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	EUIN Code
Internal 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 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.
^ 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

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. Incase C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

Ist 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.

☐ Mr. ☐ Ms. ☐ M/s. | PAN / PEKRN | C-KYC

Name

Date of Birth (DOB) D D / M M / Y Y Y Y

In case of Minor: Proof of DOB: ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others .....

Mobile No.

Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child

☐ 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: ☐ Mr. ☐ Ms. | PAN / PEKRN

Name

For Non Individual » Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above

To be filled by Guardian » Relationship with the Minor Applicant: ☐ Mother ☐ Father ☐ Legal Guardian

Proof of Relationship: ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others .....

Mobile No. | Date of Birth D D / M M / Y Y Y Y | C-KYC

Tax Status

☐ Resident Individual	☐ Sole Proprietorship	☐ Body Corporate	☐ Overseas Citizen of India
☐ NRI-Repatriation	☐ Hindu Undivided Family	☐ Limited Liability Partnership	☐ Foreign National Resident in India
☐ NRI-Non-Repatriation	☐ Partnership	☐ Body of Individuals	☐ Qualified Foreign Investor
☐ Minor - Resident Individual	☐ Company	☐ Society / Club	☐ Foreign Portfolio Investor
☐ Minor - NRI	☐ Trust	☐ Non Profit Organization	☐ Foreign Institutional Investor
☐ Person of Indian Origin	☐ 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 ☐ 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 ☐ Yes ☐ No

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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	Country

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) »	☐ Regular ☐ Direct
Option »	
Sub Option »	
Div. Payout Option (select any one) »	☐ IDCW Reinvestment ☐ 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 1st applicant should be a holder in this account.

Bank Name		Branch
Account number		A/C type ☐ Savings ☐ Current ☐ NRO ☐ NRNR ☐ 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 D D / M M / Y Y Y Y	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 D D / M M / Y Y Y Y	C-KYC

8. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation »	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify) ....
Gross Annual Income »	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in (Mandatory for Non-individual) ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)
Others »	☐ Not Applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person	☐ Not Applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person	☐ Not Applicable ☐ Politically Exposed Person ☐ 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 »	☐ Indian ☐ U. S. ☐ Others (Please specify) ________	☐ Indian ☐ U. S. ☐ Others (Please specify) ________	☐ Indian ☐ U. S. ☐ Others (Please specify) ________
Type of address given at KRA »	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business
Are you also a resident in any other country(ies) for tax purposes? »	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
	If yes, complete section below.		
Country of Tax Residency 1 »			
Tax Identification Number 1 »			
Identification Type 1 »			
If TIN is not available please tick the reason A, B or C * »	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ 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 ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ 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.

Select any one »

☐ Register nomination as below ☐ I do not wish to nominate.

1st Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth D D / M M / Y Y Y Y
	Address		City
	State	PIN	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		City
	State	PIN	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
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian
	1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd 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 Target ID No.	National Securities Depository Limited 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: _____

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

TATA MUTUAL FUND

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

Application Form For Tata Retirement Savings Fund

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**

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

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal 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 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.
^ 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

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 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. 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 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 »

☐ Mr. ☐ Ms. ☐ M/s.	PAN / PEKRN	C-KYC
Name		
Date of Birth (DOB) D D / M M / Y Y Y Y	In case of Minor: Proof of DOB: ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others	
Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child	

☐ 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 / Guardian Details

☐ Mr. ☐ Ms.	PAN / PEKRN
Name	

To be filled by » Guardian

Relationship with the Minor Applicant ☐ Mother ☐ Father ☐ Legal Guardian	Proof of Relationship ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others	
Mobile No.	Date of Birth D D / M M / Y Y Y Y	C-KYC

Tax Status

☐ Resident Individual	☐ Minor - NRI	☐ Overseas Citizen of India
☐ NRI-Repatriation	☐ Person of Indian Origin	☐ 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 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 ☐ 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 ☐ Yes ☐ No

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Acknowledgement Slip Sr. No.:

Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____

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

Cheque Details Overleaf / Subject to realisation.

Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

		City
State	ZIP Code	Country

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 'Tata Retirement Savings Fund'

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 & G

Select any one »

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) ☐ 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	------	

6. Auto SWP Facility

Select any one only »

Will be applicable after attaining 60 years

	☐ No Auto SWP
OR	☐ Fixed SWP (Select Frequency) ○ Monthly OR ○ Quarterly (Default)
OR	☐ Fixed Amount (Frequency Monthly only) Rs.

7. Bank Account Details

Refer Sec. G

This must be an Indian account. The 1st applicant should be a holder in this account.

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).

Bank Name		Branch
Account number		A/C type ☐ Savings ☐ Current ☐ NRO ☐ NRNR ☐ NRE
MICR	IFSC for NEFT	IFSC for RTGS
Address		
City	PIN	State

Cheque Details **Acknowledgement Slip**

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

8. Joint Applicant's Details

Refer Sec. E & F

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

II[nd] 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 D D / M M / Y Y Y Y	C-KYC

III[rd] 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 D D / M M / Y Y Y Y	C-KYC

9. Know Your Customer (KYC) Details

Refer Sec. J

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

10. 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 »	☐ Indian ☐ U. S. ☐ Others (Please specify) ______________	☐ Indian ☐ U. S. ☐ Others (Please specify) ______________	☐ Indian ☐ U. S. ☐ Others (Please specify) ______________
Type of address given at KRA »	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business	☐ Residential or Business ☐ Residential ☐ Registered Office ☐ Business
Are you also a resident in » any other country(ies) for tax purposes?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
	If yes, complete section below.		
Country of Tax Residency 1 »			
Tax Identification Number 1 »			
Identification Type 1 »			
If TIN is not available please » tick the reason A, B or C *	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ 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 ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ C	Reason ☐ A ☐ B ☐ 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

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.

Select any one »

☐ Register nomination as below ☐ I do not wish to nominate.

1st Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth D D / M M / Y Y Y Y
	Address		City
	State	PIN	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		City
	State	PIN	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
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian
	1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

12. 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 Target ID No.	National Securities Depository Limited DP ID No. I N Beneficiary Account No.

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 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: _____

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

TATA MUTUAL FUND

Debit Mandate Form NACH (One Time Mandate - OTM)

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

Date D D M M Y Y Y Y

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 D D M M Y Y Y Y
to D D M M Y Y Y Y
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	EUIN Code
Internal 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 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.

1st Holder Name	PAN
2nd Holder Name	PAN
3rd Holder Name	PAN

First SIP Cheque Details

Cheque No.	Cheque Amount in Rs.	Cheque Date D D / M M / Y Y Y Y
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: ☐ Regular ☐ Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
			☐ Daily ^ ☐ Weekly ☐ Monthly * ☐ Quarterly	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
				^ **Daily SIP - Monday to Friday - On Business Days only**	

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

☐ SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	SIP Top Up Frequency	Upper SIP Amount (Rs.)
		☐ Half Yearly ☐ Yearly (default)	

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	☐ Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), ☐ Auto Switch Option 2 (Progressive to Conservative @ age 60) ☐ No Auto Switch	
Moderate Plan	☐ Auto Switch Option 3 (Moderate to Conservative @ age 60)	☐ No Auto Switch

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

☐ No Auto SWP ☐ Fixed SWP (Select Frequency) ☐ Monthly or ☐ Quarterly (Default) ☐ 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 cometing Schemes of various Mutual Funds from amoungs 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

Received for Folio No. / Application No. _____ ☐ OTM Debit Mandate Form ☐ SIP Form

TATA MUTUAL FUND

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

SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal 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 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

2. INVESTOR DETAILS

Folio No.

1st Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
2nd Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
3rd Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child

3. PURPOSE OF FORM (tick any one)

☐ Fresh Registration ☐ Cancellation

4. SYSTEMATIC TRANSFER DETAILS

Flex STP *Refer Instruction 5*	☐ Yes ☐ No (Default)	Flex STP is available for Monthly and Quarterly frequencies; Flex STP is not available from "Daily / Weekly" IDCW plans of the source schemes; Flex STP is available only in "Growth" option of the target scheme.

Scheme Details

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) ☐ Div. Reinvest ☐ Div. Payout

Transfer Plan Details (Select any one) Flex STP is applicable only under Fixed Amount Transfer Plan.

