

for purchase in $__$

TATA MUTUAL FUND

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





_Subject to verification and realisation.

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

1. Advisor / Dis	tributor iiii	ormation .						Refer Sec.
ARN / RIA [^] Code	Su	b-Broker ARN Code		Sub-Broker / Bank Br	anch Code	EUIN Code		
ommission shall be paid dir	with pro punt is ₹ 10,000 or m fund investor) will be ectly by the investor to	nout any interaction or advice by vided by the employee/relation: ore and your Distributor e deducted from the subs o the AMFI registered Dist	by the em ship man has opt cription tributor	saction - I/We hereby confirm that the EUIN be ployee/relationship manager/sales person o gaer/sales person of the distributor and the cted to receive transaction charges, ₹ namount and paid to the distributor s absed on the investors' assessment investors' the distributor s the confirmation of the distributor is the distributor in the distributor in the distributor is the distributor in the distributor in the distributor is the distributor in the distri	the above distribution has not a listributor has not a 150/- (for First a Units will be is to f various factors.)	itor or notwithstanding charged any advisory fee time mutual fund i ssued against the b ors including the se	the advice of in-ap is on this transacti nvestor) or ₹ 1 alance amount rvice rendered	propriateness, if an on. 00/- (for investo invested. Upfror by the distributo
Sole / 1st Appl	icant Signature /	share with the SEDI Regis	2 nd /	Applicant Signature /	l my / our trains	3 rd Applica	nt Signature Impression	
	mpression			humb Impression		Inumb	impression	
. Applicant's In								r Sec. A, C &
	with 1st applicant a under the US Secu mention the C-KYC	s a minor. Any applicant rities Act of 1933 and co	ts shou orporat	ed in the PAN and the KYC acknowl Ild not be a resident of Canada or a ions or other entities organised ur vailable kindly complete the Know	person who fa der the laws o	alls within the define f the U.S. For Inves	nition of the te tors New to T	rm "U.S. Person
st Applicant's Det	ails				Folio	No.		
The first applicant >> will be the primary holder and all orrespondence will be	Mr. Ms.	M/s. PAN / PEKRN			C-KYC			
sent to him/her. Only the first holder can be a minor.	Name							
Existing Investors may mention the Folio no. and proceed to Sec. 4.	Date of Birth (DC	OB) M		In case of Minor: Proof of D	OOB: Birth		hool leaving	
Investors to ensure that PAN is linked to Aadhaar.	Mobile No.	101 7 1 1 1			Mobile belo			
					Spouse	□ Cl	nild	
	\square I hereby author	orize TAML/ TMF to se	end im	portant information and trans	action update	s to me on What	sApp mobile	number.
ontact Person - Desigr	nation (Non Indivi	dual Investors) / Po	wer o	f Attorney (POA) / Proprietor	/ Guardian	details (minor a	applicant)	
POA / Proprietor / Guardian Details	Mr. Ms.				PAN / PEKR	N		
For Non Individual »	Name							
TOT NOTI HIGHWAA	Entity Identifier (LEI) Number Mandato	ry for	Transaction Value of INR 50 cr	ore and abov	e		
To be filled by » Guardian	I — .	the Minor Applicant other 🗌 Legal Guar		Proof of Relationship Birth certificate School I	eaving certifi	cate 🗆 Passport	Others .	
	Mobile No.			Date of Birth \square	C-KYC			
ax Status								
	Resident Indiv NRI-Repatriati NRI-Non-Repa Minor - Reside Minor - NRI Person of Indi	on	lindu l artner Compa rust		ability Partne dividuals Club Organizatior	rship	as Citizen of n National Re ed Foreign II n Portfolio In n Institutiona	sident in India ovestor vestor
3. Contact Detai	ls							Refer Sec.
Mailing address is » required for initial communication. We								,
will overwrite this address with the 1st						City		
Applicants address as per the KRA	PIN			State		Country		
records	Residence Phone	(prefix STD Code)		Office Phone (prefix STD Coo	le)	Extn		
	Email					Email belongs t		Parent
		o do not have email eive physical copy of		ess on record: scheme-wise annual report or	abridged sui	mmary thereof	☐ Spouse	☐ Child
%								>&
MUTUAL FUND Received from Mr./Ms./M/s.		А	cknow	ledgement Slip	Si	r. No.: C		

Overseas address			
Mandatory for Non- Resident Individuals and Overseas Investors in addition to the mailing			City
address.			
	State	ZIP Code	Country
4. Investment In	strument Details		Refer Sec. I
The name of the »	Gross Amount (₹) (A)	DD Charges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount)
first applicant should be available		(B)	(A - B)
on the investment Cheque.	Account Number	A/c Type	Dated
Cheque/ DD to be			
drawn in favour of 'Name of the	Drawn on Bank		Cheque / DD No.
Scheme'			
	Branch		Branch City
5. Investment So	cheme Details		Refer Sec. F & Product Label.
Scheme Name »	>		
Plan (select any one)	Regular Direct		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Option »			
Sub Option »			
Div. Payout Option (select any one)	IDCW Reinvestment IDCW Payou	t	
	IDCW - Income Distribution cum Capital Witho	drawal.	
6. Bank Account	Details		Refer Sec. (
	The bank account details provided below w proceeds and IDCW payouts (if applicable).		s default bank mandate to pay redemption
This must be an Indian account. The	Bank Name		Branch
1 st applicant should be a holder in this			
account.	Account number		A/C type Savings Current NRO
			□ NRNR □ NRE
	MICR	IFSC for RTGS	IFSC for NEFT
	Address		
	City	PIN	State
			State
Chaque Datails			Acknowledgement Sliv
Cheque/DD No	dated A/c No	Rank	Acknowledgement Slip

