1987 - ESSATISATISTS - 2007/1001	V. 25,000 80 0000 00 00											
	l or its functional equivalent is not ne Entity's Country of Incor	DANCE SANCTON SANCTON SANCTON	40 Vicinity 29 ***********************************				emption cod	le here								
	ITIONAL KYC INFORM	0.00					•									
	nual Income (Rs.)	☐ Below 1 Lac	☐ 1 - 5 Lacs	☐ 5 - 10 Lacs	☐ 10 - 25	Lacs	□ >25 L	acs - 1 Cror	e		1 Crore					
C	OR (Mandatory for Non-Individuals)															
	Exposed Person (PEP) Status	100	orised signatories/ Pr	as on DDD	nole time Directors)	PEP	Not older than	elated to PE	P	□ Not A	Applicable					
70 TON 7.55	/ involved in any of the mentione		gn exchange/ Mon		ning/ Gambling/ Lotte			natou to 1 L			рриосого					
(Please tick	as appropriate)	☐ Mone	y lending/ Pawning	M	applicable											
	efined as individuals who are or hautives of state owned corporations	50	1.0	ns in a foreign country, e.g.,	Heads of States or of G	Sovernments,	senior politicia	ns, senior Go	vernment	/judicial/ m	ilitary officers					
FAT	CA & CRS Declaration	(Please consult your	professional tax advi	sor for further guidance on F	ATCA & CRS classifica	tion)										
PART A	(to be filled by Financial Institution	ns or Direct Reporting NFE	s)													
We are a, Financial	institution ⁵	GIIN														
	OR			are sponsored by another e	ntity, please provide you	ur sponsor's G	SIIN above and	indicate your	sponsor'	s name be	low					
Direct rep	orting NFE ⁶	Name of sponsoring	entity													
	as appropriate)															
500000000000000000000000000000000000000	vailable (please tick as applicable) v is a financial institution,	☐ Applied for	☐ Not required	d to apply for - please sp	ecify 2 digits sub-cate	egory ⁷		Not obtain	ned - No	n-particip	ating FI					
PART B	(please fill any one as appropriat	te "to be filled by NFEs other	er than Direct Reporti	ng NFEs")												
1	Is the Entity a publicly traded are regularly traded on an estable		pany whose shares	Yes (If yes, please s	pecify any one stock exc	change on whi	ich the stock is	regularly trac	led)							
				Name of stock exchange	<u></u>				0 1 1		1 1 0					
2	Is the Entity a related entity ² whose shares are regularly trade			Yes (If yes, please sp	ecify name of the listed o	ompanyando	ne stock excha	inge on which	the stock	is regularly	traded)					
				Nature of relation:	☐ Subsidiary of the	e Listed Com	npany or	☐ Con	trolled by	a Listed C	Company					
				Name of stock exchange			X 150		- 130							
3	Is the Entity an active ³ NFE			Yes												
				Nature of Business												
	Labor Falls Asia			Please specify the sub-car	egory of Active NFE		(Mention co	de-refer 2c of	Part C)							
4	Is the Entity a passive⁴ NFE			Yes Nature of Business												