☐ Fixed Amount Transfer Plan (FATP) /**1st Installment for Flex STP**	Amount in Rs. ₹	Amount in Words
☐ Fixed Units Transfer Plan (FUTP)	Number of Units	Units in Words
☐ Capital Appreciation Transfer Plan (CATP) ☐		☐ IDCW Transfer Plan (DTP)

Transfer Frequency (Select any one - Not Applicable for IDCW Transfer Plan)

☐ Daily	Only from Monday to Friday [In case any day is a non-business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided on our website www.tatamutualfund.com.]	**In case the day of STP is a non business day the request will be considered for the next business day.**
☐ Weekly	☐ Monday ☐ Tuesday ☐ Wednesday *(Default)* ☐ Thursday ☐ Friday	
☐ Monthly	Days of the Month (Select any one)	
☐ Quarterly	☐ 1st ☐ 7th ☐ 10th ☐ 20th ☐ 28th	

Enrolment Period (Not Applicable for IDCW Transfer Plan)

Start Date (D D / M M / Y Y Y Y)	End Date (D D / M M / Y Y Y Y)	OR	Number of Installments / Transfers

5. DECLARATION AND SIGNATURES

I/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. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediates in case of any disputes 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. Date _____.

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

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Acknowledgement Slip Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ STP request

from Scheme _____ to Schemes _____

for ☐ Flex ☐ FATP ☐ FUTP ☐ CATP ☐ DTP for Amount (₹) _____ / Units _____ Subject to verification.

TATA MUTUAL FUND

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 (D D / M M / Y Y Y Y)	C-KYC	Mobile No.
2nd Holder Name		PAN
Date of Birth (D D / M M / Y Y Y Y)	C-KYC	Mobile No.
3rd Holder Name		PAN
Date of Birth (D D / M M / Y Y Y Y)	C-KYC	Mobile No.

2. PURPOSE OF FORM (tick any one)

☐ Fresh Registration ☐ Change in the Withdrawal Amount ☐ Cancellation

3. SYSTEMATIC WITHDRAWAL DETAILS

Scheme Details

Scheme / Plan / Option

Withdrawal Plan Details (Select any one)

☐ Fixed Amount Withdrawal Plan	Amount in Rs. ₹	Amount in Words
☐ Capital Appreciation Withdrawal Plan		

Withdrawal Frequency (Select any one)

☐ Monthly	☐ Quarterly	☐ Half Yearly	☐ Annually (Default)

Enrolment Period

Start Date (D D / M M / Y Y Y Y)	End Date (D D / M M / Y Y Y Y)	Withdrawal Date (Any date between 1st and 31st - default 25th) (D D) in words

4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/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 is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

5. DECLARATION AND SIGNATURES

I/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. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediates in case of any disputes 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. Date _____.

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

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Acknowledgement Slip Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ SWP request

from Scheme _____ for ₹ _____ Subject to verifaction.

TATA MUTUAL FUND

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

COMMON TRANSACTION FORM

1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal 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 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

2. INVESTOR DETAILS

Folio No.

1st Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
Entity Identifier (LEI) Number Mandatory for Non Individual Investor for Transaction Value of INR 50 crore and above			
2nd Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
3rd Holder Name			PAN
C-KYC	Date of Birth (D D / M M / Y Y Y Y)	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

Payment Mode : ☐ OTM facility (Registered in folio) ☐ Cheque / DD ☐ Fund Transfer ☐ NEFT / RTGS

Scheme / Plan / Option

Gross Amount (A)	DD Charges (if any) (B)	Net Amount (A - B)
₹	₹	₹
Account Number	Account Type	Dated (D D / M M / Y Y Y Y)
Drawn on Bank		Cheque / DD / UTR No.

4. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option

To Scheme / Plan / Option

☐ Amount (in figure) ₹ OR ☐ Units (in figure) OR ☐ All Units

5. REDEMPTION DETAILS

Refer Instruction 5.

From Scheme / Plan / Option

☐ Amount (in figure) ₹ OR ☐ Units (in figure) OR ☐ All Units

Redemption Bank Account Details for investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off this section if not used). The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Bank Name	Bank Account Number	
IFSC for NEFT	IFSC for RTGS	MICR

Note: If the bank account mentioned above is different from those already registered in your folio OR If the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio.