7. Joint Applican	t's Detail	ls						Refer Sec. H & I
Mode of Holding	Single		□ Joint	Any one or Survivor (D	efault)			
II nd Applicant's Detail	ls					Investors	to ensure that PAN is li	nked to Aadhaar.
☐ Mr. ☐ Ms.				Status		PAN / PEK	(RN	
				Resident Individual	NRI			
Name								
Mobile No.		Mobile belo	ngs to	Date of Birth		C-KYC		
		Self Spouse	☐ Parent ☐ Child		YYY			
IIIrd Applicant's Detai	ls					Investors	to ensure that PAN is li	nked to Aadhaar.
☐ Mr. ☐ Ms.				Status Resident Individual	NRI	PAN / PEK	(RN	
Name				Testacii maividua				
Mobile No.		Mobile belo	nas to	Date of Birth		C-KYC		
Widdle No.		Self Spouse	Parent Child		YY			
8. Know Your Cu	ıstomer ((KYC) De	tails					Refer Sec. J
CATEGORIES	FIRST APP	PLICANT (Inc	luding Minor)	SECOND APPLICAN	T / GUAF	RDIAN	THIRD APPLI	CANT
Occupation »	☐ Public Sec ☐ Governme ☐ Profession ☐ Housewife	tor Service ent Sector nal	Retired Business Agriculturist Forex Dealer Student	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify	☐ Busir ☐ Agric ☐ Forex ☐ Stude	ness culturist x Dealer	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)	Retired Business Agriculturist Forex Dealer Student
Gross Annual Income »	□ 5-10 Lacs □ >25 Lacs- Networth in	1 crore (Mandatory fo	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ >1 crore r Non-individual)			5 Lacs rore	□ Below 1 Lac □ 5-10 Lacs □ >25 Lacs-1 crore Networth in ₹	
	(not older than	M M / Y 1 year)	YYY	on DD/MM. (not older than 1 year)	/	YY	(not older than 1 year)	YYYY
Others »	Politically	Exposed Pers	son oposed Person	Not Applicable Politically Exposed Per Related to Politically E		Person	Not Applicable Politically Exposed Pe Related to Politically I	
Additional KYC De	tails for N	Non - Indi	viduals					
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mand Non Individu Foreign Ex	atory to attac al investors i	th the UBO declara nvolved/providing ney Changer Servic	g any of the mentioned se	rvices g / Lottery			□ No
9. Foreign Accou	nt Tax C	omplian	ce Act (FAT	CA) & CRS Detai	ls			Refer Sec. K
For Individuals	FIRST API	PLICANT (inc	luding Minor)	SECOND APPLICANT	/ GUAR	DIAN	THIRD APPLIC	CANT
Country of Birth »								
Place of Birth \gg								
Nationality »		ease specify) _	☐ U. S.	☐ Indian☐ Others (Please specify)	☐ U. S.		Indian Others (Please specify)	☐ U. S.
Type of address given at KRA \gg	Residentia Registered	l or Business I Office	Residential Business	Residential or Business Registered Office	Resid		Residential or Business Registered Office	Residential Business
Are you also a resident in >> any other country(ies) for tax purposes?	☐ No If ves. compl	ete section be	Yes	□ No	☐ Yes		□ No	Yes
Country of Tax Residency 1 >>								
Tax Identification Number 1 \gg								
Identification Type 1 \gg								
If TIN is not available please \gg tick the reason A, B or C *	Reason 🗌	A 🗌 B	С	Reason	С		Reason 🗌 A 🗌 B	С
Country of Tax Residency $2 \gg$								
Tax Identification Number 2 \gg								
Identification Type 2 \gg								
If TIN is not available please >> tick the reason A, B or C *	Reason	A 🗌 B	С	Reason	С		Reason 🗌 A 🔲 B	С

^{*} 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)

Refer Sec. L 10. Nomination Details

10. 11011111111111111111	Details		Refer Sec. 1
Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allotted to you made to such Nominee(s) and Signature of the Nominee(s) acknowled Register nomination as below	ou in your folio in the unfortunate event of edging receipt thereof, shall be a valid disc I do not wish to nominate.	f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees.
Select any one »	Register Hommadon as selow	_ r do not wish to hommate.	
1 st Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth
	Address		City
	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
	Address		City
	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
	Address		City
	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 Accou	unt Details		Refer Sec. M
Ensure that the	Fill these details only if you wish to have your unit	s in Demat mode.	
sequence of names as mentioned in the application form	Depository participant Name		
matches with that of the account held with the	Central Depository Securities Limited Target ID No.		National Securities Depository Limited DP ID No.
Depository Participant. In case the details are			I N
found to be incorrect, Units will be allotted in			Beneficiary Account No.
physical mode.			
12. Declaration			Refer Sec. N
(1) I / We have read, understood and 2 J/We am/are eligible Investor(s) a any act, rules, regulations, notific any act, rules, regulations, notific (3) The information given in / with the Fund/Registrars and Transfer Ag (4) That in the event, the above information of the standard of	we not been offered/communicated any indicative portfolio and/or any indicative yield by (s) reflecting in the account statement is subject to realisation of Cheque accompanying th India only: I/We will redeem my/our entire investment/s before I/We change my/our India offirm that my application is in compliance with applicable Indian and Foreign laws.	and apply for allotment of Units of the Scheme(s) of Tat amount invested in the Scheme(s) is through legitimate diditional information as may be required by the Tata Asset of the consequences arising therefrom. It including the changes/updates that may be provided ission, any Indian or foreign statutory, regulatory, juidition, any Indian or foreign statutory, regulatory, juidition, and unthorization of my/our transactions. It is tatement of the folio with the distributor /broker / actilition and authorization of my/our transactions. It or any other mode), payable to him/them for the differ the Fund/AMC/its distributor for this investment, the purchase request, PAN validation and KYC compliance in residency status. I/We shall be fully liable for all consequences.	a Mutual Fund ('Fund') indicated in this application form. e sources only and is not for the purpose of contravention and/or evasion o sset Management Limited (TAML)/ Fund and undertake to inform the AMC I by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Managemen ial, quasi-judicial authorities/agencies including but not limited to Financia dvisor on record. erent competing Schemes of various Mutual Funds from amongst which the ie. equences (including taxation) arising out of the failure to redeem on accoun
(12) I/We hereby accord my/our const	ent to TATA AMC for receiving the promotional information/ material via email, SMS, telem	arketing calls, etc. on the mobile number and email pro	ovided by me/us in this Application Form. Date:



TATA MUTUAL FUND

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

Application Form For Tata Retirement Savings Fund

for purchase in Tata Retirement Savings Fund - Plan: ☐ Progressive ☐ Moderate ☐ Conservative

This product is suitable for investors who are seeking*:
PROGRESSIVE PLAN: · Long Term Capital Appreciation. · An equity oriented (between 85%-100%) savings scheme which provides tool for retirement planning to individual investors.
MODERATE PLAN: · Long Term Capital Appreciation & Current Income. · A predominantly equity oriented (between 65%-85%) savings scheme which provides tool for retirement planning to individual investors. CONSERVATIVE PLAN: · Long Term Capital Appreciation & Current Income. · A debt oriented (between 70%-100%) savings scheme which provides tool for retirement planning to individual investors. "Investors should consult their financial advisors if in doubt about whether the product is suitable for them

Sr. No.:



Cheque Details Overleaf / Subject to realisation.