UBO Declaration (Mandatory for all entitle	es except, a F	ublidy [*]	Trade	d Compa	any or a	relate	d entity	of Pub	icly Trad	ded C	ompany	r)													
Category (Please tick applicable category) Unliste	ed Compar	ny 🗆	Part	tnershi	Firm		imited	Liabili	ty Part	ners	hip Cor	npar	ny [Unin	corp	orated	assoc	ciation	/ bo	dy of	indiv	<i>i</i> idua	s	Priva	ite Trus
	c Charitable								İ														Ī		
Please list below the details of controlling person (Please attach additional sheets if necessary)	ı(s), confirm	ing AL	L cou	untries	of tax r	eside	ency /	oermai	ent re	side	ncy / cit	izer	nship	and AL	L Ta	x Ider	tificati	ion Nu	ımbe	ers fo	r EA	СНс	ontroll	ing p	erson(s
Owner-documented FFI's should provide FFI C	Owner Repo	orting	State	ement a	nd Aud	itor's	Lette	r with	require	ed de	etails a	s me	entio	ned in	Forr	n W8	BEN E	E (Ref	er 3	(vi) o	f par	t C)			
Details			ι	JBO1							ι	JBO)2								UB	O3			
Name																									
PAN / Any Other Identification Number																									
UBO Code (Refer 3(iv) (A) of Part C)																									
Country of Tax residency*																									
Tax ID No. [™]																									
Tax ID Type																									
Address																									
	Zip							Z	р								Zip)			T				
	State		2					S	ate								Sta	ate	: 		10		No.	ili)	
	Country							С	ountry								Co	untry							
	Contact	detail						0	ontact	deta	il						Co	ntact	deta	ail					
Address Type	Resider	100		istered	Office	В	usines					iste	red (Office	Bu	siness		1007		2000	eaist	ered	Office	В	usines
City of Birth				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																	9.01				
Country of Birth								+																	
Occupation Type	Service	В	usine	ess 🗆	Others	1			Service		Busine	ess)thers			□ S	ervice	,	Busi	iness		Other	s	
Nationality	OCIVIOO		donie	000 _	Outoio			+-	2014100	-	Duoine	,00		701010_				CI VIOC		Duoi	111000	, ப	Othior		
Father's Name (Mandatory if PAN is not available)								+																	
	☐ Male		_ E0	male		hers		-	Male		Fe	mal	lo.	Oth	orc			Male			Fema	alo		thers	
Gender Date of Birth	D D	M	_ N		Tv	I ICI S	Ιγ	D	D				V		V	V	D	VIAIC	I		M	ale V		Vuleta	Y
Percentage of Holding (%)^	0. 0	141	19	1					1.00	1	1 1 1 1 1 1 1 1								1 1	/1	191				
If passive NFE, additional details to be filled by control * To include US, where controlling person is a US citiz %In case Tax Identification Number is not available, ki ^Attach valid documentary proof like Shareholding pat	en or green of indly provide	card ho	older onal e	quivaler Authori	t	atory	/ Com	pany S	ecretar	y			any c	ountry o	ther	han Ind	dia:								
The Central Board of Direct Taxes has notified it personal, tax and beneficial owner information a appointed agencies. Towards compliance, we ma account or any proceeds in relation thereto. Should there be any change in any information proceeds in the contraction of the contract	and certain ay also be r	certific equire	cation ed to p	as part ns and provide	of the I docum inform	ncon entat ation	ne-tax ion fro to any	Rules m all o institu	, 1962 our acc otions s	, wh coun such	ich Rul t holde as with	les r rs. li nhole	n rel	evant c	ases	s, infor	matio	n will	have	e to b	e rep	porte	d to ta	x aut	horitie
Please note that you may receive more than one respond to our request, even if you believe you hat fyou have any questions about your tax resident in the foreign country information field along with the foreign country to supply a TIN or functional eqexplanation and attach this to the form.	e request fo ave already cy, please c the US Tax	r inform suppli ontact Identif	matio ied ar t your icatio	on if you ny prev r tax ad on Num	i have i lously r visor. If ber.	nultip eque any	ple rel sted ir contro	ations nforma Iling p	nips wi tion. erson o	th Di	HFL Pr	ame is a	USo	citizen c	or res	sident	or gre	en car	d ho	lder,	plea	se in	clude	Unite	d State
CERTIFICATION																									
// We have understood the information requirem correct, and complete. I/ We also confirm that I/V																			ovid	ed by	/ me	/us	on this	Forr	n is tru
correct, and complete. If we also commitment if v	venaverea	iu ariu	unde	151000	ulerA	UAG	X UNO	Terms	anu C	onui	LIUISD	BIOW	vanu	Hereby	yacc	eptui	Sam	ъ. П							
Name						_	_	1		_															
		+		1															T				T	+	+
Name Designation Signatures							Cie	ature										0		ature					

PART C FATCA Instructions & Definitions

- Financial Institution (FI) The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
 - Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business
 - Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter
 - (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less
 - Investment entity is any entity:
 - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - (ii) Individual and collective portfolio management; or
 - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of

The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made:

(ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- FI not required to apply for GIIN:
 - A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	InvestmentAdvisors, Investment Managers& Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	Fl with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

2. Non-financial entity (NFE) - Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a. Publicly traded company (listed company)

A company is publicly traded if its stock are regularly traded on one or more established securities markets

(Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

Code	Sub-category Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by theNFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements:
	 It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;
	It is exempt from income tax in India;
	 It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
	The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of

the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased: and

The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision

Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:

- (i) an Investor Protection Fund referred to in clause (23EA);
- (ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
- (iii) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause (b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

(iii) Passive income

The term passive income includes income by way of:

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE

PART C FATCA Instructions & Definitions (Contd.,)

- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include,in case of a non-financial entitythat regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settl or, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of alegalar rangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:

Code	Sub-category Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangementtrust-trustee
06	CP of legal arrangementtrust-protector
07	CP of legal arrangementtrust-beneficiary
08	CP of legal arrangementtrust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person - A U.S person other than the following:

- $\hbox{(i)} \quad \hbox{a corporation the stock of which is regularly traded on one or more established securities markets};\\$
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment CompanyActof 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State:
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S.
 Internal Revenue Code.

(vi) Owner documented FFI

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) Exemption code for U.S. persons

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as $defined$ in section 7701(a)(37)
В	The United States or any of its agencies or instrumentalities
С	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	Acorporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
Н	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940 $$
i	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	Abroker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
М	A tax exempt trust under a section 403(b) plan or section 457(g) plan