6. DECLARATION AND SIGNATURES

I/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. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediates in case of any disputes 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 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 _____.

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

Acknowledgement Slip

Folio No. _____ ☐ Purchase ☐ Redemptiion ☐ Switch in Scheme _____

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
Internal 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 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

2. INVESTOR DETAILS

Folio No. _____

1st Holder Name			PAN
Date of Birth (D D / M M / Y Y Y Y)	C-KYC	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
2nd Holder Name			PAN
Date of Birth (D D / M M / Y Y Y Y)	C-KYC	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child
3rd Holder Name			PAN
Date of Birth (D D / M M / Y Y Y Y)	C-KYC	Mobile No.	Mobile belongs to ☐ Self ☐ Parent ☐ 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) ☐ 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	------	

Payment Mode : ☐ OTM facility (Registered in folio) ☐ Cheque / DD ☐ Fund Transfer ☐ NEFT / RTGS

Gross Amount (A)	DD Charges (if any) (B)	Net Amount (A - B)
₹	₹	₹
Account Number	Account Type	Dated (D D / M M / Y Y Y Y)
Drawn on Bank		Cheque / DD / UTR No.
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 ☐ 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) ☐ 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	------	

☐ Amount (in figure) ₹ _____ OR ☐ Units (in figure) _____ OR ☐ All Units

5. AUTO SWP FACILITY (Will be applicable after attaining 60 years).

Refer Sec. H

☐ No Auto SWP	☐ Fixed SWP (Select Frequency) ☐ Monthly **OR** ☐ Quarterly (Default)	☐ Fixed Amount (Frequency Monthly only) Rs. _____

6. DECLARATION AND SIGNATURES

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 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 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. (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) 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. (10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws. (11) 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: _____

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

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Acknowledgement Slip Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ ₹ _____

for purchase / switch in Scheme Name _____ (mention cheque details overleaf) Subject to realisation.

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			
Type of address given at KRA	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office		
	Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes		
Application No.		Folio No.	
PAN Number		Date of Incorporation	D D / M M / Y Y Y Y
City of Incorporation		Country of Incorporation	
Entity Constitution Type	☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP/BOI ☐ Trust ☐ Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others specify		
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: ☐ Yes ☐ No *(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)*		

Country	Tax Identification Number%	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

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	We are a, ☐ Financial institution[3] or ☐ Direct reporting NFE[4] (please tick as appropriate)	GIIN **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 Name of sponsoring entity
	GIIN not available (please tick as applicable) If the entity is a Financial institution,	☐ **Applied for** ☐ Not required to apply for - please specify 2 digits sub-category[10] ☐ Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1	Is the 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 _____
2	Is the Entity a related entity of a listed 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 where this stock is regularly traded) ☐ No 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 active[1] NFE	☐ Yes ☐ No Nature of Business _____ 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.) Nature of Business _____

[1] Refer 2 of Part D | [2] Refer 3(ii) of Part D | [3] Refer 1(i) of Part D | [4] Refer 3(vi) of Part D | [10] Refer 1A of Part D

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 **PAN / Any other Identification Number** *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type** - Service, Business, Others **Nationality** **Father's Name** - Mandatory if PAN is not available	**DOB** - Date of Birth **Gender** - Male, Female, Other
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other

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 _____

Authorized Signatory	Authorized Signatory	Authorized Signatory

Place: _____ Date: D D / M M / Y 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 / Subsidiary Company

(i) I We Hereby declare that-

☐ Our Company is a Listed Company listed on recogised stock exchange in India ☐ Our Company is a Subsidary of a Listed Company

☐ Our Company is Controlled by a Listed Company

(ii) Details of the Listed Company ^

Stock Exchange on which it is listed _____ Security ISIN _____

^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

Category (Please tick applicable category):

☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company

☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust

☐ Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s)^.

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 _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type ◯ Residence ◯ Business ◯ Registered office
2. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type ◯ Residence ◯ Business ◯ Registered office
3. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type ◯ Residence ◯ Business ◯ Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB D D / M M / Y Y Y Y Gender ☐ Male ☐ Female ☐ Other

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. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorised Signatory	Authorised Signatory	Authorised Signatory

Place: _____ Date: D D / M M / Y Y Y Y