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

1. Advisor / Distributor Information Refer Sec. B ARN / RIA ^ Code **EUIN Code** Sub-Broker ARN Code Sub-Broker / Bank Branch Code OR Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN 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 Internal Code 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. 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. A 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 2. Applicant's Information Refer Sec. A, C & I 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 1 x 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. Individual Investors who are KYC KRA verified after 10th Feb 2017, should additionally submit C-KYC number. In case the C-KYC number is not available, kindly complete the CKYC Application Form - Individual available on www.tatamutualfund.com Ist Applicant's Details Folio No The first applicant >> PAN / PEKRN C-KYC Mr. Ms. M/s. will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Name Existing Investors may mention the Folio no. Date of Birth (DOB) In case of Minor: Proof of DOB: \square Birth certificate \square School leaving certificate and proceed to Sec. 4 D D / M M / Y Y Y Passport Others Mobile No. Mobile belongs to Parent Self Child Spouse \square I hereby authorize TAML/ TMF to send important information and transaction updates to me on WhatsApp mobile number. Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant) POA / Proprietor / PAN / PEKRN Mr. Ms. Guardian Details Name To be filled by >> Relationship with the Minor Applicant Proof of Relationship Guardian ■ Mother ■ Father ■ Legal Guardian \square Birth certificate \square School leaving certificate \square Passport \square Others Mobile No. Tax Status Resident Individual Minor - NRI Overseas Citizen of India Person of Indian Origin NRI-Repatriation Foreign National Resident in India NRI-Non-Repatriation Sole Proprietorship ☐ Qualified Foreign Investor Minor - Resident Individual Hindu Undivided Family 3. Contact Details Refer Sec. D Mailing address is >> required for initial communication We will overwrite this City address with the 1st Applicants address Country as per the KRA Residence Phone (prefix STD Code) Office Phone (prefix STD Code) records Extn **Fmail** Email belongs to Self Parent Spouse 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 Sr. No.: Acknowledgement Slip Received from Mr./Ms./M/s. PAN

Overseas address								
Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.								
maining address.					City			
	State		ZIP Code		Country			
4. Investment Instrur	ment Details					Refer Sec.		
The name of the »	Gross Amount (₹) (A)		DD Chard	ges (₹) (if any)	Net Amount (₹)	(Cheque / DD Amount)		
first applicant should be available on the investment Cheque.			(B)		(A - B)			
Cheque/ DD to be	Account Number			A/c Type	Dated			
drawn in favour of 'Tata Retirement Savings Fund'	Drawn on Bank	Drawn on Bank Cheque / DD No.						
	Branch				Branch City			
5. Investment Scheme	e Details					Refer Sec. F & (
	TATA RETIREMENT SAVINGS FUND							
Select any one »	Progressive Plan - Direct Plan	uto Switch Opti	on 1 (Progr	tessive to Moderate @ ressive to Conservative	age 45; Moderate	to Conservative @age 60),		
			on 3 (Mode	erate to Conservati	ve @ age 60)	☐ No Auto Switch		
	☐ Conservative Plan - Regular Plan ☐ Conservative Plan - Direct Plan				-			
6. Auto SWP Facility	_ conservante han breet han							
Select any one only » Will be applicable after attaining 60 years	OR Fixed SWP (Select Frequency) OR Fixed Amount (Frequency Month) Monthly	OR O	Quarterly (Default	:)		
7. Bank Account Deta	ails					Refer Sec. (
This must be an Indian account. The 1st applicant	Bank Name				Branch			
should be a holder in this account. The bank account	Account number					Savings Current NRO		
details provided below will be held on record and	MICR	IFSC for NEI	FT		IFSC for RTGS			
considered as default bank mandate to pay redemption proceeds and IDCW payouts	Address							
(if applicable).	City	PIN			State			
		A aluma - 1 : 1						
Cheque /DD No	Asted	Acknowledgem	ent Slip		Rank			

8. Join	t Applicant's L	Jetaiis							Refer Sec. E &
Мос	de of Holding	☐ Single		☐ Joint	Any one or Survivor (De	efault)			
II nd App	plicant's Detai	ls					Investors	to ensure that PAN is I	inked to Aadhaar
Mr	☐ Ms.				Status		PAN / PEK		
	IVI3.					NRI			
Name					I				
Mobile	No.		Mobile belon	_	Date of Birth		C-KYC		
			Self Spouse	□ Parent □ Child		YY			
III rd Ap	plicant's Detai	ils					Investors	to ensure that PAN is I	inked to Aadhaar
☐ Mr.	☐ Ms.				Status		PAN / PEK	(RN	
					Resident Individual	NRI			
Name									
					D		6 10/6		
Mobile	No.		Mobile belor	igs to Parent	Date of Birth		C-KYC		
			Spouse	Child	D D / M M / Y Y	YY			
9. Kno	w Your Custoi	mer (KYC) I	Details						Refer Sec.
	CATECORIES	FIDET AD	DI ICANIT (In al		SECOND ADDITION	T / CUA	DDIAN	THIRD ADDI	ICANIT
	CATEGORIES Occupation >>		ctor Service	uding Minor) Retired	SECOND APPLICAN Private Sector Service	-		THIRD APPL Private Sector Service	Retired
	·	☐ Public Sec ☐ Governme	tor Service	■ Business■ Agriculturist	☐ Public Sector Service ☐ Government Sector	Busin		☐ Public Sector Service ☐ Government Sector	☐ Business☐ Agriculturist
		☐ Profession	nal	Forex Dealer Student	Professional Housewife	☐ Fore	x Dealer	Professional Housewife	Forex Dealer Student
		☐ Housewife ☐ Others (pl		Student	Others (please specify			Others (please specify	
Gross A	Annual Income »			□ 1-5 Lacs	☐ Below 1 Lac	□ 1-5		☐ Below 1 Lac	☐ 1-5 Lacs
		☐ 5-10 Lacs ☐ >25 Lacs-		☐ 10-25 Lacs ☐ >1 crore	☐ 5-10 Lacs ☐ >25 Lacs-1 crore	□ 10-2 □ >1 c		☐ 5-10 Lacs ☐ >25 Lacs-1 crore	☐ 10-25 Lacs ☐ >1 crore
				Non-individual)	Networth in			Networth in	
					₹		as	₹	as on
		(not older than	M M / Y	YYY	on O / M M (not older than 1 year)	/	YY	(not older than 1 year)	YYYY
	Others »		•		Not Applicable			Not Applicable	
	Others	Politically	Exposed Pers Politically Ex		Politically Exposed Per Related to Politically E		Person	Politically Exposed Pe	
10 For	reign Account	Tax Compl	iance Act (FATCA) & CR	S Details				Refer Sec. 1
10. 101	For Individuals			uding Minor)	SECOND APPLICANT	. / CIIAD	DIAN	THIRD APPLI	
	Country of Birth »	FIRST AFT	FLICANT (IIICI	during Million)	SECOND AFFEICANT	/ GUAN	DIAN	THIRD AFFER	CANT
	Country of Birth								
	Place of Birth \gg								
	Nationality »			U. S.	Indian	☐ U. S.	ļ	Indian	☐ U. S.
Type of a	address given at KRA »		ease specify) .l or Business	Residential	Others (Please specify) Residential or Business	Resid	dential	 Others (Please specify) Residential or Business 	Residential
	J	Registered		Business	Registered Office	Busi		Registered Office	Business
	ou also a resident in >> r country(ies) for tax	□ No		Yes	□ No	☐ Yes		□ No	Yes
,	purposes?	If yes, comp	lete section be	low.					
Country	of Tax Residency 1 »								
Tax Ider	ntification Number 1 »								
I	dentification Type 1 »								
	not available please » ne reason A, B or C *	Reason	A	С	Reason	С		Reason A B	С
Country	of Tax Residency 2 »								
Tax Ider	ntification Number 2 »								
I	dentification Type 2 »								
	not available please >> ne reason A, B or C *	Reason	A	С	Reason A B	С		Reason 🗌 A 🗌 B	С

