



TATA MUTUAL FUND

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

Application Form For Tata Mutual Fund



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: C

1. Advisor / Distributor Information

Refer Sec. B

| | | | |
|--|---|--|--|
| ARN / RIA ^ Code | Sub-Broker ARN Code | Sub-Broker / Bank Branch Code | EUN Code |
| Internal Code | OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUN 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 inappropriateness, 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. | | |
| In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the scheme(s) of Tata Mutual Fund | | | |
| Sole / 1 st Applicant Signature / Thumb Impression | | 2 nd Applicant Signature / Thumb Impression | 3 rd Applicant Signature / Thumb Impression |

2. Applicant's Information

Refer Sec. A, C & J

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1st applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st Applicant's Details

Folio No. _____

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure that PAN is linked to Aadhaar.

| | | |
|--|-------------|--|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. | PAN / PEKRN | C-KYC |
| Name | | |
| Date of Birth (DOB) | | In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate |
| D D / M M / Y Y Y Y | | <input type="checkbox"/> Passport <input type="checkbox"/> Others |
| Mobile No. | | Mobile belongs to |
| | | <input type="checkbox"/> Self <input type="checkbox"/> Parent |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| <input type="checkbox"/> I hereby authorize TAML/ TMF to send important information and transaction updates to me on WhatsApp mobile number. | | |

Contact Person - Designation (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guardian details (minor applicant)

| | | |
|---------------------------------------|---|--|
| POA / Proprietor / Guardian Details | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. | PAN / PEKRN |
| Name | | |
| For Non Individual >> | Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above | |
| Relationship with the Minor Applicant | | |
| To be filled by >> Guardian | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian | Proof of Relationship |
| | | <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others |
| Mobile No. | | Date of Birth |
| | | C-KYC |
| | | D D / M M / Y Y Y Y |

Tax Status

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Overseas Citizen of India |
| <input type="checkbox"/> NRI-Repatriation | <input type="checkbox"/> Hindu Undivided Family | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Foreign National Resident in India |
| <input type="checkbox"/> NRI-Non-Repatriation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Body of Individuals | <input type="checkbox"/> Qualified Foreign Investor |
| <input type="checkbox"/> Minor - Resident Individual | <input type="checkbox"/> Company | <input type="checkbox"/> Society / Club | <input type="checkbox"/> Foreign Portfolio Investor |
| <input type="checkbox"/> Minor - NRI | <input type="checkbox"/> Trust | <input type="checkbox"/> Non Profit Organization | <input type="checkbox"/> Foreign Institutional Investor |
| <input type="checkbox"/> Person of Indian Origin | <input type="checkbox"/> Others (please specify) | | |

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records

| | | |
|--|-------|--|
| City | | |
| PIN | State | Country |
| Residence Phone (prefix STD Code) | | Office Phone (prefix STD Code) |
| Extn | | |
| Email | | Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent |
| | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



Acknowledgement Slip

Sr. No.: C

Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____
for purchase in _____ Subject to verification and realisation.

Overseas address

| | | |
|---|-------|----------|
| Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address. | | |
| | | City |
| | State | ZIP Code |

4. Investment Instrument Details

Refer Sec. E

| | | | |
|---|----------------------|-----------------------------|---|
| The name of the first applicant should be available on the investment Cheque. Cheque/ DD to be drawn in favour of 'Name of the Scheme' | Gross Amount (₹) (A) | DD Charges (₹) (if any) (B) | Net Amount (₹) (Cheque / DD Amount) (A - B) |
| | Account Number | A/c Type | Dated D D / M M / Y Y Y Y |
| | Drawn on Bank | Cheque / DD No. | |
| | Branch | Branch City | |

5. Investment Scheme Details

Refer Sec. F & Product Labels

| | |
|-------------------------------------|---|
| Scheme Name | |
| Plan (select any one) | <input type="checkbox"/> Regular <input type="checkbox"/> Direct |
| Option | |
| Sub Option | |
| Div. Payout Option (select any one) | <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Payout |

IDCW - Income Distribution cum Capital Withdrawal.

6. Bank Account Details

Refer Sec. G

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable).

| | | | |
|---|----------------|---|---------------|
| This must be an Indian account. The 1 st applicant should be a holder in this account. | Bank Name | Branch | |
| | Account number | A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRRR <input type="checkbox"/> NRE | |
| | MICR | IFSC for RTGS | IFSC for NEFT |
| | Address | | |
| | | | |
| | City | PIN | State |

Cheque Details

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm)

Acknowledgement Slip

Subject to realisation.

7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding Single Joint Any one or Survivor (Default)

IInd Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

Mr. Ms. Status Resident Individual NRI PAN / PEKRN

Name

Mobile No. Mobile belongs to Self Parent Spouse Child Date of Birth C-KYC

IIIrd Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

Mr. Ms. Status Resident Individual NRI PAN / PEKRN

Name

Mobile No. Mobile belongs to Self Parent Spouse Child Date of Birth C-KYC

8. Know Your Customer (KYC) Details

Refer Sec. J

| CATEGORIES | FIRST APPLICANT (Including Minor) | SECOND APPLICANT / GUARDIAN | THIRD APPLICANT |
|--|---|---|---|
| Occupation >> | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) | <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) |
| Gross Annual Income >> | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore |
| Networth in (Mandatory for Non-individual) | ₹ as on D D / M M / Y Y Y Y (not older than 1 year) | ₹ as on D D / M M / Y Y Y Y (not older than 1 year) | ₹ as on D D / M M / Y Y Y Y (not older than 1 year) |
| Others >> | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person |

Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.) >> Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No (if No, mandatory to attach the UBO declaration)

Non Individual investors involved/providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning None of the above

9. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. K

| For Individuals | FIRST APPLICANT (including Minor) | SECOND APPLICANT / GUARDIAN | THIRD APPLICANT |
|--|---|---|---|
| Country of Birth >> | | | |
| Place of Birth >> | | | |
| Nationality >> | <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) | <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) | <input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) |
| Type of address given at KRA >> | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business | <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business |
| Are you also a resident in any other country(ies) for tax purposes? >> | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Country of Tax Residency 1 >> | If yes, complete section below. | | |
| Tax Identification Number 1 >> | | | |
| Identification Type 1 >> | | | |
| If TIN is not available please tick the reason A, B or C * >> | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |
| Country of Tax Residency 2 >> | | | |
| Tax Identification Number 2 >> | | | |
| Identification Type 2 >> | | | |
| If TIN is not available please tick the reason A, B or C * >> | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

| | | |
|---|--|--|
| <input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate. | | |
| Select any one >> | | |
| 1 st Nominee | Nominee Name | |
| | Relationship with Nominee | Date of Birth D D / M M / Y Y Y Y |
| | Address | |
| | State | PIN |
| | Country | |
| | Guardian Name in case of Minor | Allocation (%) |
| Signature of Nominee / Guardian | | |
| 2 nd Nominee | Nominee Name | |
| | Relationship with Nominee | Date of Birth D D / M M / Y Y Y Y |
| | Address | |
| | State | PIN |
| | Country | |
| | Guardian Name in case of Minor | Allocation (%) |
| Signature of Nominee / Guardian | | |
| 3 rd Nominee | Nominee Name | |
| | Relationship with Nominee | Date of Birth D D / M M / Y Y Y Y |
| | Address | |
| | State | PIN |
| | Country | |
| | Guardian Name in case of Minor | Allocation (%) |
| Signature of Nominee / Guardian | | |
| | 1 st Applicant Signature / Thumb Impression | 2 nd Applicant Signature / Thumb Impression |
| | | 3 rd Applicant Signature / Thumb Impression |

11. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

Fill these details only if you wish to have your units in Demat mode.

| | | |
|---------------------------------------|--|---|
| Depository participant Name | | |
| Central Depository Securities Limited | National Securities Depository Limited | |
| Target ID No. | DP ID No. | |
| | I | N |
| | Beneficiary Account No. | |
| | | |

12. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
- (9) I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
- (10) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (Including taxation) arising out of the failure to redeem on account of change in residential status.
- (11) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
- (12) I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form.

Date: _____

| | | |
|--|--|--|
| 1 st Applicant Signature / Thumb Impression | 2 nd Applicant Signature / Thumb Impression | 3 rd Applicant Signature / Thumb Impression |
|--|--|--|



Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

UMRN Office use only

Choose (✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY (preselected) Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD
 From
 to
 or Until Cancelled

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: Registration of SIP Registration of MICRO SIP Renewal of SIP.

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

| | | | |
|---|--|--|------------|
| ARN / RIA ^ Code | Sub-Broker ARN Code | Sub-Broker / Bank Branch Code | EUIIN Code |
| Internal Code | OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund. | | |
| Sole / 1st Applicant Signature / Thumb Impression | 2nd Applicant Signature / Thumb Impression | 3rd Applicant Signature / Thumb Impression | |

| | | |
|-----------------------------|-----------------|--------------------------|
| Investor Details | Application No. | Folio No. |
| 1 st Holder Name | | PAN <input type="text"/> |
| 2 nd Holder Name | | PAN <input type="text"/> |
| 3 rd Holder Name | | PAN <input type="text"/> |

| | | |
|--------------------------|----------------------|----------------------|
| First SIP Cheque Details | Cheque Amount in Rs. | Cheque Date |
| Cheque No. | <input type="text"/> | <input type="text"/> |
| Bank Name | Branch | City |

| | | | | | |
|------------------------------|--|---------------------------|---|----------------------|--|
| SIP Scheme/Option/Sub Option | Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct | SIP Instalment Amount (₹) | Frequency (*Default) | SIP Start Date | SIP End Date (Default: 31 December 2099) |
| | | | <input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly | <input type="text"/> | <input type="text"/> |

^ Daily SIP - Monday to Friday - On Business Days only

Day of the week for weekly frequency: Monday Tuesday Wednesday (Default) Thursday Friday

| | | | |
|--|--|--|------------------------|
| <input type="checkbox"/> SIP Top-up (Optional) | Top-up Amount (Rs.) (In multiples of Rs. 500/- only) | SIP Top Up Frequency | Upper SIP Amount (Rs.) |
| | <input type="text"/> | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default) | <input type="text"/> |

Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

| | |
|------------------|---|
| Plan Name | Please tick the appropriate Autoswitch option (any one as per the plan) |
| Progressive Plan | <input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch |
| Moderate Plan | <input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60) <input type="checkbox"/> No Auto Switch |

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

| | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> No Auto SWP | <input type="checkbox"/> Fixed SWP (Select Frequency) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly (Default) | <input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. |
|--------------------------------------|--|--|

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

| | | | |
|-------------|--|---|---|
| SIGNATURE/S | Sole / 1st Unitholder Signature / Thumb Impression | 2nd Unitholder Signature / Thumb Impression | 3rd Unitholder Signature / Thumb Impression |
|-------------|--|---|---|