^{*} 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

11. 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. Register nomination as below I do not wish to nominate. Select any one 1st Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Address City PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 2nd Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Y Address PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 3rd Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Y Address City PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 12. Demat Account Details Refer Sec. M Fill these details only if you wish to have your units in Demat mode. Ensure that the Depository participant Name sequence of names as mentioned in the application form National Securities Depository Limited Central Depository Securities Limited matches with that of the account held with the DP ID No. Target ID No. Depository Participant. In case the details are Beneficiary Account No. found to be incorrect, Units will be allotted in physical mode. 13. 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 I/We am/are eligible investor(s) as per the scneme 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 or contravention and/or exactsion of any act, rules, regulations, notifications or directions issued by a regulatory authority in India.

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 MAC/ Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.

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.

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. (3) 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.
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.
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.
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.
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.
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.
For NRIs/ Plo/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
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. (11) (12) Date:

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

TATA MUTUAL FUND				ate Form		Purchases		II as S				OTN	l)		[Date	D I	D M	M	YY	Y
Choose (✓) ☐ CREATE Sponsor	Bank Code		Office us	se only			Utilit	у Со	de					(Office u	se only	/				
■ MODIFY I/We here	eby authorize	TATA M	IUTUAL	FUND	to c	debit (√)		SB		CA		c		SE	3-NRE		s	B-NR	o		Other
☑ CANCEL Bank A/c No.:													Ť				Ė			T	
		ank Nama & Pran	oh		IFSO	<u> </u>								MICE			\perp				
With Bank:	В	ank Name & Brand	CN											MICI							
an amount of Rupees					in Word										₹						
FREQUENCY (preselected) Reference / Folio No.	☑ Monthly	☑ Quarterly	⊠ Ha	lf Yearly	☑ As Email	when pre	sente	d (de	fault)		D	EBIT	TYPI	EX	Fixed	Amou	ınt	⊠ M	aximu	ım A	mount
Scheme / Plan reference	No. All Sch	emes of Tata Mut	ual Fund							Mol	oile						T			T	
agree for the debit of mandat	e processing char	ges by the bank whom	I am author	rising to debit my	y account a	as per lates	t sched	ule of	charge	s of th	e bank	ζ.									
PERIOD From D D M M	YYYY	Sign Sig	gnature of	First Account	Holder	Sign	Sigi	nature	e of Se	econd	Acco	unt Ho	lder	_ Sign	Si	ignatur	re of	Third	Accou	nt Ho	older
to DDMM	YYYY																				
or □ Until Cancel	l led	1. ———— Name	as in Bar	nk Records		2	Nam	ne as	in Ba	nk Re	cord	s	3.		Nam	e as ir	n Ba	ank Re	cords	 S	
• This is to confirm that the dec		carefully read, underst	tood & made	e by me/us. I am	authorisir	ng the user	Entity /	Corpo	rate to	debit ı	ny ac	count, b									
Please tick (🗸) as applica			Registrat	ion of MICRO	SIP	Renewal ents only	of SIP. (Kindl	y ref	er Ins	structi	on 8	over									
ARN / RIA ^ Code		Sub-Brol	ker AKN	Code		Sub-B	rokei	r / B	ank	вran	n C	ode		EUIN	l Cod	ie					
Internal Code		an "execut notwithsta distributor	tion-only" t anding the r has not c	for "execution- transaction wit advice of in-ap harged any adv RIA) the details	hout any opropriate visory fee	interaction eness, if ar s on this tr	or ad ly, pro ansact	lvice l vided tion. /	by the by the By me	emplo e emp ention	yee/r loyee, ing R	elatior /relation IA code	iship inship e, I / v	manag mana ve auth	er/sale ger/sal	s perso	on o	f the a of the	bove d distrib	distril outor	butor o and the
	Applicant Sig 1b Impressio					int Signa Impress								3rd <i>A</i> T		ant S Imp					
Investor Details	A	Application No.								Fc	lio 1	No.									
1st Holder Name											P	AN									
2 nd Holder Name											P	AN									
3 rd Holder Name											P	AN									
First SIP Cheque D	etails																				
Cheque No.			Chequ	e Amount ir	n Rs.						Ch	eque	Date	D		/ M		4 /			
Bank Name			Branch								Cit	У									
SIP Scheme/Op Sub Option		Plan: Regular	Direct	SIP Instal Amount		Frequer (*Defau				SIP	Start	Date				(Defa		P End 31 Dec			99)
	·					Daily /	y		D /		м /				D	D /		M			
						Quarte	erly		^	Dail	y SIP	- Mor	day	to Fri	lay - C	On Bus	sine	ss Da	ys on	ly	
Day of the week for we	ekly frequency	: Monday	Tuesday	y 🗌 Wed	nesday ((Default)		Thu	rsday	[Fri	day									
_ Jii Top up	Amount (Rs.) Itiples of Rs. 50	0/- only)				Up Freq Yearly			fault)		U	pper	SIP A	mount	(Rs.)						
Auto Switch Option	: Applicable f	or Tata Retirem	ent Savii	ngs Fund (T	RSF) or	nly, for c	lefau	lt va	lues	refer	SID										
Plan Name		Please tick the						•			<u> </u>		÷	\ · ·	0)						
Progressive Plan		Auto Switch Auto Switch										servat Switch		age 6	υ),						
Moderate Plan		☐ Auto Switch	•										uto S	Switch							
Systematic Withdrawa No Auto SWP Fi		se ✓ any one) Ap ct Frequency) 🗆 M	-				1						ithly	only)	Rs.						
Declaration and Signa conditions overleaf, I/W scheme/s. I/We hereby of in ECS/Direct Debit/Star different cometing Sche	le hereby apply declare that the nding Instructio mes of various	for the respective particulars given ar n. The ARN Holder Mutual Funds from	Units of T re correct of , where ap amoungs	ata Mutual Fu & complete & pplicable, has which the Sc	und Sche express disclose heme is l	me/s at N my willing ed to me/i being reco	IAV ba ness t us all t omme	ased to ma the co nded	resale ke pay ommis to me	price ment ssions /us.	& ag s tow (trai	ree to ards S	abid IP ins missio	le by to tallme on or a	erms, nts ref any oth	condit ferred ner mo	abov ode)	s, rule ve thro , paya	s & re ough p ble to	gulat partio him	tions o cipation for the
SIGNATURE/S	ole / 1st Unithol	der Signature / Thun		sion 2	2nd Unith		ature /	Thur						d Unitl		Signatı	are /	/ Thum			

Received for Folio No. / Application No.

OTM Debit Mandate Form SIP Form



Flex FATP

☐ FUTP ☐ CATP ☐ DTP for Amount (₹) ____

TATA MUTUAL FUND



Subject to verification.

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

1. ADVISOR DETAILS									Ref	er In	struc	tion 2
ARN / RIA ^ Code	9	Sub-Broker <i>A</i>	RN Code	Sub-Broker / Bank Bran	ich Code	EU	IN Co	de				
Internal Code	1	relationship manage	or "execution-only" transaction - I/We he by the employee/relationship manager/ r/sales person of the distributor and the nvestment Adviser (RIA) the details of m	distributor has not charged any advisory	fees on this transacti	k by me advice on. ^ B	e/us as thi of in-appr mention	s is an "e opriatene ing RIA co	xecution- ess, if any ode, I / w	-only" trar y, provide ve authori:	saction of the ze you to	without an employee o share with
	pplicant Signatur	re /		nt Signature / mpression				icant b Imp		iture ,	/	
2. INVESTOR DETAI	LS				Folio No.							
1st Holder Name					P.A	N.						
C-KYC			of Birth □ / M M / Y Y Y	Mobile No.	M	obile	belon	gs to		elf pouse		Parent Child
2 nd Holder Name					P.A	۸N						
C-KYC			of Birth	Mobile No.	M	obile	belon	gs to		elf pouse		Parent Child
3 rd Holder Name					PA	۸N						
C-KYC		Date	of Birth	Mobile No.	M	obile	belon	gs to		elf		Parent
			D / M M / Y Y Y					,	☐ Sı	pouse		Child
3 DIIDDOSE OF FOR	1 (tick any ana)			<u> </u>								•
3. PURPOSE OF FORM	(tick any one)	Canadi										
Fresh Registration		Cancell	ation									
4. SYSTEMATIC TRAN	ISFER DETAILS											
Flex STP Refer Instruction 5	Yes I	No (Default)		Flex STP is available for I "Daily / Weekly" IDCW pla option of the target scher	ans of the source	rterly sche	frequer mes; Fl	ncies; F ex STP	lex STI is avai	P is not ilable o	availa nly in	ble from "Growth"
Scheme Details												
Source Scheme / Plan	/ Option											
Target Scheme / Plan	/ Option											
Target Scheme Sub O	ption			Div. Payout Option: Div. Reinvest	(select any or							
Transfer Plan Details	(Select any one)	Flex STP is	applicable only under Fi	xed Amount Transfer Pla	an.							
Fixed Amount Transfer Plan (FATP) /1st Installment for	Amount in Rs.			Amount in Words								
Flex STP Fixed Units	₹ Number of Units			Units in Words								
Transfer Plan (FUTP)												
Capital Appreciatio	n Transfer Plan (C	A I P)		☐ IDCW Transfer Pla	n (DTP)							
Transfer Frequency (,		le for IDCW Transfer Pla	<u>, </u>								
Daily	STP will be proce	ssed as per t	n case any day is a non-b he matrix provided on ou	ır website www.tatamutua	alfund.com.]	s (eit	her ST	P fro	n or S	STP to	schei	me) the
Weekly	☐ Monday ☐		☐ Wednesday (Defau		III casc	the	day o	f STP	is a r	າon bເ	ısine	ss day
Monthly		•	of the Month (Select any	one)	the re	ques		be co usine:			or the	e next
Quarterly Enrolment Period (No	1 st 7th							231110	33 uu	,.		
Start Date	Applicable for i	End Date	τιαιι/	OR Number of I		T						
DDD/MM/	Y Y Y Y		' M M / Y Y Y	Y Number of I	nstallments /	I ra	nsters					
5. DECLARATION AN	D SIGNATURES											
		amply with the te ted in this applic The ARN holder (a of various Mutua	erms and conditions of the schen ation form. I/We will indemnify t AMFI registered Distributor) has I Funds from amongst which the	ne related documents including t he Fund, AMC, Trustee, RTA and disclosed to me / us all the comr Scheme is being recommended t	the key information other intermediants in the formation of the formation	n Mer tes in rm of	norandı case of trail coı	ım and any dis mmissio	apply f putes r on or ar Da	for alloti regardin ny other ate	nent of g the e mode)	f Units o eligibility , payable
1 st Appli	cant Signature / b Impression		2 nd Applican	t Signature / npression			Appli	icant S ıb Imp	Signat			
TATA			Acknowled	gement Slip		r. No					>	&
MUTUAL Received from Mr./Ms./M/s	5			•							ST	P reque
from Scheme				_ to Schemes								

_____ / Units ____



from Scheme ____

TATA MUTUAL FUND



Subject to verifaction.

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

SYSTEMATIC WITHDRAWAL PLAN FORM

1. INVESTOR DETAILS			Folio No.
1st Holder Name			PAN
Date of Birth	C-KYC		Mobile No.
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$			
2 nd Holder Name			PAN
Date of Birth	C-KYC		Mobile No.
D D / M M / Y Y Y Y			
3 rd Holder Name			PAN
Date of Birth	C-KYC		Mobile No.
D D / M M / Y Y Y Y			
2. PURPOSE OF FORM (tick any one)			
Fresh Registration	Change in the Withdrawal Amou	nt Ca	ncellation
3. SYSTEMATIC WITHDRAWAL DETAILS			
Scheme Details			
Scheme / Plan / Option			
Walderson D. D. W. C.			
Withdrawal Plan Details (Select any o	ne)	T.	
Fixed Amount Withdrawal Plan ₹		Amount in Words	
Capital Appreciation Withdrawal Plan			
Withdrawal Frequency (Select any one)			
☐ Monthly ☐ C	Quarterly	☐ Half Yearly	Annually (Default)
Enrolment Period			
Start Date	End Date	Withdrawal Da	te (Any date between 1st and 31st - default 25th)
	D D M M M / Y Y	Y D D in word	s
4. PAYMENT BANK DETAILS FOR SWP (Re	egistered in the folio)		
For Investors who have registered for Mu should be prescribed into the following b			strike off the section if not used). The SWP payout ne/us.
Bank Name			
Branch	City		PIN
Account number			A/C type Savings Current NRO NRNR NRE
MICR	IFSC for NEFT		IFSC for RTGS
Note: If the bank account mentioned above the SWP payout will be processed into the control of t			io OR if the bank account details are not filled above
5. DECLARATION AND SIGNATURES			
Scheme(s) of Tata Mutual Fund ("Fund") indicated in this and authorization of my/our transactions. The ARN hold	application form. I/We will indemnify the Fuller (AMFI registered Distributor) has disclose tual Funds from amongst which the Scheme	and, AMC, Trustee, RTA and othed to me / us all the commission is being recommended to me/o	he key information Memorandum and apply for allotment of Units of the er intermediates in case of any disputes regarding the eligibility, validity ins (in the form of trail commission or any other mode), payable to him , us. I/We hereby confirm that I/We have not been offered /communicated Date
1st Applicant Signature /		nt Signature /	3rd Applicant Signature /
			Thumb Impression
TATA	Acknowle	dgement Slip	Sr. No.:
MUTUAL FUND Received from Mr /Ms /M/s			Folio No SWP reque

______ for ₹ _____



TATA MUTUAL FUND



MUTUAL FUND	Mulla Hous	e, Ground Floor, M.G	. Road, Fort, Mumbai	- 400 001	TATA		
1. ADVISOR DETAILS		COMMON TRANSACTION FORM Refer Instruction					
ARN / RIA ^ Code	Sub-Broker A	RN Code	Sub-Broker / Bank Branc	h Code EUIN Cod	•		
Internal Code	OR Declaration for interaction or advice relationship manager, the SEBI Registered In	or "execution-only" transaction – I/We he oy the employee/relationship manager, /sales person of the distributor and the vestment Adviser (RIA) the details of m	reby confirm that the EUIN box has been in sales person of the above distributor or n distributor has not charged any advisory f r / our transactions in the schemes(s) of T	ntentionally left blank by me/us as this notwithstanding the advice of in-appro ees on this transaction. ^ By mentionir ata Mutual Fund.	is an "execution-only" transaction without any priateness, if any, provided by the employee/ g RIA code, I / we authorize you to share with		
Sole / 1st Applicant S Thumb Impress	ignature /	2nd Applica	nt Signature / mpression	3rd Applic	ant Signature / Impression		
2. INVESTOR DETAILS				Folio No.			
1st Holder Name				PAN			
C-KYC		of Birth	Mobile No.	Mobile belong	s to Self Parent Spouse Child		
Entity Identifier (LEI) Number Ma	ndatory for Non Indi	vidual Investor for Trans	action Value of INR 50 cror	re and above			
2 nd Holder Name				PAN			
C-KYC		of Birth / M M / Y Y Y	Mobile No.	Mobile belong	s to Self Parent Spouse Child		
3 rd Holder Name				PAN			
C-KYC		of Birth	Mobile No.	Mobile belong	s to Self Parent		
					☐ Spouse ☐ Child		
3. ADDITIONAL PURCHASE	DETAILS				Refer Instruction 3.		
Scheme / Plan / Option	ty (Registered in folic) Cheque / D		,			
Gross Amount (A)			DD Charges (if any) (B)	Net Amount (A - E	3)		
₹			₹	₹			
Account Number			Account Type	Dated	/		
Drawn on Bank				Cheque / DD / UT	TR No.		
4. SWITCH OUT DETAILS					Refer Instruction 4.		
From Scheme / Plan / Option					·		
To Scheme / Plan / Option							
☐ Amount (in figure) ₹		OR Uni	ts figure)		OR All Units		
5. REDEMPTION DETAILS					Refer Instruction 5.		
From Scheme / Plan / Option							
☐ Amount (in figure) ₹		OR Uni	ts figure)		OR All Units		
Redemption Bank Account De this section if not used). The Bank Name	tails for investors redemption should	who have registered be processed into the f	for Multiple Bank Accou ollowing bank account as Bank Account Number	nts facility in the abo per the payout mecha	ove folio (Please strike off nism indicated by me/us:		
IFSC for NEFT		IFSC for RTGS		MICR			
Nana Kaba bash	damed also as to term	mank forms the second		OR If the live!	dentile and the CUI of the		
Note: If the bank account ment the redemption will be process 6. DECLARATION AND SIGN	ed into the "Default	rent from those already " bank account registere	registered in your folio (ed for the aforesaid folio.	OK IT THE DANK ACCOUNT	details are not filled above,		
I/We have read, understood and hereby agree to ("Fund") indicated in this application form. I/We (AMFI registered Distributor) has disclosed to me Scheme is being recommended to me/us. I/We h my/our consent to TATA AMC for receiving the p	comply with the terms and con will indemnify the Fund, AMC / us all the commissions (in the ereby confirm that I/We have n romotional information/ mater	ditions of the scheme related docum , Trustee, RTA and other intermediat e form of trail commission or any of ot been offered /communicated any i al via email, SMS. telemarketino calls	ents including the key information Mem es in case of any disputes regarding th her mode), payable to him /them for the ndicative portfolio and/ or any indicativ , etc. on the mobile number and email n	orandum and apply for allotment of e eligibility, validity and authorizati different competing Schemes of var e yield by the Fund/AMC/its distribu rovided by me/us in this Application	Units of the Scheme(s) of Tata Mutual Fund on of my/our transactions. The ARN holder ious Mutual Funds from amongst which the tor for this investment. I/We hereby accord form. Date		
1st Applicant Signat Thumb Impressi	ture /	2 nd Applicar	nt Signature / mpression	3 rd Applic	cant Signature /		

Acknowledgement Slip

TATA	Folio No.	Purchase Redempttion Switch in Scheme
MUTUAL FUND	For Amount of ₹	or Units

(details overleaf)



TATA MUTUAL FUND Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 ADDITIONAL PURCHASE / SWITCH FORM FOR TATA RETIRMENT SAVINGS FUND 1. ADVISOR DETAILS Refer Instruction 2 ARN / RIA Code Sub-Broker ARN Code Sub-Broker / Bank Branch Code **EUIN Code** OR Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without Internal Code 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. A 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. 2. INVESTOR DETAILS Folio No. 1st Holder Name PAN Date of Birth C-KYC Mobile No. Self Parent Mobile belongs to D D / M M / Y Y Y Y Spouse Child 2nd Holder Name PAN Date of Birth Mohile No C-KYC Mobile belongs to Self Parent D D / M M / Y Y Y Y Spouse Child 3rd Holder Name C-KYC Date of Birth Mobile No. Mobile belongs to Self Parent D D / M M / Y Y Spouse Child 3. ADDITIONAL PURCHASE DETAILS Refer Instruction 3. TATA RETIREMENT SAVINGS FUND Plan Name Please tick the appropriate option (any one per plan) Progressive Plan - Regular Plan Progressive Plan - Direct Plan Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), Auto Switch Option 2 (Progressive to Conservative @ age 60) \square No Auto Switch Moderate Plan - Regular Plan Moderate Plan - Direct Plan Auto Switch Option 3 (Moderate to Conservative @ age 60) □ No Auto Switch Conservative Plan - Regular Plan Conservative Plan - Direct Plan OTM facility (Registered in folio) Cheque / DD Fund Transfer NEFT / RTGS Payment Mode: Gross Amount (A) DD Charges (if any) (B) Net Amount (A - B) ₹ ₹ ₹ Account Number Account Type Dated D | D | / | M | M | / | Y | Y | Y Cheque / DD / UTR No. Drawn on Bank Branch Branch City 4. SWITCH DETAILS Refer Instruction 4. From Scheme / Plan / Option To Scheme TATA RETIREMENT SAVINGS FUND Plan Name Please tick the appropriate option (any one per plan) Progressive Plan - Regular Plan Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), Progressive Plan - Direct Plan Auto Switch Option 2 (Progressive to Conservative @ age 60) No Auto Switch Moderate Plan - Regular Plan Auto Switch Option 3 (Moderate to Conservative @ age 60) No Auto Switch Moderate Plan - Direct Plan Conservative Plan - Regular Plan Conservative Plan - Direct Plan Amount Units OR OR All Units (in figure) (in figure) 5. AUTO SWP FACILITY (Will be applicable after attaining 60 years). Refer Sec. H No Auto SWP Fixed SWP (Select Frequency) Fixed Amount (Frequency Monthly only) Rs. Monthly OR Quarterly (Default) 6. DECLARATION AND SIGNATURES

DECLARATION AND SIGNATORES

(We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. (We confirm that my application is in compliance with applicable Indian and foreign laws. 1 / We hereby confirm and declare as unders: (1) 1 / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum 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 linestor(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 eavision of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The Information and and undertake to inform the AMC, Fund/Registras and Transfer Agents (RFA) 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/jupicalses that may be provided by me/us to the Mutual Fund, its Sponsory's, Trustees. Asset Management Company, its bumployees, agents and third party service providers. SEA for intermediates in case of any disputer equalition interm

Sole / 1st Applicant Signature /	2nd Applicant Signature /	3rd Applicant Signature /
Thumb Impression	Thumb Impression	Thumb Impression

Acknowledgement Slip

Sr. No.:

TATA
MUTUAL
FUND



TATA MUTUAL FUND

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



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

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

1. Entity Details Name of the Entity

Direct reporting NFE4 (please tick as appropriate)										
Application No. PAN Number Date of incorporation City of incorporation Pathership Firm	/ / /	address given	Residential or Business	Residential	Business	\square Registered Office				
Date of Incorporation Country Country of Incorporation Country Country			Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes							
City of Incorporation Entity Constitution	Applicat	tion No.			Folio No.					
Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI	PAN Nu	mber			Date of Incorporation					
Pease tick the specify "Trist Liquidator Limited Liability Parneship Artificial Juridical Person Others specify Pease tick the specify Pease tick the specify Trist Liquidator Limited Liability Parneship Artificial Juridical Person Others specify Other Other Pease specify Other Othe	City of I	ncorporation			Country of Incorporation					
Please tick the applicable tax resident of any country other than India: yes		onstitution	Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI							
Country Tax Identification Number* Country Tax Identification Number* Identification Type (TIN or Other, please specify) All case Tax Identification Number is not available, kindly provide its functional equivalent. In case Tix or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or Glin, etc. In case Tix or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or Glin, etc. In case Tix or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or Glin, etc. In case Tix or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or Glin, etc. In case Tix or its functional equivalent is not available, bit of the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here Please refer to para 3(vii) exemption code here Please specify and but you are sponsored by another entity, please provide your sponsor or or Direct reporting NFE' GIIN not available (please tick as applicable) Applied for If the entity is a Financial Institution, Not required to apply for - please specify 2 digits sub-category GIIN not available (please tick as appropriate) Applied for If the entity is a Financial Institution, Not required to apply for - please specify 2 digits sub-category Is the Entity a Financial Institution, Not required to apply for - please specify any one stock exchange on which the stock is regularly traded) on an established stock exchange Yes (if yes, please specify name of the listed C	Plaaca t	ick the	4.	·						
Sin case Tax Identification Number is not available, kindly provide its functional equivalent. In case ITA or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GliN, etc. In case the Entity's Country of Incorpation, Tax residence is U.S. but Entity so not a Specified U.S. Person, mention Entity's exemption code here	applicat	ole tax	'	•		—				
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification		(Country	Tax Identification Number*		Identification Type (TIN or Other, please specify)				
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here Please refer to para 3(vil) exemption code for U.S. persons in FATCA Instructions & Definitions 2. FATCA & CRS Declaration PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) 1										
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification										
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here Please refer to para 3(vil) exemption code for U.S. persons in FATCA Instructions & Definitions 2. FATCA & CRS Declaration PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) 1										
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions 2. FATCA & CRS Declaration PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) 1						or Clobal Entity Identification Number or CIIN etc.				
PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) We are a,			•		•	<u>'</u>				
2. FATCA & CRS Declaration PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) We are a, Financial institution³ or Direct reporting NFE⁴ (please tick as appropriate) GIIN		•		,	•	on Entity's exemption code here				
PART A (to be Filled by Financial Institutions or Direct Reporting NFEs) We are a, Financial institution or Oirect reporting NFE4 (please tick as appropriate) Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor GIIN above and indicate your sponsor's name below Name of sponsoring entity	riease ie	eiei to para 3(vii)	exemption code for 0.3. person	S III FATCA IIISTI UCTIONS & DE	illitions					
We are a,	2. FA	TCA & CRS	Declaration							
Financial institution	PART A	(to be Filled by	y Financial Institutions or Dire	ect Reporting NFEs)						
or Direct reporting NFE4 (please tick as appropriate) Direct reporting NFE4 (please tick as appropriate)			GIIN							
Coll College		or		Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below						
If the entity is a Financial institution,			-	Name of sponsoring entity						
If the entity is a Financial institution,										
Not obtained - Non-participating FI PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs") Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) Ves (If yes, please specify any one stock exchange on which the stock is regularly traded)		GIIN not availa	IIN not available (please tick as applicable) Applied for							
Step Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on whe company (a company whose shares are regularly traded on an established stock exchanges) Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on whe company traded on an established stock is regularly traded) No Name of listed company Name of relation: Subsidiary of the Listed Company Controlled by a Listed Company Name of stock exchange Yes No Nature of Business Please specify the sub-category of Active NFE Yes No (If yes, please fill UBO declaration in the next section.)		If the entity is a Financial institution,								
Step Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on whe company (a company whose shares are regularly traded on an established stock exchanges) Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on whe company traded on an established stock is regularly traded) No Name of listed company Name of relation: Subsidiary of the Listed Company Controlled by a Listed Company Name of stock exchange Yes No Nature of Business Please specify the sub-category of Active NFE Yes No (If yes, please fill UBO declaration in the next section.)	PART R	(nlease fill any	one as annronriate "to he fil	led hy NFFs other than Div	rect Renortina NFFs")					
company whose shares are regularly traded on an established stock exchanges) 2				· · · · · · · · · · · · · · · · · · ·		nge on which the stock is regularly traded)				
company (a company whose shares are regularly traded on an established stock exchanges) Name of listed company Nature of relation: Subsidiary of the Listed Company Name of stock exchange 3 Is the Entity an active¹ NFE Yes No Nature of Business Please specify the sub-category of Active NFE 4 Is the Entity a passive² NFE Yes No (If yes, please fill UBO declaration in the next section.)		company whose	shares are regularly traded on		•					
exchanges) Name of listed company Nature of relation: Subsidiary of the Listed Company Controlled by a Listed Company Name of stock exchange 3 Is the Entity an active¹ NFE Yes No Nature of Business Please specify the sub-category of Active NFE 4 Is the Entity a passive² NFE Yes No (If yes, please fill UBO declaration in the next section.)	company (a		company whose shares are							
Name of stock exchange 3 Is the Entity an active¹ NFE		3 ,		Name of listed company						
3 Is the Entity an active¹ NFE										
Nature of Business Please specify the sub-category of Active NFE 4 Is the Entity a passive ² NFE No (If yes, please fill UBO declaration in the next section.)	2	le the Fetter	active NEE							
Please specify the sub-category of Active NFE 4 Is the Entity a passive ² NFE Yes No (If yes, please fill UBO declaration in the next section.)	5	is the Entity an	active: INFE							
4 Is the Entity a passive ² NFE				Please specify the sub-category of Active NFF						
	4	Is the Entity a r	passive ² NFE			declaration in the next section)				
Nature of Business		,								

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE # If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary) Name Occupation Type -DOB - Date of Birth PAN / Any other Identification Number Service, Business, Others Gender - Male, Female, Other (PAN, Aadhar, Passport, Election ID, Govt. ID, Nationality Driving Licence, NREGA Job Card, Others) Father's Name -City of Birth - Country of Birth Mandatory if PAN is not available 1. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender Male Female Other City of Birth Father's Name Country of Birth. 2. Name Occupation Type __ DOB D D / M M / Y Y Y PAN Nationality Gender \square Male ☐ Female ☐ Other City of Birth Father's Name Country of Birth 3. Name Occupation Type DOB | D | D | / M | M | / | Y | Y | Y | Y | PAN Nationality Gender \square Male Female Other City of Birth Father's Name Country of Birth # Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. 4. FATCA - CRS Terms and Conditions The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules-1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested 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 any information provided by you, please insure your advice us promptly, i.e. within 30 days. If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form. 5. Declaration and Signatures I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same. Name Designation

Place:

Date: | D | D | / M | M | / | Y | Y | Y



TATA MUTUAL FUND

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

Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons (Mandatory for Non-individual Investors)

1. Entity Details

Name of the Entity			
PAN Number			
2. Applicable for Listed Company / S	ubsidiary Company		
(i) I We Hereby declare that Our Company is a Listed Company listed Our Company is Controlled by a Listed C (ii) Details of the Listed Company ^ Stock Exchange on which it is listed^ The Details of holding/parent company to be pro	ompany	Company is a Subsidary of a Listed Company rity ISIN	
B. Applicable for Non Individuals other	than Listed Company / its Subsidiary	Company	
Category (Please tick applicable category): Unlisted Company Unincorporated association / body of individuals Others (please specify	☐ Partnership Firm ☐ Limited Liability Part	tnership Company	
Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No Or functional equivalent for each country [%]	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person	
1. Name	Address	Tax ID Type	
Country	State: Country:PIN/ZIP Code	Beneficial Interest	
Tax ID No. [%]		Add. Type Residence Business Registered office	
2. Name	Address State: Country:	Tax ID Type Beneficial Interest	
Country	PIN/ZIP Code	Type Code	
Tax ID No.*	Address	Add. Type Residence Business Registered office Tax ID Type	
Country	State: Country: PIN/ZIP Code	Beneficial Interest Type Code Add. Type \(\cap \) Residence \(\cap \) Business \(\cap \) Registered office	
Tax ID No. [%]			
1. PAN	Occupation Type	DOB D D M M V Y Y Y	
City of Birth Country of Birth	NationalityFather's Name	Gender ☐ Male ☐ Female ☐ Other	
2. PAN City of Birth	Occupation Type	DOB D D M M M V Y Y Y	
Country of Birth	Father's Name	Gender Male Female Other	
3. PAN City of Birth	Occupation Type	DOB D D / M M / Y Y Y	
Country of Birth	Father's Name	Gender	
Additional details to be filled by controlling person To include US, where controlling person is a US cirquivalent. Attach sheets if necessary.	ons with tax residency / permanent residency / citiz tizen or green card holder. % In case Tax Identificati	enship / Green Card in any country other than Indi ion Number is not available, kindly provide function	
be false/incorrect and/or the declaration is not provided, th MC/Mutual Fund/Trustee shall not be liable for the same. I/V In the same. In case the above information is not provided, it	bove is/are true and correct to the best of my/our knowledge a en the AMC/Trustee/Mutual Fund shall reserve the right to rej Ve hereby authorize sharing of the information furnished in th will be presumed that applicant is the ultimate beneficial ow a above information in future and also undertake to provide an	ect the application and/or reverse the allotment of units and ti is form with all SEBI Registered Intermediaries and they can re ner, with no declaration to submit. I/We also undertake to ke	
Authorised Signatory	Authorised Signatory	Authorised Signatory	
lace: [Date: D D / M M / Y Y Y Y		